

# Lawrence Berkeley National Laboratory

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### Title

2014 LBNL REQUIREMENTS AND POLICIES MANUAL

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### Author

policies., These are labwide

### Publication Date

2014-10-20

# Acceptable Use of Information Technology

Title:	Acceptable Use of Information Technology
Publication date:	8/6/2014
Effective date:	3/20/2007

## BRIEF

### Policy Summary

This policy defines acceptable use of Laboratory Information Technology (IT) at Berkeley Lab. Acceptable use includes both business (official) use and incidental personal use, subject to restrictions. This policy also describes unacceptable use and sanctions.

### Who Should Read This Policy

- Employees and affiliates
- Other users of Laboratory IT, including collaborators

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

Title:	Acceptable Use of Information Technology
Publication date:	8/6/2014
Effective date:	3/20/2007

## POLICY

### A. Purpose

This policy defines acceptable use of Laboratory IT at Lawrence Berkeley National laboratory (Berkeley Lab) to:

- Further the mission of Berkeley Lab
- Enforce compliance with applicable laws and regulations
- Protect the Laboratory from legal action

### B. Persons Affected

This policy applies to employees and affiliates and other users of Laboratory IT, including collaborators.

## C. Exceptions

Not applicable

## D. Policy Statement

### 1. Acceptable Use

#### a. Business Use (Official Use)

- i. Acceptable use is the use of Laboratory IT to accomplish tasks related to any Berkeley Lab role or position.

#### b. Incidental Personal Use

- i. The Laboratory permits the incidental personal use of Laboratory IT. Incidental personal use is a privilege and the Laboratory may revoke or limit it at any time.

#### ii. Requirements. Incidental personal use of Laboratory IT must not:

1. Interfere with employment or other obligations to the Laboratory
2. Directly or indirectly interfere with the operation of Laboratory resources
3. Burden the Laboratory with noticeable incremental cost
4. Create a lasting association between the use and the Laboratory
5. Portray the Laboratory or its employees in an inappropriate or unbecoming manner

#### iii. Expectation of Privacy. Users have no expectation of privacy when they engage in incidental personal use of Laboratory IT.

#### iv. Reimbursement. If a system exists for reimbursements, users must reimburse the Laboratory for incidental personal use.

### 2. Unacceptable Use: Users of Laboratory IT may not engage in unacceptable use. "Unacceptable use" includes, but is not limited to, use of Laboratory IT:

- a. In violation of applicable state, federal, Department of Energy, and University law or regulations, including copyright, licensing, or trademark laws
- b. In violation of Laboratory policy, including policies regarding [information categories and controls](#)
- c. For personal gain or lobbying
- d. To access, store, copy, create, or transmit sexually explicit materials
- e. To gamble
- f. For harassment, retaliation, or discrimination, or in an inflammatory manner
- g. In a manner that can reasonably be expected to offend members of the community, embarrass the Laboratory, or otherwise result in a loss of public trust
- h. For gaining or attempting to gain unauthorized access to computers, networks, or other information resources
- i. For unauthorized manipulation, creation, or removal of information
- j. In a manner likely to cause harm to systems or networks
- k. To circumvent security controls on Laboratory IT or external systems

### 3. Sanctions: Violation of this policy may result in restriction of access to resources, disciplinary action up to and including dismissal, loss of site-access privileges, and/or referral to federal or state law-enforcement authorities for criminal or civil prosecution.

## E. Roles and Responsibilities

Employees and affiliates and users of Laboratory IT are responsible for adhering to this policy.

## F. Definitions/Acronyms

Term	Definition
Laboratory IT	Berkeley Lab-managed IT, including computing devices, networks, services, and accounts

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
10.01.001.001	<a href="#">Responding to Allegations of Copyright Infringement</a>	Procedure
10.01.001.002	<a href="#">Responding to Inappropriate Use</a>	Procedure

## I. Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/6/2014	1.2	S.Lau	Review complete, 1 editorial change, update Next Review date	SRD	minor
6/19/2013	1.1	J.Bonaguro	Review complete, 1 editorial change, update Next Review date	D.2.d,e	minor
1/2/2012	1	J. Bonaguro	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Acceptable Use of Information Technology
Document number	10.01.001.000
Revision number	1.2
Publication date:	8/6/2014
Effective date:	3/20/2007
Next review date:	8/20/17
Policy Area:	Information Technology
RPM Section (home)	Information Management

RPM Section (cross-reference)	9.01
Functional Division	Information Technology
Prior reference information (optional)	RPM, Chapter 9, Section 9.01

## Source Requirements Documents

- DOE Order 200.1A, *Information Technology Management*, CRD Section 2.b
- DOE Order 205.1B, *Department of Energy Cyber Security Program*, CRD
- DOE Office of Science *Program Cyber Security Plan*, June 2010
- Berkeley Lab Senior Management requirement

## Implementing Documents

Document Number	Title	Type
10.01.001.001	<a href="#">Responding to Allegations of Copyright Infringement</a>	Procedure
10.01.001.002	<a href="#">Responding to Inappropriate Use</a>	Procedure

# Accounting for Stores Inventory Losses and Excessed Inventory

Title:	Accounting for Stores Inventory Losses and Excessed Inventory
Publication date:	2/21/2014
Effective date:	11/30/2011

## BRIEF

This policy and procedure prescribes financial processes to be followed in accounting for loss of and/or excessed Stores inventory at Berkeley Lab.

### Policy Summary

Inventory and material stocks must be fully accounted for at Berkeley Lab. This includes accounting for inventory losses at the end of an accounting period, as well as inventory that has been excessed for sale or disposal.

### Who Should Read This Policy

Any employee responsible for accounting for inventory and material stocks at Berkeley Lab.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager, OCFO](#)

Title:	Accounting for Stores Inventory Losses and Excessed Inventory
Publication date:	2/21/2014
Effective date:	11/30/2011

## POLICY

### A. Purpose

This policy and procedure prescribes financial processes to be followed in accounting for loss of and/or excessed Stores inventory at Berkeley Lab.

### B. Persons Affected

Any employee responsible for accounting for inventory and material stocks at Berkeley Lab

## C. Exceptions

None

## D. Policy

Inventory and material stocks must be fully accounted for at Berkeley Lab. This includes accounting for inventory losses annually, as well as inventory that has been excessed for sale or disposal. Examples of events that may cause inventory losses are shrinkage or damage. Inventory that is excessed is deemed obsolete or no longer useful and will be sent to the Property Reuse Center where its final disposition is determined.

## E. Procedures

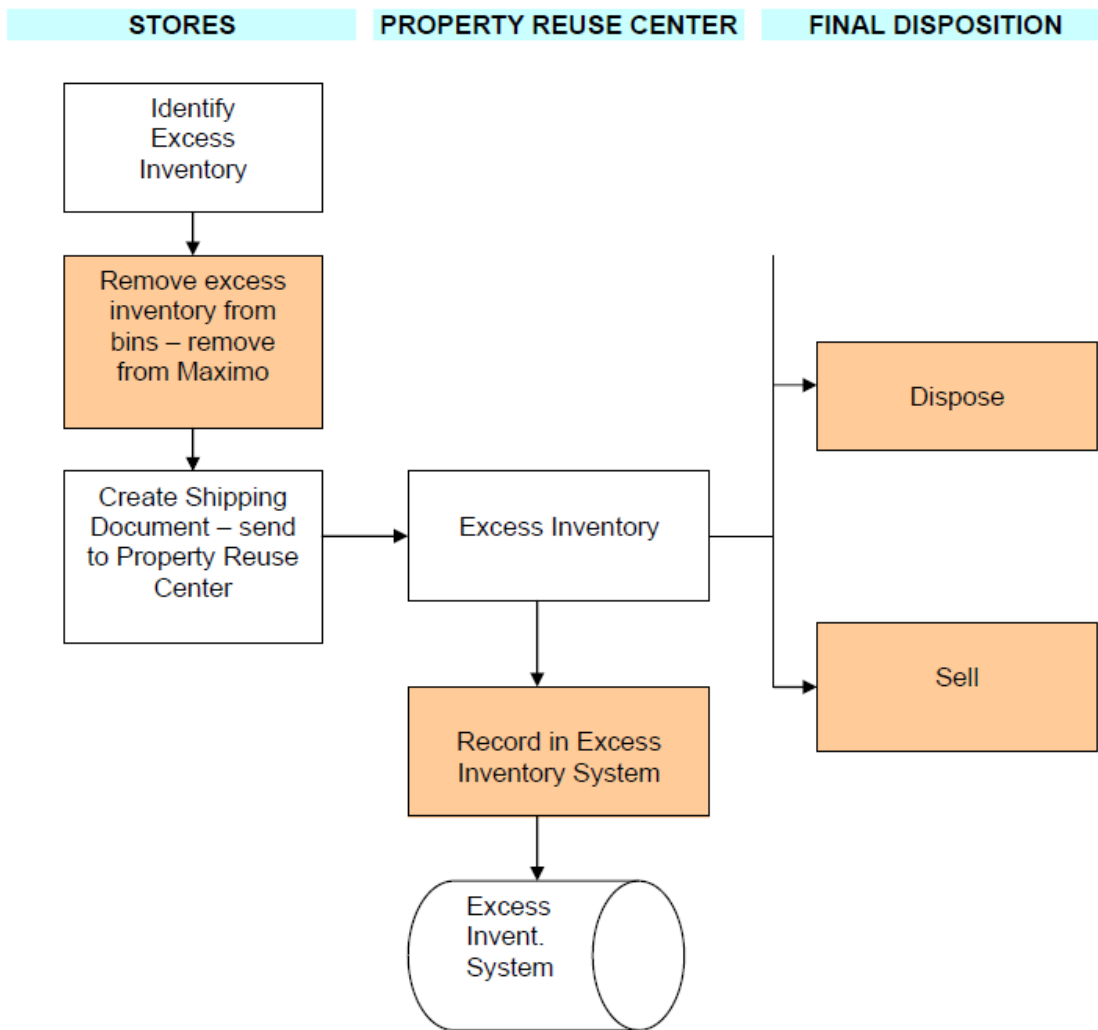
### 1. Accounting for Losses on Stores Inventory

- a. The Facilities Division will conduct a physical count of the stores inventory annually. Facilities will reconcile the results of the physical count to the inventory of record in the Stores Maximo System. The results will be used by General Accounting to determine the amount of adjusting entries required to bring physical and financial records into agreement.
- b. An allowance for losses on stores inventory is established to offset estimated losses. Following the annual physical count, General Accounting accrues the estimated loss of stores inventory against this allowance based on historical actual stores inventory losses (average rate of the past two years).
- c. General Accounting will perform monthly reconciliations of the inventory account balance in the Financial Management System (FMS) against related transactions from the Stores Maximo System.
  - i. General Accounting must research and correct any variations in balances between Maximo and FMS by contacting the Facilities Division to review the variances and determine the appropriate adjusting entries.
  - ii. General Accounting reconciles Stores Inventory and Allowance for Loss on Stores Inventory accounts monthly.

### 2. Accounting for Excessed Stores Inventory

- a. At the beginning of the fiscal year, the Stores Inventory Specialist and the Central Stores supervisor identify inventory items to excess.
- b. Stores personnel will physically remove the excess material from the shelves, and also remove it from the Maximo Inventory System.
- c. The excess inventory is then sent to the Property Reuse Center, and entered into the Sunflower Excess Tracking System.
- d. Journal entries are prepared by General Accounting based on information received from the Inventory Analyst to reflect the activity.

### 3. Process Flow for Excessed Stores Inventory



## F. Roles and Responsibilities

All employees have the responsibility to adhere to the provisions of this policy.

## G. Definitions/Acronyms

Term	Definition
Stores Inventory	Materials, supplies, and parts on hand that are normally used or consumed in operations, maintenance, and general use
Excess Inventory	Inventory or material stocks that exceed the demand expected in the normal course of operations because the amount on hand is more than can be sold or used in the foreseeable future, does not meet management's criteria to be held in reserve for future sale or use, and is required as a safety or insurance margin. Excess items are those items that are more cost-effective to dispose of than to hold.



Allowance for Loss on Stores Inventory	A contra Stores inventory account carrying a credit balance. The Allowance for Loss on Stores Inventory account is a reserve for inventory losses from shrinkage, deterioration, damage, obsolescence, or loss of utility.
Actual Stores Losses	Unplanned inventory decreases, in either units or value, caused by shrinkage, deterioration, damage, obsolescence, or loss of utility

## H. Recordkeeping Requirements

None

## I. Implementing Documents

None

## J. Contact Information

[General Accounting Manager, OCFO](#)

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Re-write for the wiki	All	Minor
7/25/2012	2	M. Mock	Two policies (Stores Inventory – Loss Allowance, Accounting for Excess Stores Inventory) combined into one policy called Accounting for Stores Inventory Losses and Excessed Inventory	All	Major
2/21/2014	2.1	M. Beedle	Clarification of policy; remove detailed procedure steps	1 and E.2	Minor

## DOCUMENT INFORMATION

Title:	Accounting for Stores Inventory Losses and Excessed Inventory
Document number	11.01.003.000
Revision number	2.1
Publication date:	2/21/2014

Effective date:	11/30/2011
Next review date:	6/30/2014
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	
Functional Division	OCFO
Prior reference information (optional)	RPM Sections 11.13 and 11.17

## Source Requirements Documents

[DOE Accounting Handbook, Chapter 9, Accounting for Inventory and Related Property](#)

## Implementing Documents

None

# Accounts Receivable Write-offs

## Brief

Title:	Accounts Receivable Write-offs
Publication date:	9/20/2013
Effective date:	9/20/2013

## BRIEF

### Policy Summary

This policy provides guidelines on Berkeley Lab write-offs of uncollectible accounts receivable. To limit write-off entries, Berkeley Lab aggressively takes collection actions to resolve all delinquent debt whenever it is possible and cost effective.

### Who Should Read This Policy

All employees in the Office of the Chief Financial Officer (OCFO) and division business operations staff (including the principal investigator) responsible for receivables management and related write-offs

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Business & Disbursements Services Manager, OCFO  
Lead Financial Policy and Assurance Analyst, OCFO

## Policy

Title:	Accounts Receivable Write-offs
Publication date:	9/20/2013
Effective date:	9/20/2013

## POLICY

### A. Purpose

This policy provides guidelines on Lawrence Berkeley National Laboratory (Berkeley Lab) accounts receivable write-offs of uncollectible accounts receivable.

### B. Persons Affected

All employees in the Office of the Chief Financial Officer (OCFO) and division business operations staff (including the principal investigator) responsible for receivables management and related write-offs

### C. Exceptions

Not applicable

### D. Policy Statement

Berkeley Lab has two types of receivables that may be subject to delinquency and nonpayment: (1) reimbursable receivables and (2) University of California (UC) receivables. To limit write-off entries, the Laboratory aggressively takes collection actions to prevent delinquent accounts-receivable balances and resolve all delinquent debt whenever it is possible and cost effective. The Laboratory Financial Management System generates, on a monthly basis, accounts-receivable aging reports for all receivables, reimbursable or UC. All reports are categorized by contract or advance type and include the following information:

- Invoice number
- Days outstanding calculated from the invoice date and binned in 30-day increments

It is the functional owner's responsibility to monitor the aging on a monthly basis and aggressively collect in order to minimize risk of loss.

## 1. Reimbursable Receivables

- a. Uncollectible receivables arise when reimbursable activities performed under the management and operating (M&O) contract between the University of California (UC) and DOE are unpaid by the sponsor/third party. Reimbursable activities include the following:
  - i. Work for Others (WFO) awards
  - ii. Interlocation appointments
  - iii. Cooperative Research and Development Agreements (CRADAs)
  - iv. Other miscellaneous receivables
- b. Uncollected receivables are to be considered bad debts and written off when they are determined to be uncollectible or when they are placed with a collection agency.
  - i. As stated in Contract 31, Clause I.106 – WFO Funding Authorization: "**Any uncollectible receivables** resulting from the Contractor utilizing Contractor corporate funding for reimbursable work **shall be the responsibility of the Contractor, and the United States Government shall have no liability to the Contractor** for the Contractor's uncollected receivables."
  - ii. FAR 31.205-3 – Bad Debts states: "**Bad debts, including actual or estimated** losses arising from uncollectible accounts receivable due from customers and other claims, and any directly associated costs such as collection costs, and legal costs **are unallowable.**"
  - iii. Therefore, when uncollectible receivables for reimbursable activities are deemed bad debts, the costs are incurred against the UC management fee.

## 2. Reimbursable Receivable Write-Off Procedure

- a. Contract Accounting will prepare a quarterly report of uncollectible and aged receivables and submit that report to the Controller for review. Aged receivables are invoices greater than 180 days. The quarterly submission will include Contract Accounting's recommendations and justification to support either ongoing collection efforts or write-offs.
- b. The Controller will review the uncollectible and aged receivable report with the Chief Financial (CFO), and those receivables deemed uncollectible will be submitted to the UC Laboratory Management Office (LMO) for review and approval to be incurred against the UC management fee.

## 3. Reimbursable Receivable Project Closeout Immaterial Write-Off Procedure

- a. In addition to uncollectible amounts, the OCFO has been granted authority to approve the write-off of immaterial WFO balances (\$50 and under, both debit and credit balances) based on authorization provided by the DOE Berkeley Site office (BSO). WFO sponsors may request that remaining credit balances under \$50 be refunded during the closeout process.
- b. Amounts deemed immaterial are written off under this approval by the OCFO Business and Disbursements Services Manager, as identified as part of the contract closeout process.
- c. Annually, subsequent to fiscal year-end, Contract Accounting will prepare a report summarizing all immaterial write-offs processed during the fiscal year. The report will be provided to the Controller.

## 4. UC Receivables

- a. UC receivables are receivables related to Intellectual Property (IP) activities, which include license, option and bailment fees (such as issue fees), royalties, and recoverable patenting costs (hereafter called "licensing fees"). During the term of Contract 31, UC's contract with DOE for the operation of Berkeley Lab, the receivables generated from IP-related activities are owned by UC in accordance with the Bayh-Dole Act (effective July 1, 1981), which allows universities and small businesses to elect to retain ownership of inventions made under federal funding, and with Contract 31, Clause I.102(h).
- b. Because these receivables are UC-owned, they are subject to the write-off provisions contained in the UC Accounting Manual (AM) Policy R-212-2, Receivables Management. UC policy requires the write-off of uncollectible receivables to be authorized by campus chancellors (for Berkeley Lab, by the Laboratory Director). This authority was delegated to the chancellors by the UC President (DA 2196). The Laboratory Director has delegated this approval authority to the CFO.
- c. Uncollectible receivables arise when invoices for IP licensing fees are unpaid by the licensee or optionee. Uncollected receivables are to be considered bad debts and written off when they are determined to be uncollectible or when they are placed with a collection agency.

## 5. UC Receivable Write-Off Procedure

- a. The Tech Transfer and Intellectual Property Management Department (Tech Transfer) will prepare a quarterly report of uncollectible and aged receivables and submit that report to the Controller for review. Aged receivables are invoices greater than 180 days. The quarterly submission will include Tech Transfer's recommendations and justification to support either ongoing collection efforts or write-offs.
- b. The Controller will review the submitted materials with the CFO. The CFO will authorize receivables for write-offs based on delegated authority from the Laboratory Director.

## 6. UC Receivable Immaterial Write-Off Procedure

- a. In addition to uncollectible amounts, the Laboratory Director has granted authority to approve the write-off of immaterial UC balances (\$50 and under) to the Chief Technology Transfer Officer.
- b. Annually, subsequent to fiscal year-end, Tech Transfer will prepare a report summarizing all immaterial write-offs processed during the fiscal year. The report will be provided to the Controller.

## E. Roles and Responsibilities

Role	Responsibility
Contract Accounting	<ul style="list-style-type: none"> <li>• Collection efforts related to reimbursable receivables</li> <li>• Prepares quarterly report of uncollectible and aged receivables</li> <li>• Writes-off immaterial balances resulting from project closeout, with Business Services Manager authorization</li> <li>• Prepares the annual report of immaterial balance write-offs</li> </ul>
Technology Transfer and Intellectual Property Management Department	<ul style="list-style-type: none"> <li>• Collection efforts related to UC receivables</li> <li>• Prepares the quarterly report of uncollectible and aged receivables</li> <li>• Writes-off of immaterial balances, with Chief Technology Transfer Officer authorization</li> <li>• Prepares the annual report of immaterial balance write-offs</li> </ul>
Controller/OCFO	<ul style="list-style-type: none"> <li>• Submits uncollectible reimbursable receivables to UCOP LMO for review and authorization</li> <li>• Reviews and authorizes write-offs for uncollectible UC receivables</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Bad Debts (DOE Contract 31)	Actual or estimated losses arising from uncollectible accounts receivable due from customers and other claims, and any directly associated costs such as collection costs and legal costs
Cooperative Research and Development Agreement (CRADA)	An agreement entered into between the University of California, as operator of the Laboratory, and one or more participants including at least one non-federal party under which the government, through the Laboratory, provides personnel services, facilities, equipment, or other resources with or without reimbursement toward the conduct of specified research or development efforts consistent with the mission of the Laboratory. The Laboratory is precluded from contributing funds to other sponsors in support of a CRADA.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Business & Disbursements Services Manager, OCFO  
Lead Financial Policy and Assurance Analyst, OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	S. Frainier	Reformat for wiki	All	Minor
9/20/2013	2	S. Frainier	Review and Updates	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Accounts Receivable Write-offs
Document number	11.01.015.000
Revision number	2
Publication date:	9/20/2013
Effective date:	9/20/2013
Next review date:	9/20/2015
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.37
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.37

## Source Requirements Documents

- [DOE Accounting Handbook, Chapter 8, \*Receivables\*](#)
- [Contract 31, Clause I.102 – DEAR 970.5232-2, \*Payments & Advances\* \(DEC 2000\)](#)
- [FAR 31.205-3 – Bad Debts](#)
- [UC Accounting Manual \(AM\) Policy R-212-2, \*Receivables Management\*](#)
- [Contract 31, Clause I.106 – WFO Funding Authorization](#)

## Implementing Documents

None

## Other References

Document Number	Title	Type
11.07.004.000	<a href="#">Cost Allowability</a>	Policy

# Accruals

Title:	Accruals
Publication date:	1/2/2012
Effective date:	12/31/2011

## BRIEF

### Policy Summary

This policy establishes guidelines for accrual accounting requirements for liabilities incurred. Berkeley Lab maintains its accounts and prepares financial statements on the accrual basis of accounting in conformity with Generally Accepted Accounting Principles (GAAP). All obligations for materials received or services performed are to be recognized in the Berkeley Lab Financial Management System (FMS) in the period incurred. A balance should be maintained between the effort required to measure and accrue costs and the added value of that effort.

### Who Should Read This Policy

All Laboratory employees with financial responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager](#)

[Payroll Manager](#)

[Accounts Payable Manager](#)

Title:	Accruals
Publication date:	1/2/2012
Effective date:	12/31/2011

## POLICY

### A. Purpose

This policy establishes guidelines for accrual accounting requirements for liabilities incurred. Lawrence Berkeley National Laboratory (Berkeley Lab) maintains its accounts and prepares financial statements on the accrual basis of accounting in conformity with Generally Accepted Accounting Principles (GAAP).



## B. Persons Affected

All employees with financial responsibilities at Berkeley Lab

## C. Exceptions

Not applicable

## D. Policy Statement

### D.1 General

1. All obligations for materials received or services performed are to be recognized in the Berkeley Lab Financial Management System (FMS) in the period incurred. A balance should be maintained between the effort required to measure and accrue costs and the added value of that effort. This policy is applicable to all incurred obligations for payroll, goods, services, travel, and subcontracts. If not automatically captured in the FMS, liabilities will be measured using accurate, complete, and current information available.

### D.2 Procedures

1. Payroll will accrue and report all payroll and related liabilities.
2. Disbursements will record all nonpayroll obligations.
3. The department or division will identify and report to Disbursements all other *unrecorded* obligations of the Laboratory. Each department or division is responsible for reviewing and analyzing the circumstances that apply to the unrecorded liability, using discretion to determine if a manual accrual is appropriate.
4. An accrual is appropriate and required if it is considered material (substantial likelihood that omission of the accrual would affect or influence decisions).

### D.3 Accrual Process

1. To record a manual accrual in the FMS, the following information must be submitted to Disbursements by the last Thursday before the close of the last month of the accounting period and kept on file as documentation with the requesting department or division:
  - a. Accrual amount
  - b. Beginning and ending date of the accrual period
  - c. Basis and justification for determining amount accrued
  - d. Project ID
  - e. Purchase order/subcontract number
  - f. Resource category
  - g. Indication that the accrual is reversing or nonreversing

### D.4 Accrual Criteria

1. **During the Fiscal Year**
  - a. Manual accruals are not required for:
    - i. **Services.** If the service was provided during the current reporting month, and the invoice was received and approved by month end
    - ii. **Goods.** If the item(s) and the invoice were recorded as received in the FMS in the current reporting month, **or** if receipt was required, and the item(s) were recorded as received in the FMS, but an invoice was not submitted. (An *automatic* monthly accrual would be generated in the FMS.)
  - b. Manual accruals determined to be material *are required* on a fiscal quarter basis for:
    - i. **Goods.** If the item(s) were received by the department or division, but an invoice was not received
    - ii. **Services.** If the service was provided before the end of the fiscal quarter, but the Laboratory was not billed for the services provided, **or** if the vendor is custom-building an item or performing on a construction subcontract, an accrual is required for the *percentage* of the item or subcontract estimated to be completed before the end of the fiscal quarter.
2. **At Fiscal Year-End**
  - a. Manual accruals are not required for:
    - i. **Services.** If the service was provided during the fiscal year, the invoice was received by Disbursements, and department or division certification was provided

- ii. **Goods.** If the item(s) were recorded as received in the FMS prior to the close
- b. Manual accruals determined to be material are required at fiscal year-end for:
  - i. **Goods.** If the item(s) were received by the department or divisions, but the invoice was not received by Disbursements by September 30, **or** If the item(s) were shipped but not received by September 30, and the contract covering the item(s) ordered stipulated freight on board (FOB) shipping point (the Laboratory takes possession when the item is shipped). Documentation is required for the vendor shipping date.
  - ii. **Services.** If the service was provided during the fiscal year, but the invoice was not received by Disbursements by September 30, **or** If the vendor was custom-building an item or performing on a construction subcontract, an accrual is required for the *percentage* of the item or subcontract estimated to be completed by September 30.

## E. Roles and Responsibilities

Each department or division is responsible for updating and maintaining an accrual worksheet identifying the current month end balance for each project and the accruals for each purchase order.

The Office of the Chief Financial Officer (OCFO) is responsible for monitoring proper documentation and reconciling the liability accrual accounts. The OCFO will conduct quarterly reviews of selected accrual transactions executed by the departments or divisions to evaluate compliance with policy and the status of the liability accrual accounts.

## F. Definitions/Acronyms

Term	Definition
Liability	A present obligation arising from past events that will result in probable transfer of assets or providing of services in the future
Obligation	The amount of an order placed, contract award, service received, or similar transaction during a given period that will require a payment during the same or a future period. Such amounts include outlays for which obligations have not been previously recorded and reflect adjustments for differences between obligations previously recorded and actual outlays to liquidate those obligations. All obligations must be supported by written documentation.
Project ID	A project identification number used to accumulate, manage and report costs associated with individually funded activities at the Laboratory
Resource Category	A type of cost grouped into similar categories. Examples include labor (contract, student, scientific, administrative), travel (foreign and local), and purchases (material and services).

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

[General Accounting Manager](#)

[Payroll Manager](#)

[Accounts Payable Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Re-format for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Accruals
Document number	11.01.004.000
Revision number	1
Publication date:	1/2/2012
Effective date:	12/31/2011
Next review date:	12/31/2013
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.14
Functional Division	OCFO
Prior reference information (optional)	RPM Chapter 11, Section 11.14

## Source Requirements Documents

DOE Accounting Handbook, Chapter 11, *Liabilities*

## Implementing Documents

None

# Administrative Leave for Emergencies

Title:	Administrative Leave for Emergencies
Publication date:	1/2/2012
Effective date:	10/25/2010

## BRIEF

### Policy Summary

Berkeley Lab, in anticipation of either public or operational emergencies that effectively prevent an employee from being at work, may grant the employee either a public or operational emergency leave.

### Who Should Read This Policy

This policy applies to all non-represented employees.

Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Administrative Leave for Emergencies
Publication date:	1/2/2012
Effective date:	10/25/2010

## POLICY

### A. Policy

Lawrence Berkeley National Laboratory (the Laboratory), in anticipation of either public or operational emergencies that effectively prevent an employee from working, may be provided with either a public or operational emergency leave of absence.

### B. Persons Affected

This policy applies to all non-represented employees.

Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

## C. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources Officer (CHRO).

## D. Policy Statement

When authorized by the Chief Operating Officer (COO) or designee, leave with pay may be allowed in the following circumstances:

1. **Public Emergencies:** Leave with pay may be allowed during public emergencies that effectively prevent an employee from attendance at work or continuance of work in a normal and orderly manner. A public emergency includes fire, explosion, power failure, flood, earthquake, snowstorm, protest, demonstration, riot, sabotage, pandemic illness, and other comparable occurrences. When an employee is absent because of personal reasons resulting from a public emergency, the employee should charge this absence to accrued vacation or leave without pay.
2. **Operational Emergencies:** Leave with pay may be approved by Laboratory management during operational emergencies that effectively prevent an employee from attendance at work or continuance of work in a normal and orderly manner. An operational emergency is a major unplanned or abnormal event or conditions that involve or affect Berkeley Lab, which cause, or have the potential to cause, serious health, safety, or environmental impacts. The division director or designee may request authorization from the COO to grant leave with pay for the period during which the employee's work cannot be performed. See *Keeping Employees Working During an Emergency*.

Laboratory Resources
<a href="#">EH&amp;S Emergency Services</a>
<a href="#">Emergency Response Guide</a>
<a href="#">Emergency Response Guide – Employee Pocket Guide</a>

- a. **Anticipated Power Interruptions:** Under the terms of its electric-power agreement, the Laboratory may experience periods of reduced power. In some areas, such interruptions may require lighting, temperature, and humidity changes as well as restricted use of electrical equipment. If these conditions effectively prevent an employee from performing his or her work and alternate assignments appropriate to the employee's job classification are not available, the division director or designee may request authorization from the COO to grant leave with pay for the period during which the employee's work cannot be performed. See *Keeping Employees Working During an Emergency*.
3. **Civil Disaster Units:** Leave with pay may be allowed for search-and-rescue or disaster-control work by an employee as a member of an organized civil disaster unit. Leave with pay is not granted for training, drills, or practice exercises.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Anticipated Power Interruptions	The Laboratory may experience or plan for periods of reduced power. In some areas, such interruptions may require lighting, temperature, and humidity changes as well as restricted use of electrical equipment.
Operational Emergency	An operational emergency is a major unplanned or abnormal event or condition that involves or affects the Laboratory, and which causes, or has the potential to cause, serious health, safety, or environmental impacts. <sup>1</sup>

Public Emergency	A public emergency includes fire, explosion, power failure, flood, earthquake, snowstorm, protest, demonstration, riot, sabotage, pandemic illness, and other comparable occurrences.
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## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
02.07.006.001	<a href="#">Keeping Employees Working During an Emergency</a>	Procedure

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).  
Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/25/2010	0	M. Bello	Technical changes	all	Minor
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

Note:

<sup>1</sup>LBNL *Master Emergency Program Plan*

## DOCUMENT INFORMATION

Title:	Administrative Leave for Emergencies
Document number	02.07.006.000
Revision number	1
Publication date:	1/2/2012
Effective date:	10/25/2010
Next review date:	10/25/2013

Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.11(E)

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
02.07.006.001	<a href="#">Keeping Employees Working During an Emergency</a>	Procedure

# Advance Payments for Nonfederal Work for Other (WFO) Sponsors

Title:	Advance Payment for Nonfederal Work for Others (WFO) Sponsors
Publication date:	3/25/2013
Effective date:	2/21/2011

## BRIEF

### Policy Summary

This policy addresses financial processes for estimating the required advance payment for work performed for nonfederal sponsors. Sufficient advance funds must be obtained from the sponsor prior to starting work to maintain a 90-day balance of funds during the life of the project.

### Who Should Read This Policy

All employees with financial responsibilities for work performed for nonfederal sponsors at Berkeley Lab.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Business Services Manager  
Field Operations Manager  
Office of Sponsored Projects and Industry Partnerships (OSPIP) Manager  
WFO Analyst, Budget Office

Title:	Advance Payments for Nonfederal Work for Others (WFO) Sponsors
Publication date:	3/25/2013
Effective date:	2/21/2011

## POLICY

### A. Purpose

As a federal contractor, Lawrence Berkeley National Laboratory (Berkeley Lab) is required to adhere to Department of Energy (DOE) Contract 31 regulations. This policy specifically relates to the [DOE Accounting Handbook, Chapter 13](#), which requires that sufficient advance funds be obtained from the sponsor prior to commencing work in order to maintain a 90-day balance of funds during the life of the project.

### B. Persons Affected



Any employee who manages payments for work performed for nonfederal sponsor.

## C. Exceptions

Exceptions to the 90-day balance-of-funds requirement include state and local governments that are precluded by law from providing an advance. Exceptions must be reviewed and approved by the Budget Office.

## D. Policy Statement

To ensure a 90-day balance of funds is maintained, the amount of the advance should be at least equal to the four (4) highest months of estimated costs, including equipment and any other unusual start-up or operational costs, as represented in the total proposed budget. A full advance is required for proposals with a proposed budget of \$25,000 or less or that will be completed in 90 days or less. Methods for calculating the advance will vary depending on the type of work.

Types of possible calculation methodologies include:

1. **Straight-line:** Advance = Total cost / Total number of months × 4

a. **Flat project burn rate**

- i. **Example:** Dr. W is proposing work for Global International for a total cost of \$525,000. The project is anticipated to begin in October of 2010 and take 12 months to complete. Spending is expected to be about the same each month.

$$\$525,000 / 12 \times 4 = \$175,000$$

b. **Erratic burn rate** where monthly projection of cost is unknown, high start-up costs and/or large purchases are not expected (B)

- i. **Example:** Dr. No is proposing work for Genes R Us Ltd. for a total cost of \$1,325,000. The project is anticipated to begin in January of 2010 and take 20 months to complete. It is not clear at this point what the monthly burn rate will be; high start-up costs are not expected, and the budget does not include large purchases.

$$\$1,325,000 / 20 \times 4 = \$265,000$$

2. **Modified Straight-line:** Advance = ((Total cost – start-up costs and/or large purchase) / Total number of months × 4) + start-up costs and/or large purchase

a. **Flat project burn rate** with high start-up costs and/or a large purchase

- i. **Example:** Dr. Y is proposing work for Query Inc. for a total cost of \$1,200,000. The project is anticipated to begin in September of 2010 and take 18 months to complete. Spending is expected to be about the same each month with the exception of an equipment purchase for \$100,000 as well as \$50,000 for supplies and materials in the first month.

$$((\$1,200,000 - \$100,000 - \$50,000) / 18 \times 4) + \$100,000 + \$50,000 = \$383,333$$

b. **Erratic burn rate** where monthly projection of cost is unknown, with high start-up costs and/or a large purchase

- i. **Example:** Dr. Z is proposing work for the Air Society for a total cost of \$1,725,000. The project is anticipated to begin in June of 2010 and take 24 months to complete. The monthly burn rate is expected to fluctuate throughout the life of the project, but a detailed cost plan has not been established. Initial supplies and materials total \$100,000 as well as a large equipment purchase for \$125,000.

$$((\$1,725,000 - \$125,000 - \$100,000) / 24 \times 4) + \$125,000 + \$100,000 = \$475,000$$

3. **Known Costing Profile:** Advance = 1st highest month + 2nd highest month + 3rd highest month + 4th highest month

a. **Erratic burn rate** where monthly projection of cost is known (includes start-up costs and/or large purchases)

- i. **Example:** Dr. Q is proposing work for Money Trees Corp. for a total cost of \$1,000,000. The project is anticipated to begin in December of 2010 and take 12 months to complete. Expected monthly spending is as follows per the detailed

monthly spend forecast proposed to Money Trees Corp: December, \$75,000; January, \$94,000; February, \$76,000; March, \$78,500; April, \$74,500; May, \$79,000; June, \$75,500; July, \$157,000; August, \$74,500; September, \$74,000; October, \$71,500; November, \$70,500.

$$\$157,000 + \$94,000 + \$79,000 + \$78,500 = \$408,500$$

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Burn Rate	The rate at which costs are incurred
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

none

## I. Contact Information

Business Services Manager  
 Field Operations Manager  
 Office of Sponsored Projects and Industry Partnerships (OSPIP) Manager  
 WFO Analyst, Budget Office

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	Franier	Review completed 2/21/2013, no changes	Pub & next review dates	Minor
1/2/2012	1	M.Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Advance Payment for Nonfederal Work for Others (WFO) Sponsors
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Document number	11.02.010.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	2/21/2011
Next review date:	2/21/2015
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.15
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [DOE Accounting Handbook, Chapter 13](#)
- DOE Order 481.1C, Work for Others (Non-Department of Energy Funded Work)

## Other Driving Requirements

Document number	Title	Type
11.02.001.000	<a href="#">Bridge Funding policy</a>	Policy
11.02.007.000	<a href="#">WN Funding Requests policy</a>	Policy
11.01.001.000	<a href="#">Work for Others - Special Financial Terms and Conditions</a>	policy

## Implementing Documents

none

# Air Quality

## Brief

Title:	Air Quality
Publication date:	7/19/2013
Effective date:	6/26/2013

## BRIEF

### Policy Summary

The Air Quality Program at Berkeley Lab ensures that operations emitting hazardous or regulated air pollutants are identified and controlled.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors whose work or operated equipment emits air pollutants

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH49.html>

### Contact Information

Air Quality: Environmental/Nonradioactive Subject Matter Expert  
EHSS Division

## Policy

Title:	Air Quality
Publication date:	7/19/2013
Effective date:	6/26/2013

## POLICY

### A. Purpose

The Air Quality Program at Lawrence Berkeley National Laboratory (Berkeley Lab) ensures that operations emitting hazardous or regulated air pollutants are identified and controlled.

Permitted air-pollutant sources at Berkeley Lab include:

- Asbestos projects described in work notifications to the Bay Area Air Quality Management District (BAAQMD)
- Boilers
- Diesel generators
- Off-road diesel vehicle use
- Fuel dispensing
- Greenhouse gases
- Large spark ignition forklifts
- Paint spray booth
- Refrigerant equipment
- Sandblasting booth
- Soil vapor extraction operations
- Solvents for wipe-cleaning
- Sulfur hexafluoride

## **B. Persons Affected**

Berkeley Lab employees, visitors, affiliates, and subcontractors whose work or operated equipment emits air pollutants

## **C. Exceptions**

Because Berkeley Lab is a research and development institution, laboratory space within any single building that does not exceed 25,000 square feet and have more than 50 fume hoods is exempt.

## **D. Policy Statement**

This program addresses stationary and mobile air-pollution sources at Berkeley Lab's main site and two emergency generators at the Joint Genome Institute in Walnut Creek. Other off-site leased facilities are not covered, as Berkeley Lab does not own the regulated equipment (e.g., boilers, emergency generators, or asbestos demo or renovation operations).

If operations emitting hazardous or regulated air pollutants are identified, a BAAQMD permit may be required. ([Work Process B](#), [Permits](#))

## **E. Roles and Responsibilities**

<b>Role</b>	<b>Responsibilities</b>
Principal Investigators and Supervisors	<ul style="list-style-type: none"> <li>• Ensure that environmental laws, regulations, and policies are followed</li> <li>• Request technical advice from the Environmental Services Group on environmental requirements and compliance strategies for their operations</li> <li>• Provide training for employees in operational requirements for environmental protection, and maintain records of such training</li> <li>• Ensure that activities are performed within acceptable operating standards and that any required records are current</li> <li>• Notify the Environment, Health, Safety, and Security (EHSS) Division immediately of any unplanned accidental releases</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable environmental laws, regulations, and policies</li> <li>• Must be fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li> <li>• Adhere to all environmental requirements contained in Berkeley Lab air permits for their facility</li> <li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li> <li>• Ensure that exposures of the public and the environment to radioactive emissions are kept as low as reasonably achievable</li> <li>• Participate in energy-conservation, recycling, pollution-prevention, and waste-minimization programs</li> <li>• Take immediate action to stop unplanned releases to the environment, and report all instances of unplanned environmental releases to the EHSS Division</li> <li>• Complete all required training provided by supervisors and the EHSS Division</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Laboratory policies and procedures to assure operations are conducted in an environmentally safe manner and in full compliance with all applicable environmental laws and regulations and Department of Energy (DOE) orders</li> <li>• Prepares environmental compliance plans and reports as mandated by the California Air Resources Board and Bay Area Air Quality Management District regulations and DOE orders</li> <li>• Assesses current and planned Berkeley Lab programs, and helps define environmental protection compliance upgrades and corrective actions</li> <li>• Identifies significant institutional environmental compliance issues, and develops cost-effective mechanisms for resolving them</li> <li>• Manages the preparation, submittal, and renewal of air quality operating permits</li> <li>• Monitors Laboratory air emissions and discharges to the environment to verify compliance with applicable regulations and permits</li> <li>• Investigates reports of unplanned environmental release, and notifies federal, state, and local authorities in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by regulatory agencies and DOE</li> <li>• Responds to information requests from the public</li> <li>• Participates in DOE audits of off-site analytical laboratories to ensure the quality of analytical results received for environmental monitoring programs</li> </ul>

## F. Definitions

<b>Term</b>	<b>Definition</b>
Bay Area Air Quality Management District (BAAQMD)	The local agency responsible for regulating stationary sources of regulated or hazardous air pollutants in the San Francisco Bay Area
CARB	California Air Resources Board
Emission	Any filtered or unfiltered substance released to the air
Hazardous air pollutant	Any pollutant that is listed in Section 112(b) of the Clean Air Act
Regulated air pollutants	Pollutants for which standards have been promulgated under the authority of the Clean Air Act, and that include the classes of substances defined as nitrogen oxides, volatile organic compounds, toxic air contaminants, or ozone-depleting substances
United States Environmental Protection Agency	A federal agency responsible for enforcing environmental laws. In California, some of this responsibility is typically delegated to state and local regulatory agencies.

## G. Recordkeeping Requirements

Copies of issued permits are maintained for at least three years.

## H. Implementing Documents

Document number	Title	Type
07.09.001.001	Air Quality	Program
07.09.001.002	Work Process A, <i>General Requirements and Flowchart</i>	Process
07.09.001.003	Work Process B, <i>Permits</i>	Process
07.09.001.001	Asbestos Hazards and Controls	Program

## I. Contact Information

Air Quality: [Environmental/Nonradioactive Subject Matter Expert](#)  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	N. Borglin	Rewrite for wiki (brief)	All	Minor
7/19/2013	1	N. Borglin	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Air Quality
Document number	07.09.001.000
Revision number	1
Publication date:	7/19/2013
Effective date:	6/26/2013
Next review date:	6/26/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000, Section 11.3.2 moved to Chapter 49

## Source Requirements Documents

- Bay Area Air Quality Management District (BAAQMD) Rules and Regulations Manual Implementing Documents
  - BAAQMD Regulation 2: "Permits"
  - BAAQMD Regulation 8, Rule 7: "Gasoline Dispensing Facilities"
  - BAAQMD Regulation 8 Rule 16: "Solvent Cleaning Operations"
  - BAAQMD Regulation 8, Rule 47: "Air Stripping and Soil Vapor Extraction Operations"
  - BAAQMD Regulation 8 Rule 51: "Adhesive and Sealant Products"
  - BAAQMD Regulation 9, Rule 7: "Nitrogen Oxides And Carbon Monoxide from Industrial, Institutional, and Commercial Boilers, Steam Generators, And Process Heaters"
  - BAAQMD Regulation 11, Rule 2 "Asbestos Demolition and Renovation and Manufacturing"
  - BAAQMD Regulation 12, Rule 4: "Sandblasting"
- 17 CCR 93115 ATCM for Stationary Diesel Engine
- 17 CCR 95340 to 95346 CARB Regulation for Reducing Sulfur Hexafluoride Emissions
- 17 CCR Division 3, Chapter 1, Subchapter 10 Article 4 Regulations to Achieve Greenhouse Gas Emission Reductions

## Other Driving Requirements

- 13 CCR article 4.8, chapter 9, sections 2449, 2449.1, 2449.2, and 2449.3
- 13 CCR article 4.5, Off-Road Large Spark-Ignition Engines
- California Code of Regulations (CCR), AB 1085 CARB Refrigerant Management Program

## Implementing Documents

Document number	Title	Type
07.09.001.001	Air Quality	Program
07.09.001.002	Work Process A, <i>General Requirements and Flowchart</i>	Process
07.09.001.003	Work Process B, <i>Permits</i>	Process
07.09.001.001	Asbestos Hazards and Controls	Program



# Appointments, Graduate Student Research Assistant (GSRA) - B

Title:	Appointments, Graduate Student Research Assistant (GSRA)
Publication date:	1/2/2012
Effective date:	3/10/2008

## BRIEF

### Policy Summary

The Laboratory employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. [Graduate Student Research Assistants \(GSRAs\)](#) must be registered graduate students of the University of California (UC), and eligible for a Graduate Student Researcher (GSR) appointment on their campuses. UC rules and regulations pertaining to graduate students in the various disciplines normally apply. GSRAs work a fixed-percentage schedule and receive a flat monthly salary in accordance with their campus department policies. They are also eligible to receive fee remissions, including health insurance benefits, and nonresident tuition as determined by UC policies and as implemented for GSRs on the individual campuses.

### Who Should Read This Policy

UC graduate students who are eligible for a GSR appointment on their campuses

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#sec7>

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Graduate Student Research Assistant (GSRA)
Publication date:	1/2/2012
Effective date:	3/10/2008

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#sec7>

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Graduate Student Research Assistant (GSRA)
Document number	02.03.012.000
Revision number	0
Publication date:	1/2/2012
Effective date:	3/10/2008
Next review date:	1/2/2015
Policy Area:	Types of Employee Appts
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(7)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- UC Campus Graduate Student Researcher (GSR) Appointment Policy and Fee Remission Process

## Implementing Documents

Document number	Title	Type
02.03.001.001-01	<a href="#">Appointment Type Matrix</a>	Chart

N/A	<a href="#">GSRA Information Update Form (data entry)</a>	Database
N/A	<a href="#">View GSRA Information Update form</a>	Database
02.03.012.001-01	<a href="#">Requirements for Retention of Documents for Changes to GSRA Pay, Status or Project ID</a>	Procedure
02.03.012.002-02	<a href="#">Employee Classification: Graduate Student Research Assistants I: Terms and Conditions of Employment</a>	Training
N/A	<a href="#">GSRA Information Form (for new hires via Taleo)</a>	Database
02.03.012.003-01	<a href="#">GSRA Appointment Information Sheet</a>	Brochure
N/A	<a href="#">UCB GLOW Database (data entry) (UCB CalNet ID and GLOW authorization is required)</a>	Database
	<a href="#">To Apply for a UCB CAINet ID</a>	Procedure
N/A	<a href="#">To Apply for UCB GLOW Database Access (data entry)</a>	Database
N/A	<a href="#">Authorizing or Deauthorizing late UCB GSRA Fee Remissions (when UCB GLOW database is inaccessible for a particular semester) (data entry)</a>	Database
N/A	<a href="#">View Late UCB GSRA Fee Remission Authorization list</a>	Database
N/A	<a href="#">View Status of UC GSRA Fee Remission Invoices</a>	Database
N/A	<a href="#">Authorizing UC Campus (non-UCB) GSRA Fee Remission Authorization (data entry)</a>	Database
N/A	<a href="#">View Authorizing UC Campus (non-UCB) GSRA Fee Remission Authorization</a>	Database
02.03.012.004-01	<a href="#">GSRA Offer Letter</a>	Template

# Appointments, Faculty - B

Title:	Appointments, Faculty
Publication date:	1/2/2012
Effective date:	4/13/2007

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. Appointment as Laboratory Faculty Scientist/Engineer or Faculty Senior Scientist/Engineer requires that an individual hold an active University of California (UC) faculty appointment.

### Who Should Read This Policy

All employees who are simultaneously employed in a UC faculty title

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf2>  
<http://www.lbl.gov/Workplace/RPM/R2.07.html#secc9>

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Faculty
Publication date:	1/2/2012
Effective date:	4/13/2007

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to these pages to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf2>  
<http://www.lbl.gov/Workplace/RPM/R2.07.html#secc9>

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Faculty
Document number	02.03.004.000
Revision number	0
Publication date:	1/2/2012
Effective date:	4/13/2007
Next review date:	12/02/15
Policy Area:	Types of Employee Appts
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(2); Sections 2.07(C)(9)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California [Academic Personnel Manual \(APM\)](#)
- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- LBNL/UCB Joint Appointment Faculty Memorandum of Understanding (MOU)
- LBNL/UCB Faculty Appointment Faculty Memorandum of Understanding (MOU)
- LBNL/UCD Faculty Appointment Faculty Memorandum of Understanding (MOU)
- LBNL/UCSF Faculty Appointment Faculty Memorandum of Understanding (MOU)

## Implementing Documents

Document number	Title	Type

02.03.004.001-02	Faculty Summer Pay Request Form-UCB 2011	Form
02.03.004.002-02	Faculty Summer Pay Request Form-UCD 2011	Form
02.06.003.017-07	Laboratory Directorate Scientist/Engineer Appointment/Promotion Approval Process	Process
02.03.004.003-01	Faculty Appointment Summary	Chart
02.03.004.004-01	IUT Process For UC Shared Faculty or UCB Joint Appointment Faculty	process
02.03.004.005-01	UC Faculty Summer Pay Process	process
02.03.004.008-01	UC Faculty Calculation Template	Form
02.03.004.006-01	UC Faculty Offer Letter	Template
02.03.004.007-01	LBNL/UCB Joint Appointment Faculty Recruitment & Hire Procedure	Procedure
N/A	LBNL/UCB Joint Appointment Faculty Scientist and Faculty Senior Scientist Tracking Form	Database
N/A	LBNL/UCB Joint Appointment Faculty Roster	Database
02.03.001.001-01	Appointment Type Matrix	chart
02.06.003.010-02	Scientific Career Paths	chart
N/A	S&E Cases for LSC Review - Status Update	database
N/A	Submitting S&E Cases for LSC Review	database

# Appointments, Limited - B

Title:	Appointments, Limited
Publication date:	1/2/2012
Effective date:	3/10/2008

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. A **Limited** appointment is an appointment established at any percentage of time, fixed or variable, that is expected to continue for less than 900 hours in a 12-month period.

### Who Should Read This Policy

All employees who have a Limited appointment

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf5>

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Limited
Publication date:	1/2/2012
Effective date:	3/10/2008

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf5>

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2010	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Limited
Document number	02.03.007.000
Revision number	0
Publication date:	1/2/2012
Effective date:	3/10/2008
Next review date:	1/2/2015
Policy Area:	Types of Employee Appointments
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(5)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 3, [Types of Appointment](#)

## Implementing Documents

Document number	Title	Type
02.03.001.001-01	<a href="#">Appointment Type Matrix</a>	chart
02.03.001.002-01	<a href="#">Employee Classification Overview Presentation</a>	training
02.03.007.001-01	<a href="#">Limited Appointment Presentation</a>	training



02.03.007.002-01	<a href="#">Limited Offer Letter Template</a>	template
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# Appointments, Postdoctoral Fellow

## Brief

Title:	Postdoctoral Fellow Appointments
Publication date:	12/23/2013
Effective date:	12/23/2013

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. At the Laboratory, the postdoctoral experience is an opportunity for further scientific training and professional development for individuals who have recently completed a doctoral degree. Postdoctoral fellows bring expertise and creativity that enrich the research environment for all members of the Laboratory community, including graduate and undergraduate students of the University of California. This policy defines and sets forth terms and conditions relating to the appointment of postdoctoral fellows.

### Who Should Read This Policy

- This policy applies to employees in the following employee classifications: Postdoctoral Fellow
- This policy does not apply to employees in the following classifications: Career, Term, Faculty, Limited, Visiting Researcher, Rehired Retiree, Graduate Student Research Assistant, or Student Assistant.
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Postdoctoral Fellow Appointments
Publication date:	12/23/2013
Effective date:	12/23/2013

## POLICY

### A. Purpose

This policy defines and sets forth terms and conditions relating to the appointment of postdoctoral fellows. It applies to postdoctoral fellows who are employees of the Laboratory. This policy does not apply to postdoctoral fellows who are affiliates of the Laboratory.

### B. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO) and the Deputy Laboratory Director.

### C. Persons Affected

- This policy applies to employees in the following employee classifications: Postdoctoral Fellow
- This policy does not apply to employees in the following classifications: Career, Term, Faculty, Limited, Visiting Researcher, Rehired Retiree, Graduate Student Research Assistant, or Student Assistant.
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement.

## D. Policy Statement

### 1. Definition

- The postdoctoral fellow conducts research under the general oversight of a supervisor in preparation for a career position in academia, industry, government, or the nonprofit sector. Postdoctoral fellow appointments are intended to provide an opportunity to acquire further scientific professional growth and development.
- Postdoctoral fellows train under the direction and supervision of Laboratory scientific and engineering staff (including faculty). In addition to research activities, postdoctoral fellows may be approved to engage in other scientific activities (e.g., teaching, serving on institutional committees) to broaden their professional skills.

### LDRD Program

For more information on Laboratory Directed Research and Development (LDRD) Program, go [here](#).

- Postdoctoral fellows may serve as co-principal investigators on externally funded contracts or grants. They are also permitted to serve as principal investigators on Laboratory Directed Research and Development (LDRD) proposals. Postdoctoral fellows may be permitted to serve as principal investigators in three areas: (1) awards that are restricted to postdoctoral fellows; (2) small awards for research-related expenses; (3) or other circumstances approved by the division director.

### 2. Titles

- The specific title of a postdoctoral fellow is determined by the source of funds:
  - Employee Titles.** The specific title of a postdoctoral fellow is determined by the source of funds.
    - Postdoctoral Fellow.** The Postdoctoral Fellow appointment is determined when (1) the research is supported by Laboratory funds, or (2) the Laboratory is reimbursed by an external agency for the postdoctoral fellow's appointment.
    - Special Postdoctoral Fellow.** The Special Postdoctoral Fellow appointment is for the individual who has funding support from an external agency. The division augments the fellowship funding with additional work and compensation to reach approved Laboratory pay rate minimums.
    - Interim Postdoctoral Fellow.** The Interim Postdoctoral Fellow appointment is for the time period between finishing doctoral degree requirements as a Laboratory Graduate Student Research Assistant (GSRA) and beginning postdoctoral work elsewhere. There should be no break-in-service between the end of the GSRA appointment and the beginning of the Interim Postdoctoral Fellow appointment. Such interim appointments are made by a division director, based on the recommendation of the supervisor, and are not to exceed six months.
  - Affiliate Titles.** The title of an affiliate postdoctoral fellow is determined by the source of funds. Postdoctoral fellows who have affiliate status at the Laboratory are not covered by this policy.
    - Affiliate Postdoctoral Fellow.** The Affiliate Postdoctoral Fellow appointment is for the postdoctoral fellow with an appointment at another institution and is participating in a scientific collaboration or participating in experiments at a Laboratory user facility. See the [Site Access Policy](#) to determine whether these are visitors or participating affiliates.
    - Affiliate Postdoctoral Fellow – Stipend.** The Affiliate Postdoctoral Fellow – Stipend appointment is for a postdoctoral fellow who has been awarded or appointed to a fellowship or traineeship for postdoctoral study by an external agency. The fellowship or traineeship is paid through a Laboratory non-payroll account.
    - Affiliate Postdoctoral Fellow – Paid Direct.** The Affiliate Postdoctoral Fellow – Paid Direct appointment is for the postdoctoral fellow who has been awarded a fellowship or traineeship for postdoctoral study by an external agency. The agency pays the fellowship or traineeship directly to the postdoctoral fellow rather than through the Laboratory.
- Qualifications.** The Postdoctoral Fellow position requires a recent Ph.D. or the equivalent. Candidates should show strong potential for creativity and productivity in research.
- Recruitment.** Recruitment as defined in the [Recruitment and Hiring](#) policy is encouraged to promote equal opportunity for all candidates but is not required.
- Appointment Criteria.** Appointment as a Postdoctoral Fellow requires a confirmed doctoral degree or the international equivalent.
- Terms of Service**
- Postdoctoral Fellow appointments have fixed end dates. The duration of an initial appointment is typically one year but may be up to three years. The minimum duration of the appointment is six months at full time.
- The total duration of an individual's postdoctoral service including postdoctoral service at other institutions may not exceed five years. The manager or supervisor determines appropriate tenure at the Laboratory by taking into account prior postdoctoral experience at other institutions.
- If a postdoctoral fellow is on an approved paid or unpaid leave of absence for one month or longer, his or her appointment may be extended by the length of the leave up to one additional year beyond the five-year maximum.
- Interim Postdoctoral Fellow appointments are not to exceed six months (See [Section D.2.a.3](#), above).

11. Time spent in Postdoctoral Fellow appointments is not counted toward the five-year maximum for Career-track and Project Scientist positions. See [Scientist & Engineer Appointments](#) policy.
12. It is within the Laboratory's sole discretion not to re-appoint a postdoctoral fellow.
13. **Appointment Percentage**
  - a. Appointments to the Postdoctoral Fellow title are full time.
  - b. When a postdoctoral fellow additionally holds another University of California position, the percent time of the Postdoctoral Fellow appointment normally will be reduced so that the sum of the percent times of the two appointments equals 100 percent.
14. **Salary and Stipend**
  - a. **Scale.** An authorized salary scale establishing minimum and maximum pay rates for Postdoctoral Fellow titles is used by the Human Resources Compensation Unit and approved by the Deputy Laboratory Director.
  - b. **Criteria.** Divisions are responsible for setting pay rates.
15. **Coaching and Mentoring – Annual Reviews.** In furtherance of advancing a postdoctoral fellow's career, it is recommended that the postdoctoral fellow and the supervisor conduct an annual oral review and have ongoing conversations on career growth and development throughout the postdoctoral experience. A written summary will be provided to the postdoctoral fellow upon request.
16. **Leaves**
  - a. **Vacation.** Employees in Postdoctoral Fellow positions accrue vacation leave in accordance with the [Vacation Policy](#).
  - b. **Sick Leave.** Employees in Postdoctoral Fellow positions accrue sick leave in accordance with the [Sick Leave Policy](#).
  - c. **Medical Leave.** Employees in Postdoctoral Fellow positions are eligible for unpaid medical leave as provided in the [Family & Medical Leave Policy](#).
  - d. **Military Leave.** Employees in Postdoctoral Fellow appointments are eligible for military leave as provided in the [Military Service Leave policy](#).
  - e. **Jury Leave.** Employee postdoctoral fellows are eligible for paid jury duty leave as provided in the [Jury Duty, Court Leave, & Witness Duty Leave](#) policy.
17. **Holidays.** Employees in Postdoctoral Fellow appointments are eligible for holiday pay as provided in the [Holiday Policy](#).

**For more information on Benefits:**

- [Benefits Web page](#)
- [Postdoctoral Supplemental Benefits \(Garnett-Powers website\)](#)

18. **Benefits Plans.** Employee postdoctoral fellows are eligible for designated health and welfare benefits.
19. **Expiration/Termination of Appointment**
  - a. A Postdoctoral Fellow appointment ends automatically at the end of three years from the initial appointment or on the current expiration/termination date unless notified in advance in writing that the appointment will be renewed.
  - b. The employment of a postdoctoral fellow may be terminated before the end of the fellow's appointment for disciplinary reasons or substandard performance of which the fellow has been advised, as provided in the [Corrective Action & Discipline policy](#). The appointment may also be terminated early for lack of funds, lack of work, or changes in operational/business needs, in which case the postdoctoral fellow will be given at least 90 days' advance written notice before termination.
20. **Promotions.** The Postdoctoral Fellow position is not a Career-track position. There is no promotional track or expectation of advancement to any other professional research position. Waivers of recruitment of a postdoctoral fellow to another professional research position will be approved in exceptional cases and must be approved by the Chief Human Resources and Diversity Officer and Deputy Laboratory Director.

## E. Roles and Responsibilities

Role	Responsibility
Manager or supervisor	<ul style="list-style-type: none"> <li>• Is responsible for adhering to the provisions of this policy</li> <li>• Determines appropriate tenure at the Laboratory by taking into account prior postdoctoral experience at other institutions</li> </ul>
Employee	Is responsible for adhering to the provisions of this policy
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy and process
Human Resources Department	Has the responsibility to advise management and employees on how to comply with this policy

## F. Definitions/Acronyms

Term	Definition
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students
CHRO	Chief Human Resources and Diversity Officer
Principal Investigator (PI)	The Laboratory manager or employee who has ultimate responsibility for meeting the terms of a project proposal, including the scope of work, the schedule, and the budget.

## G. Recordkeeping Requirements

The Human Resources Department is responsible for maintaining all employee records.

## H. Implementing Documents

Audience	Document number	Title	Type
Public		<a href="#">Postdoctoral Supplemental Benefits (Garnett-Powers website)</a>	Website
LBNL Staff	02.03.005.010	<a href="#">Postdoctoral Benefit Enrollment Special Instructions</a>	Procedure
LBNL Staff	02.03.005.011	<a href="#">Postdoctoral Fellow Appointment Types</a>	Procedure
LBNL Staff	02.03.005.007	<a href="#">Postdoctoral Fellow New Hire Fact Sheet</a>	Information
LBNL Staff	02.03.005.012	<a href="#">Postdoctoral Fellow Information Sheet</a>	Information
LBNL Staff	02.03.005.009	<a href="#">Request to Hire Postdoctoral Fellow Form</a>	Form
HR Staff	02.03.005.003	<a href="#">Introduction to Postdoctoral Fellow Policy</a>	Training
HR Staff	02.03.005.008	<a href="#">Postdoctoral Fellow Exception Memo Template</a>	Template

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
12/23/2013	1	M. Bello	Reformat into Lab's new policy format. Clarified roles and responsibilities.	All	Minor

### Document Information

# DOCUMENT INFORMATION

Title:	Postdoctoral Fellow Appointments
Document number	02.03.005.000
Revision number	1
Publication date:	12/23/2013
Effective date:	12/23/2013
Next review date:	12/23/2016
Policy Area:	Types of Employee Appointments
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.28

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. 857, Sec. J, App. A, Advance Understandings on Human Resources
- University of California Academic Personnel Manual (APM) 390, [Postdoctoral Scholars](#)

## Implementing Documents

Audience	Document number	Title	Type
Public		<a href="#">Postdoctoral Supplemental Benefits (Garnett-Powers website)</a>	Website
LBNL Staff	02.03.005.010	<a href="#">Postdoctoral Benefit Enrollment Special Instructions</a>	Procedure
LBNL Staff	02.03.005.011	<a href="#">Postdoctoral Fellow Appointment Types</a>	Procedure
LBNL Staff	02.03.005.007	<a href="#">Postdoctoral Fellow New Hire Fact Sheet</a>	Information
LBNL Staff	02.03.005.012	<a href="#">Postdoctoral Fellow Information Sheet</a>	Information
LBNL Staff	02.03.005.009	<a href="#">Request to Hire Postdoctoral Fellow Form</a>	Form
HR Staff	02.03.005.003	<a href="#">Introduction to Postdoctoral Fellow Policy</a>	Training
HR Staff	02.03.005.008	<a href="#">Postdoctoral Fellow Exception Memo Template</a>	Template

# Appointments, Student Assistant

Title:	Appointments, Student Assistant
Publication date:	1/2/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has a defined terms and conditions of employment. Appointment into the Student Assistant employee classification is for full-time students attending an accredited school, college or university.

### Who Should Read This Policy

Employees appointed as a student assistant.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies and procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Student Assistant
Publication date:	1/2/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) employs workers in many different appointment types. Each appointment type has defined terms and conditions of employment. Appointment into the Student Assistant employee classification is for full-time students attending an accredited school, college, or university.

### B. Persons Affected

This policy applies to nonrepresented employees in the Student Assistant employee classification. Represented employees should consult their collective bargaining agreement.

## C. Exceptions

**Approval of Variations From Policy:** Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Chief Human Resources Officer (CHRO).

## D. Policy Statement

### 1. Eligibility

- a. Student Assistant appointments are reserved for individuals who are at Berkeley Lab primarily for purposes of obtaining an education or training.

#### For Program Information

[Employment of Minors or Near Relatives, Including Domestic Partners](#)

- b. Student Assistants must be enrolled in a full-time academic program. However, students enrolled in school-sponsored co-op and internship programs may be registered less than full time when their Laboratory assignment is part of their internship.
- c. The duties and responsibilities of a Student Assistant must be related to his or her field of study. In addition, the duties and responsibilities of a co-op student, or a student in a formal internship program, must conform to his or her institution's program requirements to ensure he or she receives appropriate academic credit.
- d. Enrollment in a university's extension education courses does not allow a student to qualify for a Student Assistant appointment.
- e. Students who are under 18 years of age are required to provide a valid work permit. See the [Employment of Minors or Near Relatives, Including Domestic Partners](#) Policy for additional eligibility requirements.
- f. Students may not work in the same group with a near relative. See the [Employment of Minors or Near Relatives, Including Domestic Partners](#) Policy.

### 2. Approval of Employment

- a. Persons under 18 years of age will not be employed unless specific approval is obtained from the division director and the CHRO.

#### Important

All minors, whether they are a Berkeley Lab employee or a Berkeley Lab [affiliate](#), must have their appointments pre-approved by the CHRO.

- b. When a person under 18 years of age is hired or assigned to work in areas where ionizing radiation is used, the hiring division or department will contact the Environment, Health & Safety Division for final clearance. Berkeley Lab does not permit minors to have access to any laboratory where an annual dose in excess of 100 mrem is possible.
3. **Effort:** Student Assistants may work up to 50% time during their academic year and 100% time during the summer and other significant academic breaks. They may be appointed to fixed- or variable-time schedules.
4. **Salary:** Student Assistant salaries are based on academic progress. Increases are allowed on the achievement of the next academic milestone as indicated on the [student salary table](#) and with written confirmation by the supervisor that the student's performance is satisfactory.

#### Other Policies of Interest

[RPM §2.06 Compensation, Scheduling, and Work Location](#)

5. **Benefits:** Student Assistants are not eligible for UC employee health and welfare benefits nor are they eligible for membership in the University of California Retirement System. Student Assistants are covered by the Berkeley Lab Workers' Compensation Program.
6. **Vacation and Sick Leave:** Student Assistants do not accrue vacation or sick leave.
7. **Holidays:** Student Assistants appointed to a fixed-time schedule at 50% or more earn holiday pay prorated in accordance with [RPM §2.10\(E\)\(3\) \(Holidays/Holiday Pay Policy for Part-Time Employees\)](#). Students on a variable schedule are not eligible to earn holiday pay.
8. **Recruitment:** Student Assistant positions do not need to be recruited.
9. **Complaint Resolution:** A Student Assistant is not eligible to use Berkeley Lab's Employee Complaint Resolution Policy to challenge termination of his/her appointment.



**10. Separation from Employment**

- a. Student Assistants must be terminated if they graduate or are no longer enrolled in school, or if their registration is less than full time. Full-time student status is defined by the school's policy.

**Other Policies of Interest**

RPM §2.21(C)(Terminations/Release of Limited, Rehired Retiree, Student Assistant, and Probationary Appointees)

- b. Once a student graduates, his or her appointment as a Student Assistant may continue up to an additional three months before separating from Laboratory employment. However, a student who has been accepted to a qualifying educational program and will begin the program within the next 12 months may continue to work at the Laboratory as a Student Assistant in the interim (see Section (D)(1) (*Eligibility*), above). This employment must be terminated if the Student Assistant fails to enroll within that time. The student's effort must be in accordance with Section (D)(3)(*Effort*), above, even when he or she is between degree programs.
- c. Student Assistants may be released at any time at the discretion of the Laboratory. The student shall be notified of the release in writing. Whenever possible and appropriate, two weeks' advance notice should be given.

**11. Work Study Students**

- a. Work Study Students are University of California students receiving financial aid through the campus Work Study Program. If required by the campus program, they may be hired as Student Assistants.

**Other Links and Policies of Interest**

UC Berkeley Work Study Program  
 RPM Definitions: Affiliate  
 RPM §1.06 (Laboratory Site Access)  
 RPM §5.01(D)(4) (Public Information and External Relations / Laboratory Tours and Visits / Employees' Guests)  
 PUB-3000 Chapter 1 (General Policy and Responsibilities), Section 1.4.7 (EstablishmentofHazard Controls)

<http://www.lbl.gov/Workplace/RPM/R2.06.html>

- b. The duties of a Work Study Student may be, but are not required to be, related to his or her academic program.
- c. When Work Study Students have earned their financial awards, they may be given a change of status to Student Assistants if their job duties are related to their academic programs. If their job duties are not related to their academic programs, their employment must be terminated.
- d. All other provisions of the Student Assistant Policy apply to Work Study Students.

**12. Students in the Affiliate (Formerly Known as Guest) Appointment:** A student may be appointed as an *Affiliate* (a nonemployee classification) for the following reasons:

- a. The student is participating in a Berkeley Lab educational program such as one of the [Center for Science and Engineering Education's \(CSEE\) programs](#).
- b. Participation in Berkeley Lab's research is a requirement of the student's degree or school program.

**E. Roles and Responsibilities**

Roles	Responsibilities
Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy

Hiring division management	Has the responsibility to adhere to the provisions of this policy. If supervising or hosting a minor student, the hiring division management is responsible for (1) adhering to the provisions of the minor student's work permit, (2) adhering to the provisions of the Parental Consent of Minor at Lab form, and (3) requesting parental consent in advance of change of hours if the minor student needs to work or be present at Berkeley Lab outside of the agreed-upon hours.
HR Department	Has the responsibility to advise management and employees on how to comply with this policy

## F. Definitions/Acronyms

Term	Definition
Extension Education Course	A continuing adult education course or certificate program
Fixed Time	An employee's work schedule that is not subject to change or fluctuation from week to week or month to month. There are two types of fixed time: full time and part time. Full-time employees work at 100% time. Part-time employees work less than 100% time.
Full-time Academic Program	In adherence to the school's definition of a full-time course schedule
Variable Time	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

Acronym	Term
CHRO	Chief Human Resources Officer
CSEE	Center for Science and Engineering Education
HR	Human Resources
UC	University of California

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement

Division HR Center	If the student is a minor, a work permit and the Parental Consent for Minor at the Lab form are required and are maintained in the student's employee or affiliate file. These forms are in addition to forms required by all employees or affiliates.
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## H. Implementing Documents

1. For Berkeley Lab Managers and Supervisors (Training Workshops):
  - a. [Supervisor Responsibilities Training](#) (mandatory for new supervisors)
  - b. [Supervisor Scenario Workshop — HR Issues](#) (mandatory for new supervisors)
2. For HR Staff:
  - a. [Student Assistant Offer Letter template](#)
  - b. [Position Description Template](#)
  - c. [Parental Consent for Minor at Lab](#)

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies and procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
6/20/2011	0	M. Bello	Revision of html version	all	Minor
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Student Assistant
Document number	02.03.011.000
Revision number	1
Publication date:	1/2/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Types of Employee Appointments
RPM Section (home)	Human Resources

RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.01(F)(8)

## Source Requirements Documents

- Berkeley Lab Senior Management requirement

## Implementing Documents

Audience	Document number	Title	Type
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training
HR Staff	02.03.001.001	Student Assistant Offer Letter template	Template
HR Staff	02.03.011.003	Position Description Template	Template
HR Staff	02.03.001.002	Parental Consent for Minor at Lab	Template

# Appointments, Term - B

Title:	Appointments, Term
Publication date:	1/2/2012
Effective date:	1/28/2011

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. **Term** appointments apply to staff hired to work on a specified project of clearly limited duration for a minimum of six months, up to five years.

### Who Should Read This Policy

All employees in Term appointments

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf4>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Term
Publication date:	1/2/2012
Effective date:	1/28/2011

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf4>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Term
Document number	02.03.002.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/28/2011
Next review date:	1/2/2015
Policy Area:	Types of Employee Appts
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(4)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 3, [Types of Appointment](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form

		Procedure
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# Appointments, Upper Laboratory Management - B

Title:	Appointments, Upper Laboratory Management
Publication date:	1/2/2012
Effective date:	2/26/2009

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. This policy applies to appointees and incumbents in the University of California Senior Management Group (SMG) and positions designated as Upper Laboratory Management, collectively referred to as Laboratory Management or Laboratory Managers. The positions covered by this policy are found on the [Lawrence Berkeley National Laboratory Management Positions list](#).

Appointees and incumbents in positions designated as Laboratory Management have responsibility for defining overall Laboratory policy and direction. Laboratory Managers are appointed by and serve at the discretion of the Regents, the President of the University of California, or the Laboratory Director, as appropriate. All such appointments are at will and may be terminated at any time with or without cause.

### Who Should Read This Policy

Employees in the Upper Laboratory Management appointment

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf3>

<http://www.lbl.gov/Workplace/RPM/R2.27.html>

Additional employment policies for positions included in the University Senior Management Group may be found in [Senior Management Group \(SMG\) Human Resources Policies](#).

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Upper Lab Management
Publication date:	1/2/2012
Effective date:	2/26/2009

## POLICY



Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf3>

<http://www.lbl.gov/Workplace/RPM/R2.27.html>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Upper Laboratory Management
Document number	02.03.008.000
Revision number	0
Publication date:	1/2/2012
Effective date:	2/26/2009
Next review date:	1/2/2015
Policy Area:	Types of Employee Appts
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(3); Section 2.27
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- DOE Contract 31, Clause I.69, DEAR 952.215-70 KEY PERSONNEL (DEC 2000)
- University of California [Senior Management Group \(SMG\) HR Policies](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Appointments, Visiting Faculty

Title:	Appointments, Visiting Faculty
Publication date:	1/2/2012
Effective date:	1/26/2000

## BRIEF

### Policy Summary

Visiting Faculty is a position for faculty members from universities and colleges outside the University of California (UC) system. The appointment is a Limited appointment. Visiting Faculty are eligible for benefits, vacation, and/or sick leave in accordance with this appointment. Qualifications for Visiting Faculty are appropriate to the work to be performed. In most cases, they will be analogous to the qualifications for one of the [Research Scientist/Engineer-](#), [Staff Scientist/Engineer-](#), or [Senior Scientist/Engineer-level](#) positions.

### Who Should Read This Policy

- This policy applies to visiting faculty.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The Limited Appointment Policy — <http://www.lbl.gov/Workplace/RPM/R2.01.html#secf5>

The Visiting Faculty Appointment - <http://www.lbl.gov/Workplace/RPM/R2.07.html#secc11>

### Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Visiting Faculty
Publication date:	1/2/2012
Effective date:	1/26/2000

## POLICY

Visiting Faculty appointments are part of the:

- Limited Appointment Policy - <http://www.lbl.gov/Workplace/RPM/R2.01.html#secf5>
- Visiting Faculty Appointment - <http://www.lbl.gov/Workplace/RPM/R2.07.html#secc11>

### Contact Information

For more information, contact your [division's Human Resources Center](#).  
 Feedback on HR policies and procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Visiting Faculty
Document number	02.03.015.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/26/2000
Next review date:	1/2/2015
Policy Area:	Types of Employee Appointments
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(2)(b)
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.01(F)(2)(b), 2.01(F)(5), 2.07(C)(11)

## Source Requirements Documents

See references under Limited Appointment and related policies described under Brief tab.

## Implementing Documents

None

# Appointments, Visiting Researcher - B

Title:	Appointments, Visiting Researcher
Publication date:	1/2/2012
Effective date:	3/10/2008

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. A [Visiting Researcher](#) is on an approved leave from his or her home institution. The home institution does not need to be a university or college, nor does the individual have to be a faculty member of any institution. Appointments are for one year but may be extended for a second year on an exception basis with the approval of the Laboratory Deputy Director.

### Who Should Read This Policy

Employees in the [Visiting Researcher](#) appointment

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf6>

<http://www.lbl.gov/Workplace/RPM/R2.07.html#secc11>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Appointments, Visiting Researcher
Publication date:	1/2/2012
Effective date:	3/10/2008

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf6>

<http://www.lbl.gov/Workplace/RPM/R2.07.html#secc11>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Appointments, Visiting Researcher
Document number	02.03.006.000
Revision number	0
Publication date:	1/2/2012
Effective date:	3/10/2008
Next review date:	1/2/2015
Policy Area:	Types of Employee Appts
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(6); Section 2.07(C)(11)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California Academic Personnel Manual (APM) 230, [Visiting Appointments](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form

		Procedure
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# Archives and Records Management Policy

Title:	Archives and Records Management Policy
Publication date:	6/21/2013
Effective date:	8/10/2006

## BRIEF

### Policy Summary

This policy establishes line-management responsibility for managing scientific and operational records at Berkeley Lab. It also establishes and specifies responsibilities for:

- Employees and affiliates
- Divisions and departments
- Division records liaison officers
- The Laboratory-wide Archives and Records Office

### Who Should Read This Policy

- Employees and affiliates
- Employees with specific records management responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

## Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

Title:	Archives and Records Management Policy
Publication date:	6/21/2013
Effective date:	8/10/2006

- D. Policy Statement
- D.1 Employee Responsibilities
- D.2 Division and Department Requirements
- D.3 Records Liaison Officer Requirements
- D.4 Archives and Records Office

## POLICY



## A. Purpose

The purpose of this policy is to promote records and archives management to:

- Document the organization, functions, policies, decisions, procedures, and essential transactions of projects and research at Lawrence Berkeley National Laboratory (Berkeley Lab)
- Keep and maintain information according to legal, fiscal, administrative, and historical needs
- Help support access to Laboratory Records

## B. Persons Affected

This policy applies to employees and affiliates as well as individuals with additional records management responsibilities.

## C. Exceptions

Not applicable

## D. Policy Statement

### D.1 Employee Responsibilities

Records Management is a line-management function at Berkeley Lab. Employees and affiliates are responsible for the records management of information that they use or manage as part of their job duties. Records liaison officers, divisions, or departments, and the Archives and Records Office (ARO) can assist employees and affiliates in meeting their responsibilities for records management. Beyond general responsibilities, employees and affiliates:

- Must not dispose of or transfer Laboratory Information to another institution without consulting the ARO; information created as part of job duties is Laboratory Information and potentially a Laboratory Record
- Should not mix Laboratory Records with personal records

Read more about records on the ARO's [FAQs](#) page.

### D.2 Division and Department Requirements

1. **Purpose.** To establish effective management controls over the creation, maintenance, and use of records that adequately and properly document the division or department's organization, functions, policies, decisions, procedures, and essential transactions.
2. **Records Management Practices.** Each Berkeley Lab division or department must develop records management practices per ARO standards, procedures, and guidelines. These practices should include the following activities:
  - a. Transfer of inactive records to the ARO
  - b. Records Destruction practices that:
    - i. Only destroy records after consulting with the ARO and according to applicable retention schedules
    - ii. Establish safeguards against the unauthorized removal or destruction of records; notify the ARO if unauthorized removal or destruction of records occurs or threatens to occur
    - iii. Ensure that document-destruction practices are suspended when litigation, governmental investigation, or an audit is pending or imminent
  - c. Identify and ensure the availability of records required for disaster recovery and/or contingency planning
3. **Records Liaison Officer.** Each division must designate a Records Liaison Officer (RLO) who has authority and responsibility for overall coordination of records management activities. Depending on the size and needs of the division, RLOs can also be designated at the department level.

### D.3 Records Liaison Officer Requirements

Records Liaison Officers should:

- Coordinate records management activities with both the Laboratory-wide program and within their division or department
- Help ensure that their division or department records program adheres to applicable laws and regulations as well as standards, procedures, and guidelines from the ARO
- Adhere to the ARO requirements for records liaison officers

### D.4 Archives and Records Office

Berkeley Lab must maintain an ARO. The ARO must:

1. Establish standards, procedures, and guidelines for the Laboratory archives and records management program per 36 CFR, Subchapter B, *Records Management*
  - a. When scheduling records, the ARO must use applicable Department of Energy schedules.
2. Develop and maintain a system to identify, locate, and retrieve Laboratory records
3. Manage destruction moratoriums per applicable laws and regulations
4. Provide information and resources to inform Berkeley Lab employees about their records management responsibilities
5. Provide assistance to Laboratory divisions or departments to develop processes for effective records management, including disaster preparation and recovery
6. Establish requirements for records liaison officers
7. Ensure that historically valuable records, including permanent records, are appropriately accessible to researchers
8. Identify, store, and assist in the display of historic Laboratory artifacts
9. Assist principal investigators with management of their scientific and technical records

## E. Roles and Responsibilities

Employees must adhere to this policy. Individuals with additional records management responsibilities (employees of the ARO, division or department directors, and records liaison officers) must meet additional requirements specified by this policy.

## F. Definitions/Acronyms

Term	Definition
Records	See <a href="#">FAQs</a> for definition of records.
Laboratory Records	Both federal and University-owned records
Federal Records	Records, except University-owned records, acquired or generated by the contractor in the performance of Contract 31
University-Owned Records	Records that are not federal records as defined by Clause I.80 - DEAR 970.5204-3, <i>Access to and Ownership of Records</i> ( July 2005). Examples include fiscal and administrative records such as employment, financial, procurement, and legal information.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

- [Records Transfer Procedure](#)
- [Records Request Form](#)
- [Records Liaison Officers](#)

## I. Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	J. Bonaguro	Rewrite for wiki	All	Minor
6/21/2013	1.1	J. Bonaguro	Review complete. Editorial change. Update Next Review date.	Policy Summary, B, D.1–D.4, and F	Minor

## DOCUMENT INFORMATION

Title:	Archives and Records Management Policy
Document number	10.03.001.000
Revision number	1.1
Publication date:	6/21/2013
Effective date:	8/10/2006
Next review date:	6/21/2014
Policy Area:	Archives and Records Management
RPM Section (home)	Information Management
RPM Section (cross-reference)	1.17
Functional Division	Information Technology
Prior reference information (optional)	RPM, Chapter 1, Section 1.17

## Source Requirements Documents

- DOE O 243.1, *Records Management Program*
- DOE O 243.1A, *Records Management Program*
- Contract 31, Clause I.80 - DEAR 970.5204-3, *Access to and Ownership of Records* (July 2005)

## Other Driving Requirements

- Quality Assurance Policy, 04.03.001.000

## Implementing Documents

Document Number	Title	Type
10.03.001.001	<a href="#">Records Transfer Procedure</a>	Procedure
10.03.001.002	<a href="#">Records Request Form</a>	Form
10.03.001.003	<a href="#">Records Liaison Officers</a>	Requirements

# ARRA Project Closeout

## Brief

Title:	ARRA Project Closeout
Publication date:	12/3/2013
Effective date:	11/30/2012

## BRIEF

### Policy Summary

This policy summarizes the requirements for reporting an American Recovery and Reinvestment Act (ARRA) project as final to [www.FederalReporting.gov](http://www.FederalReporting.gov). Reporting a project as "Final" does not replace any other closeout procedures required by Berkeley Lab, the Department of Energy (DOE), or the sponsor. ARRA recipients must submit quarterly reports on the use of ARRA funding through a nationwide data-collection process and have reported estimates on the number of jobs created. When a project or award is marked as "final," the recipient is no longer required to report on any subsequent quarters.

### Who Should Read This Policy

All employees with financial responsibilities for ARRA-funded projects

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Direct Budget Manager](#) or  
[Budget Officer](#)

## Policy

Title:	ARRA Project Closeout
Publication date:	12/3/2013
Effective date:	11/30/2012

## POLICY

### A. Purpose

The purpose of this policy and procedure is to summarize the requirements for reporting an American Recovery and Reinvestment Act (ARRA) project as final to [www.FederalReporting.gov](http://www.FederalReporting.gov).

### B. Persons Affected

Any employee at Lawrence Berkeley National Laboratory (Berkeley Lab) who manages ARRA projects

### C. Exceptions

Berkeley Lab assigns a unique ARRA ID by project for internal reporting; however, the [Department](#) of Energy (DOE) tracks projects by a seven-digit program task code (e.g., 2005380 GPP). A project that meets the requirements above can be marked as a "Final" Project Report on [www.FederalReporting.gov](http://www.FederalReporting.gov), even if it shares a program task code with an active project; however, any remaining funds cannot be de-obligated until all projects with the same program task code are closed and "Final." Once all of the projects that share a program task code are closed, the Budget Office will send a request to the DOE Berkeley Site Office (BSO) to de-obligate any remaining funds.

## D. Policy Statement

ARRA was signed into law in 2009 to stimulate the economy and to create and retain jobs. As required by ARRA Section 1512, ARRA recipients must submit quarterly reports on the use of ARRA funding through a nationwide data-collection process and report estimates on the number of jobs created. The required ARRA data are reported through a central government Web site, [www.FederalReporting.gov](http://www.FederalReporting.gov). When a project or award is marked as "Final" on [www.FederalReporting.gov](http://www.FederalReporting.gov), the recipient is no longer required to report on any subsequent quarters.

1. **The closeout process outlined in this document should be initiated when any of the following occurs:**
  - a. Scope of work has been completed and no future work/funding is expected.
  - b. Completion date on BOX 13 of the Work Authorization Statement (WAS) has elapsed (DOE funds).
  - c. Award expiration date has passed and will not be extended (WFO).
  - d. ARRA funding expires; e.g., 9-30-2015.
  - e. The funding agency has given notice of termination of the ARRA-funded agreement.
2. **Berkeley Lab ARRA Prime Recipient Contracts and Grants Project Closeout Requirements**
  - a. All ARRA-funded milestones, services, deliveries, or construction is complete and no additional jobs will be funded.
  - b. No future funding increments will be added to the project/award.
  - c. All ARRA-funded costs have been recorded and transmitted to DOE/sponsor (fully costed, not just accrued; all purchase orders (POs)/encumbrances are closed).
  - d. The responsible Berkeley Lab principal investigator and division management have documented that the project is complete.
  - e. The funding Department of Energy (DOE) program, federal agency, or other sponsor has accepted the services, deliveries, or construction as complete per agency/sponsor requirements for performance measures (documented in writing). All remaining funds have been de-obligated unless the project is part of a larger effort and shares a program task code with other ARRA projects that are still open (applicable to DOE funded projects only).
  - f. The DOE Berkeley Site Office (BSO) concurs that the project is complete (DOE funds).
  - g. The DOE Office of Science (SC) report should show all milestones as 100% completed (applicable to DOE-funded projects only). When all above criteria are met for prime recipients, the final report will indicate a "Y" in the Final Report data field and "Fully Complete" in the Project Status data field at [www.FederalReporting.gov](http://www.FederalReporting.gov).
  - h. **NOTE: Non-ARRA funds associated with the project will have no impact on marking a report as final.**
3. **Closeout Workflow**
  - a. **DOE/BSO ARRA Workflow Completion Requirements for DOE Funded Projects**
    - i. Division submits close request via e-mail to the Budget Office with BSO checklist completed and attached ([ARRA-BSO Close Request Checklist Form](#)).
    - ii. After receipt of the e-mail request, approval will be requested from the BSO Project Manager. The request will then be forwarded to DOE Chicago for submission to DOE headquarters for approval.
    - iii. Once approved by DOE headquarters, DOE Chicago will notify BSO that the closure and de-obligation are approved. An Approved Funding Program (AFP) and contract modification will be processed to de-obligate the funds, and the projects can be marked as closed in the SC Quarterly Reports and at [www.FederalReporting.gov](http://www.FederalReporting.gov).
    - iv. If the project is part of a larger effort and shares a program task code, the close request will be submitted to BSO for approval. Once all the projects that share the same program code are closed, the Budget Office will notify the BSO who will request DOE Chicago for approval to de-obligate any remaining funds.
  - b. **Required Documents to Request a Project to Be Reported as "Final" (Submit to Budget Office)**
    - i. **DOE Funded**
      1. Work Authorization Statement (WAS)
      2. Signed Request for ARRA Project/Award Closeout Form: see attached document ([ARRA Project/Award Closeout Request Checklist Form](#))
      3. Signed Construction Project Closeout Form and check list if applicable
    - ii. Completed BSO close checklist ([ARRA-BSO Close Request Checklist Form](#))
      1. E-mail from DOE funding program concurring that the project is complete
      2. E-mail from BSO Program Manager concurring that the project is complete
      3. E-mail from the PI or PM stating that all projects and associated POs are closed and costs are final
    - iii. **Non-DOE Funded – Primary**
      1. Copy of the Sponsored Project Award Authorization (SPAA)
      2. Closeout form completed and signed ([ARRA Project/Award Closeout Request Checklist Form](#) (\Grouper\CFO\Financia\_Analysis\ARRA\ARRA Closed Projects\Closeout policy\ARRA\_Closeout\_Checklist.docx))
      3. E-mail from sponsor concurring that the project is complete
      4. E-mail from PI or PM concurring that the project is complete
      5. **NOTE: For the National Institutes of Health (NIH), the acceptance of the progress report fulfills the requirement.**
    - iv. **Subrecipient Award Requirements for Contracts and Grants – Secondary**
      1. Sponsor reporting requirements are defined when the contract is negotiated by the Office of Sponsored Projects and Industrial Partnerships (OSPIP). The Budget Office provides a standard set of reports monthly to other sponsors based on federal quarterly reporting requirements.
      2. These reports should be marked as "final" when the OSPIP project closeout process is complete (see [OSPIP Closeout Process & Forms](#))

## E. Roles and Responsibilities

Role	Responsibility
Principal Investigators (PIs)	<ul style="list-style-type: none"> <li>• Ensure ARRA-funded projects/awards are completed on a timely basis</li> <li>• Ensure all ARRA-funded milestones, services, deliveries, or construction are complete; no additional jobs will be funded; and no future funding increments will be added to the project/award</li> <li>• Obtain e-mail confirmation/concurrence from the program/sponsor that project/award is complete and that no future funding increments will be added to the project/award</li> <li>• Approve the <a href="#">ARRA Project/Award Closeout Request Checklist Form</a></li> <li>• Forward the <a href="#">ARRA Project/Award Closeout Request Checklist Form</a> and the confirmation/concurrence e-mail from the program to the division resource analyst/project controls analyst.</li> <li>• If the final expenditure is less than the award/project amount listed as funded on the report due to an amendment in the original agreement or if the project came in under budget.</li> <li>• A description must be provided in the "Quarterly Activities/Project Description for Prime and Sub-recipients" field explaining why the final amount in the "Total Federal Amount of ARRA Expenditure Field" (Cost Incurred) does not equal the amount in the "Award Amount" field (Amount Funded), confirming that no more funds will be expended.</li> <li>• In instances where an award is cancelled or the funds rescinded, the funding agency or sponsor should work with the recipient to change the award amount to \$0.00 and mark the report as final.</li> </ul>
Division Management	<ul style="list-style-type: none"> <li>• Develops and maintains an intradivision review and process to ensure all ARRA projects/awards are closed on a timely basis and prior to expiration of funds</li> <li>• Approves the request for marking project as final in <a href="http://www.FederalReporting.gov">www.FederalReporting.gov</a> on the Request to Close</li> </ul>
Division Resource Analyst/Project Controls Analyst	<ul style="list-style-type: none"> <li>• Follows the normal project closeout procedure for the division, i.e., closes projects in Berkeley Lab's Financial Management System (FMS)</li> <li>• Verifies all costs are final, POs are closed, recharges have been closed/re-assigned, and no accruals are outstanding</li> <li>• Works with the PI and programmatic contact to gather documents on the ARRA Project Closeout Checklist Form and acquire appropriate signatures</li> <li>• Completes Berkeley Lab and BSO (if applicable) closeout request form and submits to Budget Office</li> <li>• Completes and submits Pace Lifecycle form to Property Accounting if applicable</li> <li>• Forwards documents to Budget Office for review</li> <li>• If the project shares a program task code, a note must be included in the Quarterly Activities/Project Description field stating: "Remaining funds to be de-obligated later when all projects that share this program task code are closed."</li> <li>• Flags the project status % complete as 100% and Final Report as "Y"</li> <li>• Closes projects after POs have been cleared</li> <li>• Serves as the principle point of contact to/from Budget Office for all centralized project reporting/closeouts</li> </ul>
Procurement	<ul style="list-style-type: none"> <li>• Closes POs when the work is complete and all expected invoices arrive and are paid</li> </ul>
Budget Office	<ul style="list-style-type: none"> <li>• Reviews closed documents provided by the division resource analyst</li> <li>• Submits BSO closeout request to BSO Project Manager and Finance Manager (DOE Funded)</li> <li>• Facilitates de-obligation of remaining funds</li> <li>• Notifies division of BSO closeout approval</li> <li>• Checks to see if there are other projects associated with the Program task</li> <li>• Uploads the final report to <a href="http://www.FederalReporting.gov">www.FederalReporting.gov</a></li> <li>• Maintains a Closed Projects binder with all supporting documents</li> </ul>
Berkeley Site Office (BSO)	<ul style="list-style-type: none"> <li>• Authorizes closeout documentation and submits to DOE Chicago for approval and de-obligations (if any).</li> <li>• Enters a contract modification to finalize the de-obligation (if applicable).</li> </ul> <p><b>NOTE:</b> If the project shares a program task code, the close request will be submitted to the BSO Project Manager for approval, but only when all projects that share the same program task code are closed will the closeout request be submitted to DOE Chicago for approval and de-obligation (if any)</p>

## F. Definitions/Acronyms

See [ARRA Glossary](#) on OCFO Web site

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.02.014.001	White House Office of Management and Budget	Web site
11.02.014.002	OSPIP Closeout Process and Forms	Procedures and Forms
11.02.014.003	ARRA Project/Award Closeout Request Checklist Form	
11.02.014.004	ARRA-BSO Close Request Checklist Form	

## I. Contact Information

Direct Budget Manager or  
Budget Officer

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Re-format for wiki	All	Minor
12/13/2012	1.1	M. Mock	Changed closeout language for projects that share DOE funding program task codes in addition to general formatting/grammar.	C. Exceptions; D. Policy Statement; E. Roles and Responsibilities	Minor
12/3/13	1.2	Greenwood	Reviewed 11/25/13. No changes.	Publication & Next Review dates	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	ARRA Project Closeout
Document number	11.02.014.000
Revision number	1.2
Publication date:	12/3/2013
Effective date:	11/30/2012
Next review date:	8/30/2015
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.16
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.16

## Source Requirements Documents

- Contract 31, Clause H.999, *Special Provisions Relating to Work Funded Under American Recovery and Reinvestment Act of 2009* (Feb 2009)
- Contract 31, Clause I.136, Federal Acquisition Regulations 52.204-11, *American Recovery and Reinvestment Act –Reporting Requirements* (July 2010)
- OMB Memoranda M-09-21, June 22, 2009
- OMB Memoranda M-10-08, December 18, 2009
- OMB Memoranda M-10-14, March 22, 2010

## Implementing Documents

Document Number	Title	Type
11.02.014.001	White House Office of Management and Budget	Web site
11.02.014.002	OSPIP Closeout Process and Forms	Procedures and Forms
11.02.014.003	ARRA Project/Award Closeout Request Checklist Form	Form
11.02.014.004	ARRA-BSO Close Request Checklist Form	Form

# ARRA Reporting Requirements

Title:	ARRA Reporting Requirements
Publication date:	12/3/2013
Effective date:	5/31/2012

## BRIEF

### Policy Summary

This policy summarizes federal, Department of Energy (DOE) Office of Science, and other sponsor reporting requirements for project execution with American Recovery and Reinvestment Act (ARRA) funding, and includes the methodology for meeting those requirements. ARRA recipients must submit reports on the use of ARRA funding through a nationwide data-collection process.

### Who Should Read This Policy

All Berkeley Lab employees with ARRA funding responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Direct Budget Manager](#) or  
[Procurement and Property Manager](#)

Title:	ARRA Reporting Requirements
Publication date:	12/3/2013
Effective date:	5/31/2012

## POLICY

### A. Purpose

This policy and procedure summarizes external reporting requirements and the methodology for meeting those requirements for project execution with American Recovery and Reinvestment Act (ARRA) funding, with reference to ARRA Section 1512.

### B. Persons Affected

All Lawrence Berkeley National Laboratory (Berkeley Lab) employees with ARRA funding responsibilities

## C. Exceptions

None

## D. Policy Statement

The American Recovery and Reinvestment Act was signed into law in 2009 to stimulate the economy and to create and retain jobs. As required by ARRA Section 1512, ARRA recipients must submit reports on the use of ARRA funding through a nationwide data-collection process which includes estimates on the number of jobs created and retained.

The following regularly recurring reports are required submissions for any projects supported by ARRA funds. There are no waivers for reporting deadlines.

### 1. Federal Reporting Requirements

- a. **Berkeley Lab Recipient Reports.** Not later than 10 days after the end of each calendar quarter, each recipient that received recovery funds from a federal agency must submit a report to that agency, via [FederalReporting.gov](http://FederalReporting.gov), that contains the following information:
  - i. The total amount of recovery funds received from that agency
  - ii. The amount of recovery funds received that were expended or obligated to projects or activities
  - iii. A detailed list of all projects or activities for which recovery funds were expended or obligated, including:
    1. The name of the project or activity
    2. A description of the project or activity
    3. An evaluation of the completion status of the project or activity
  - iv. An estimate of the number of jobs created and the number of jobs retained by the project or activity
  - v. Detailed information on any subcontracts or subgrants awarded by the recipient, including the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109--282), as prescribed by the Director of the Office of Management and Budget (OMB).

### 2. Department of Energy – Office of Science (DOE-SC) Reporting Requirements

- a. To assist DOE-SC in meeting its agency reporting requirements, Berkeley Lab is required to provide a quarterly report on each project funded by ARRA through DOE-SC. The emphasis of these reports is on actual jobs created or retained at the prime Management and Operations (M&O) contract and subcontract levels, and progress toward nearest project milestones.
- b. The Berkeley Site Office (BSO) has required that quarterly reports, in the same format as those provided to the Office of Science, be submitted to the BSO for all other DOE programs providing Berkeley Lab with ARRA funds.

### 3. Other Sponsor Reporting Requirements

- a. Other sponsors who are prime recipients of ARRA funds may require monthly reports to meet their ARRA reporting requirements.
- b. Sponsor reporting requirements are defined when the contract is negotiated by the Office of Sponsored Projects and Industry Partnerships (OSPIP). The Budget Office provides a standard set of reports monthly to other sponsors based on federal quarterly reporting requirements.

### 4. Procedures/Methodology

- a. **Funds Control and Cost Segregation.** ARRA funds control and segregation of cost data can be achieved using current Berkeley Lab funds-control processes and systems. ARRA financial funding and costing data will be tracked and accumulated via separate and distinct funding chart strings (i.e., fund type, Budget and Reporting [B&R] Code, Budget Reference Number [BRN], BRNsub, Program Task [DOE Project Code]) that will be used consistently throughout Berkeley Lab financial systems. The funding string will be associated with a high-detail financial project for each ARRA-funded DOE Direct project and a unique award for each ARRA-funded Sponsored Project.
- b. **ARRA Reporting.** All ARRA reporting, as determined by the ARRA Stimulus Steering Committee, will be initiated from a single institutional ARRA database, using data from and reconciled with Berkeley Lab financial systems, to ensure reporting consistency. The ARRA master tables will be the single source for all Berkeley Lab external reporting. The database will include baseline-plan data elements and actual data elements. A baseline plan will be required for each ARRA project to so that actual data can be tracked against baseline data for control purposes.
- c. **Jobs Reporting.** Jobs reporting will be handled consistently through the systemic application of standardized institutional conversion factors that will convert subcontractor reported hours and purchases to full time equivalents (FTEs) for purposes of reporting jobs data.
- d. **Indirect Rate Treatment of ARRA Projects.** As specified in the March 3, 2009, memo from the DOE Chief Financial Officer titled "Guidance on Indirect Charges Applied to ARRA Funds," ARRA projects are exempt from Laboratory Directed Research and Development (LDRD) and the Federal Administrative Charge (FAC). The Berkeley Lab Disclosure Statement reflects this

guidance. All other appropriate Berkeley Lab indirect rates are applied to ARRA projects.

## E. Roles and Responsibilities

### Reporting Data Capture Framework

Role	Responsibility
Principal Investigator (PI)	<ul style="list-style-type: none"> <li>• Implements sound funds management and funds control to ensure spending of ARRA funds is accomplished in accordance with DOE or sponsor's statement of work and all related federal rules and regulations</li> <li>• Develops a baseline plan and any subsequent variance reporting</li> <li>• Reports project milestones and status narratives</li> <li>• Works with division resource analyst to ensure reports are submitted in a timely and accurate manner</li> <li>• Estimates project's percent of completion</li> </ul>
Division Management	<ul style="list-style-type: none"> <li>• Develops and maintains an intradivision review and approval process for all ARRA monthly and quarterly external reports to ensure reporting is timely and accurate</li> <li>• Ensures appropriate training of personnel on ARRA reporting requirements is provided as needed (e.g., requests formal training from the Budget Office for new employees)</li> </ul>
Division Resource Analyst/Project Controls Analyst	<ul style="list-style-type: none"> <li>• Sets up ARRA projects in the Berkeley Lab financial system</li> <li>• Allocates guidance and funding to ARRA projects</li> <li>• Enters information in the ARRA header online, including milestones</li> <li>• Submits ARRA baseline plans and spend plans</li> <li>• Works with PIs to regularly update project milestone status for reporting purposes and record any milestone corrections or updates initiated by DOE, other federal agencies, or sponsors</li> <li>• Updates percent complete and quarterly activities for federal reporting</li> <li>• Maintains an intradivision review and approval process for all ARRA monthly and quarterly reports</li> <li>• Ensures reporting is timely, accurate, and complete</li> <li>• Note: The lead division resource analyst serves as the principle point of contact to/from Budget Office for all centralized project reporting.</li> <li>• Reviews ARRA Project Closeout Policy and completes project closeout package</li> </ul>
Budget Office	<ul style="list-style-type: none"> <li>• Processes DOE ARRA funding and guidance documents</li> <li>• Enters DOE ARRA funding and guidance information into Berkeley Lab financial systems</li> <li>• Sets up ARRA IDs and creates the ARRA header</li> <li>• Opens ARRA projects in the Berkeley Lab Financial Management System</li> <li>• Approves ARRA baseline plans and controls the plan "freeze" process</li> <li>• Prepares and submits the following external reports for the institution:               <ul style="list-style-type: none"> <li>• DOE quarterly reports</li> <li>• M&amp;O monthly jobs report</li> <li>• Quarterly Prime Contract/Grant Reports</li> <li>• Quarterly LBNL as a Sub-Recipient Contract/Grants Reports</li> <li>• Quarterly LBNL as a Sub-Recipient Jobs Report</li> </ul> </li> <li>• Maintains the information on the Berkeley Lab internal ARRA Web site (<a href="#">Recovery Act Information for Lab Employees</a>) to facilitate the external reporting process</li> <li>• Regularly reviews <a href="#">FederalReporting.gov</a> and the <a href="#">DOE</a> Web site for new ARRA guidance related to reporting requirements and leads the updating of reporting processes, as appropriate</li> <li>• Provides training on ARRA reporting requirements, as needed</li> <li>• Approves ARRA Closeout Packages and submits "Final" reports to <a href="#">Fedreporting.gov</a></li> </ul>

Procurement Department	<ul style="list-style-type: none"> <li>• Awards subcontracts for ARRA-funded projects</li> <li>• Includes ARRA terms and conditions into the subcontract</li> <li>• Requests additional information from subcontractors via the Representation and Certification form to:</li> <li>• Estimate jobs created or retained</li> <li>• Identify performance location</li> <li>• Identify highly compensated officers</li> <li>• Enters data into the PO Mod table</li> <li>• Maintains subcontractor data as appropriate</li> </ul>
Accounts Payable Department	<ul style="list-style-type: none"> <li>• Processes ARRA invoices</li> <li>• Enters correct data from the ARRA invoice addendums into the Berkeley Lab Financial Management System (FMS)</li> <li>• Enters ARRA vendor data</li> </ul>
Office of Sponsored Projects and Industry Partnerships (OSPIP)	<ul style="list-style-type: none"> <li>• Negotiates and issues ARRA funded Work for Others (WFO) contracts, including reporting requirements</li> </ul>

## F. Definitions/Acronyms

See [ARRA Glossary](#) on Berkeley Lab internal ARRA Web site.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.02.011.001	<a href="#">Visualization of Recovery Act Data Capture Framework</a>	Slide

## I. Contact Information

[Direct Budget Manager](#) or  
[Procurement and Property Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/3/2013	2.2	Greenwood	Review completed 11/25/13. No changes	Publication & Next Review dates	Minor
9/27/2013	2.1	C. Lewis	Review completed 5/30/13, minor additions on responsibility for ARRA closeout	Section#. Budget Office & Division Resource Analyst	Minor
5/31/2012	2	C. Lewis	Annual review	All	Minor

1/2/2012	1	M. Mock	Reformat for wiki	All	Minor
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## DOCUMENT INFORMATION

Title:	ARRA Reporting Requirements
Document number	11.02.011.000
Revision number	2.2
Publication date:	12/3/2013
Effective date:	5/31/2012
Next review date:	8/30/2015
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.55
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, 11.55

## Source Requirements Documents

- Department of Energy (DOE) Contract 31, [Clause H.999, Special Provisions Relating to Work Funded under American Recovery and Reinvestment Act of 2009 \(Feb 2009\)](#)
- Contract 31, Clause I.136, [Federal Acquisition Regulations 52.204-11, American Recovery and Reinvestment Act --Reporting Requirements \(July 2010\)](#)
- [OMB Memoranda M-09-21, June 22, 2009](#)
- [OMB Memoranda M-10-08, December 18, 2009](#)
- [OMB Memoranda M-10-14, March 22, 2010](#)
- DOE Memorandum dated March 3, 2009 from DOE CFO – Guidance on Indirect Charges provided to Site/Facility Operating Contracts by the American Recovery and Reinvestment Act of 2009
- Office of Science Memorandum dated November 9, 2009, Reporting Jobs and Progress on American Recovery and Reinvestment Act (Recovery Act), Pub. L. 111-5, activities by Management and Operating Contractors

## Implementing Documents

Document number	Title	Type
11.02.011.001	<a href="#">Visualization of Recovery Act Data Capture Framework</a>	Slide

# Asbestos Hazards and Controls

## Brief

Title:	Asbestos Hazards and Controls
Publication date:	5/15/2013
Effective date:	5/15/2013

## BRIEF

### Policy Summary

Berkeley Lab's *Asbestos Hazards and Controls* program manages the presence of asbestos-containing material (ACM) at the Laboratory site by:

- Mandating building survey and employee monitoring requirements for asbestos
- Communicating the presence of asbestos and potential exposures via signage and other written communication
- Listing engineering controls, training, and personal protective equipment (PPE) requirements for people and activities that will involve ACM
- Providing removal and repair procedures for ACM

### Who Should Read This Policy

All Berkeley Lab employees, affiliates, visitors, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH36.html>

## Contact Information

Asbestos Subject Matter Expert  
Industrial Hygiene Group  
EHSS Division

## Policy

Title:	Asbestos Hazards and Controls
Publication date:	5/15/2013
Effective date:	5/15/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory's (Berkeley Lab's) *Asbestos Hazards and Controls* program manages the presence of asbestos-containing material (ACM) at the Laboratory site by:

- Mandating building survey and employee monitoring requirements for asbestos
- Communicating the presence of asbestos and potential exposures via signage and other written communication
- Listing engineering controls, training, and personal protective equipment (PPE) requirements for people and activities that will involve ACM
- Providing removal and repair procedures for ACM

## B. Persons Affected

All Berkeley Lab employees, affiliates, visitors, and subcontractors

## C. Exceptions

None

## D. Policy Statement

- Asbestos-containing materials can be divided into two general categories: friable and nonfriable. Review hazards and controls for asbestos in [Work Process A](#).
- For guidance on the identification of asbestos-containing materials, review [Work Process B](#). Examples of materials that have been manufactured with asbestos:
  - Cement/asbestos panels and pipes (transite)
  - High-temperature gaskets
  - Pipe insulation (block, corrugated, air cell, etc.)
  - Mastic for vinyl flooring
  - Vinyl floor tiles and sheet vinyl flooring
  - Wallboard (Sheetrock)
  - Electric wiring insulation
  - Taping or joint compounds
  - Spray-applied fireproofing and insulation
  - Roofing felt/shingles/flashing
  - Automotive brake linings and pads
  - Ceiling tiles
  - Fire-resistant gloves, clothing
  - HVAC duct insulation and tape
  - Linoleum and other resilient flooring
  - Paint
  - Fire doors
  - Window putty
  - Plaster/stucco
  - Elevator/crane brake shoes
- Personnel must be trained according to requirements prior to working with ACM ([Work Process C](#)).
- Removal of thermal system insulation (TSI) or surfacing material greater than one glove bag is Class I asbestos work. Removal of ACM other than TSI or surfacing materials is Class II asbestos work. Examples of this type of work include the removal of roofing, flooring, mastics, gaskets, transite, wallboard, etc. See [Work Process D](#) for Class I and Class II requirements.
- Repair and maintenance activities that disturb ACM (or PACM) are Class III asbestos work ([Work Process E](#)). Class III includes TSI and surfacing material and the cleanup of ACM dust or debris. The amount disturbed must fit in one glove bag or waste bag less than 60 inches in width.
- Maintenance and repair work involving ACM or presumed asbestos-containing material (PACM) is Class IV asbestos work ([Work Process F](#)).
- Dispose of all removed ACM as hazardous waste ([Work Process G](#)).
- File all reports and testing paperwork according to [Work Process H](#).

## E. Roles and Responsibilities

Roles	Responsibilities
Building Managers	Notify the EHSS Division of suspected or known ACM that may pose a health hazard
Environmental Protection Group	<ul style="list-style-type: none"><li>Submits written notification to the Bay Area Air Quality Management District (BAAQMD) at least 10 working days in advance of all demolitions (notification must be given at all times, even when ACM is not present) and renovations involving removal of regulated asbestos-containing material (RACM) greater than or equal to 100 linear feet, 100 ft<sup>2</sup> or 35 ft<sup>3</sup>, unless the notification is completed by a subcontractor performing the work.</li><li>Submits written notifications to the BAAQMD of cumulative renovations (during a calendar year) that involve reportable amounts of RACM. (Note: This is a shared responsibility with Facilities, the Environmental Protection Group [EPG], and Industrial Hygiene.)</li><li>Prepares written requests to the BAAQMD for approval of alternate removal methods, such as dry removals</li></ul>



Facilities Division	<ul style="list-style-type: none"> <li>• Maintains ACM to prevent employee exposures and releases to the environment</li> <li>• Responsibilities related to asbestos bulk sampling: <ul style="list-style-type: none"> <li>• Ensures that buildings and equipment are surveyed for ACM prior to demolitions and renovations. (Note: This is a dual responsibility shared with Industrial Hygiene.)</li> <li>• Ensures industrial hygiene services are budgeted for large-scale asbestos abatement projects. This is to provide day-to-day on-site industrial hygiene oversight for the project.</li> <li>• Includes site-specific contract specifications for large-scale asbestos abatement projects</li> <li>• Notifies the Industrial Hygienist and/or Environmental Protection of every demolition, whether or not it involves asbestos, and every removal of RACM prior to starting</li> <li>• Ensures that contract specifications are followed by abatement contractors. (Note: This is a shared responsibility with Industrial Hygiene.)</li> <li>• Submits copies of all contractor air-monitoring results to an EHSS Industrial Hygienist</li> <li>• Notifies an EHSS Industrial Hygienist of all asbestos abatement projects involving Class I &amp; II work verbally as far in advance as feasible</li> <li>• Performs asbestos abatement or encapsulating work in accordance with <a href="#">Work Process D</a> and <a href="#">Work Process E</a>, as applicable, of this program</li> <li>• Ensures Facilities employees performing work with ACM or potentially exposed to asbestos at a concentration above the PEL or excursion limit have current training appropriate for the type of asbestos work they are performing</li> <li>• Obtains written approval from an EHSS Industrial Hygienist prior to purchasing new ACM</li> </ul> </li> </ul>
EHSS Industrial Hygienist	<ul style="list-style-type: none"> <li>• Reviews specifications for large-scale abatement projects and associated compliance plans involving the large-scale disturbance of ACM</li> <li>• Ensures buildings and equipment are surveyed for ACM by Facilities or contract consultants prior to demolitions and renovations. (Note: This is a dual responsibility shared with Facilities.)</li> <li>• Performs representative personal air monitoring and area air monitoring (e.g., clearance sampling) as appropriate for asbestos abatement work involving Berkeley Lab employees. Notifies the employee and the employee's supervisor of the results in writing within five working days of their receipt.</li> <li>• Performs quantitative respirator fit tests annually for employees routinely involved with asbestos abatement work. (Note: Given the limited amount of asbestos work performed by asbestos-trained employees in Facilities, employee fit tests may not be current. In these cases, asbestos work may not be performed until the fit test is made current again.)</li> <li>• Provides consultation and inspection for: Environmental Protection Agency (EPA)-approved Building Inspector/Management Planner, Contractor/Supervisor, Project Designer, with current certification. Note: Certified Industrial Hygienists do not have to attend the Building Inspector course (29 CFR 1926.1101[k][ii][B]).</li> </ul>
Health Services Group	<p>Provides, as necessary, complete asbestos physical examinations as described in 29 CFR 1926.1101 or 29 CFR 1910.1001 for Berkeley Lab employees who may be enrolled in the asbestos medical surveillance program</p>
Supervisors of employees who routinely work with or may disturb ACM	<ul style="list-style-type: none"> <li>• Ensure employees are provided the appropriate protective clothing and respiratory protection</li> <li>• Ensure employees who conduct asbestos work comply with Berkeley Lab's <i>Asbestos Hazards and Controls</i> program and 29 CFR 1926.1101. Also ensure employees handling asbestos, or who may be exposed to asbestos at or above the PEL or excursion limit, have received required training.</li> <li>• Ensure appropriate employees receive medical surveillance if necessary</li> </ul>
Waste Management Group	<ul style="list-style-type: none"> <li>• Provides assistance with labeling, storage, and disposal requirements for ACM. Selects a Department of Toxic Substances Control (DTSC)-approved disposal site for all RACM and asbestos-contaminated waste material. (Note: DTSC approvals are not required for non-RACM materials, including undamaged floor tiles and Sheetrock containing less than 1% asbestos by point counting analysis.)</li> <li>• Ensures proper packing and loading of ACM onto transport vehicles</li> <li>• Ensures vehicles transporting RACM and asbestos-contaminated waste materials (e.g., clothing and equipment) are placarded in compliance with BAAQMD Rule 11-2-304.5, and that waste shipment records comply with BAAQMD Rule 11-2-502</li> <li>• Manifests RACM and asbestos-contaminated waste materials from Berkeley Lab to disposal site</li> <li>• Maintains disposal records</li> <li>• Ensures Hazardous Waste Handling Facility employees who handle asbestos-containing waste are adequately trained</li> <li>• Provides the Facilities Division with necessary waste-disposal information prior to abatement projects</li> </ul>

## F. Definitions/Acronyms

See the [Asbestos Hazards and Controls](#) program for technical terms related to the details of this policy and its implementation.

Term	Definition
ACM (asbestos-containing material)	Building materials that contain asbestos in an amount greater than 1.0% by weight, area, or count
Asbestos	A generic term referring to naturally occurring fibrous mineral silicates. The three most common types are chrysotile (white) asbestos, amosite (brown) asbestos, and crocidolite (blue) asbestos.
BAAQMD	Bay Area Air Quality Management District
Class I Asbestos Work	Activities involving the removal of thermal system insulation (TSI) and surfacing ACM
Class II Asbestos Work	The removal of asbestos-containing wallboard, floor tile, roofing materials, transite, construction mastic, gaskets, etc. This does not involve the removal of TSI or surfacing materials.
Class III Asbestos Work	Activities involving repair and maintenance operations where ACM (including TSI and surfacing materials) are likely to be disturbed. The amount removed must fit into one glove bag or waste bag less than 60 inches in width.
Class IV Asbestos Work	Maintenance or custodial activities in which employees contact ACM or PACM, and activities to clean up waste and debris containing ACM and PACM
Friable ACM	A material containing asbestos that can be crumbled, pulverized, or reduced to a powder when dry, under hand pressure, or that has been crumbled, pulverized, or reduced to a powder
Nonfriable ACM (Category I)	Intact asbestos-containing packings, gaskets, resilient floor coverings, and asphalt roofing products
Nonfriable ACM (Category II)	Asbestos-containing material (excluding Category I) that when dry and in its present form, cannot be crumbled, pulverized, or reduced to powder by hand pressure. This includes asbestos cement products, transite board, pipe, plaster, stucco, paint, and mastics.
PACM (presumed asbestos-containing material)	Material that may contain asbestos and has not been sampled for asbestos content. It should be assumed to contain asbestos and treated accordingly.
PEL	Permissible Exposure Level
RACM (regulated asbestos-containing material)	<ul style="list-style-type: none"> <li>• Friable ACM</li> <li>• Nonfriable Category I ACM that has or will become friable, or that has been subjected to sanding, drilling, grinding, cutting, or abrading</li> <li>• Nonfriable Category II ACM that may become crumbled, pulverized, or reduced to powder by the forces expected to act upon the material in the course of demolition or renovation</li> </ul>
TSI (thermal system insulation)	Insulation applied to pipes, fittings, boilers, ducts, etc., to prevent heat loss or gain

## G. Recordkeeping Requirements

The Industrial Hygiene Group maintains the following records:

- Bulk sampling
- Employee notification
- Exposure monitoring
- Asbestos training

## H. Implementing Documents

Document number	Title	Type
07.07.002.001	Asbestos Hazards and Controls	Program
07.07.002.002	Work Process A, <i>General Requirements</i>	Process
07.07.002.003	Work Process B, <i>Asbestos Identification Process</i>	Process
07.07.002.004	Work Process C, <i>Training Requirements</i>	Process
07.07.002.005	Work Process D, <i>Class I and II Asbestos Work Procedures</i>	Process
07.07.002.006	Work Process E, <i>Class III Asbestos Work Procedures</i>	Process
07.07.002.007	Work Process F, <i>Class IV Asbestos Maintenance and Custodial Work</i>	Process
07.07.002.008	Work Process G, <i>Waste Disposal Requirements</i>	Process
07.07.002.009	Work Process H, <i>Reports and Tests</i>	Process
07.07.002.010	Asbestos Management Plan	Plan

## I. Contact Information

Asbestos Subject Matter Expert  
Industrial Hygiene Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Connelly	Rewrite for wiki (brief)	All	Minor
5/15/2013	1	R. Ronnelly	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Asbestos Hazards and Controls
Document number	07.07.002.000
Revision number	1
Publication date:	5/15/2013
Effective date:	5/15/2013
Next review date:	5/15/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 4.8 moved to Chapter 36

## Source Requirements Documents

- 8 CCR 1529, *Asbestos*
- BAAQMD, Regulation 11, Rule 2, *Asbestos Demolition, Renovation and Manufacturing*
- 29 CFR 1926.32, *Definitions*
- 29 CFR 1910.1001, *Asbestos Occupational Safety and Health Standards*, Department of Labor, General Industry
- 29 CFR 1926.1101, *Asbestos Safety and Health Standards for the (formerly 1926.58) Construction Industry*, Department of Labor
- 40 CFR 61, *National Emission Standards for Hazardous Air Pollutants (NESHAP)*, Environmental Protection Agency (EPA)
- 40 CFR Part 763, Subpart E (guidance), *Asbestos Hazard Emergency Response Act (AHERA)* — EPA regulations for schools

## Other Driving Requirements

- Title 22, California Code of Regulations, Article 18 Land Disposal Restrictions, California Department of Toxic Substances Control (DTSC). [http://www.dtsc.ca.gov/LawsRegsPolicies/Title22/OEARA\\_REG\\_Title22\\_Ch18.cfm](http://www.dtsc.ca.gov/LawsRegsPolicies/Title22/OEARA_REG_Title22_Ch18.cfm)

## Implementing Documents

Document number	Title	Type
07.07.002.001	Asbestos Hazards and Controls	Program
07.07.002.002	Work Process A, <i>General Requirements</i>	Process
07.07.002.003	Work Process B, <i>Asbestos Identification Process</i>	Process
07.07.002.004	Work Process C, <i>Training Requirements</i>	Process
07.07.002.005	Work Process D, <i>Class I and II Asbestos Work Procedures</i>	Process
07.07.002.006	Work Process E, <i>Class III Asbestos Work Procedures</i>	Process
07.07.002.007	Work Process F, <i>Class IV Asbestos Maintenance and Custodial Work</i>	Process
07.07.002.008	Work Process G, <i>Waste Disposal Requirements</i>	Process
07.07.002.009	Work Process H, <i>Reports and Tests</i>	Process
07.07.002.010	Asbestos Management Plan	Plan



# Associate Lab Directorate (ALD) Area Burden Costs

## Brief

Title:	Associate Lab Directorate (ALD) Area Burden Costs
Publication date:	1/11/2013
Effective date:	1/1/2013

## BRIEF

### Policy Summary

This policy provides guidance on the general management and administration of Berkeley Lab's scientific and support Associate Laboratory Directorate (ALD) area burden costs.

ALD area burden costs are accumulated in standardized indirect cost pools (ALD burden projects) and are allocated to the benefiting cost objectives (projects) in an equitable and reasonable manner.

### Who Should Read This Policy

All Laboratory employees who manage ALD burdens

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Indirect Budget Manager, OCFO](#)

## Policy

Title:	Associate Lab Directorate (ALD) Area Burden Costs
Publication date:	1/11/2013
Effective date:	1/1/2013

## POLICY

### A. Purpose

This policy provides guidance on the general management and administration of Lawrence Berkeley National Laboratory's (Berkeley Lab's) scientific and support Associate Laboratory Directorate (ALD) area burden costs.

### B. Persons Affected

All Laboratory employees who manage ALD burdens

### C. Exceptions

None

### D. Policy Statement

1. **ALD Area Burden Costs**
  - a. Accumulated in standardized indirect cost pools (ALD burden projects)
  - b. Allocated to the benefiting cost objectives (projects) in an equitable and reasonable manner
2. **Cost Pool Expense Types.** ALD burden cost activities provide cross-divisional leadership to strengthen and grow research programs. In particular, the ALD helps to design, articulate, and develop each division's long- and short-term scientific/technical project and program goals. The ALD manages division directors, who are responsible for programmatic activities within their respective division. The ALD ensures adherence to appropriate policies and procedures and that programmatic and project operations are cost effective, efficient, and optimized within constraints of their budgets. The ALD will help develop short- and long-term financial strategies to ensure proper funding levels and will also evaluate new funding sources for divisions. The ALD area burden cost pool includes the following cost elements:
  - a. **Labor Expenses**
    - i. **Associate Laboratory Director.** A portion of the wage expense of associate laboratory directors for management and oversight of the divisions, as well as strategic planning
    - ii. **ALD Office Staff.** Wage expense of ALD administrators, ALD office management personnel, and clerical support
    - iii. **ALD Support.** Wage expense of staff whose appointment or assignment is of an ALD-wide nature that clearly and specifically supports ALD responsibilities, e.g., supplemental business development to generate funding. Assignments that benefit specific divisions or projects are excluded.
  - b. **Other Expenses**
    - i. **ALD Office Operating Costs.** Includes charges for telephone, printing, copying, travel, vehicles, noncapital equipment purchases, equipment rental/ maintenance, computing, other supplies and expense items, and electricity expenses related to the ALD Office. May include other operating costs as appropriate.
    - ii. Directorate seminars and conferences that benefit all divisions under the respective ALD for either career development or ALD-wide program development outcomes
3. **Distribution Base.** The distribution base for ALD burden costs is the associated divisional wage expenses (labor and payroll burden) and contract labor.
  - a. The following are excluded from the distribution base for ALD burden costs:
    - i. ALD and organization burden labor charged to their respective cost pools
    - ii. Costs of all consultants and the wage expense of employees matrixed from other organizations
    - iii. Fellowship and career-development Work for Others (WFO) award projects and work-study students
    - iv. Multiple location assignments (MLAs), inter-jurisdictional employee exchanges (IJE), intergovernmental personnel appointments (IPAs), and DOE detailee projects
4. **Rate Management**
  - a. ALD burden costs are allocated using pre-established rates. Each rate must have its own separate cost pool and distribution base. Rates are based on forecasted costs for the applicable cost accounting period(s) (Laboratory fiscal year).
  - b. Preliminary ALD burden rates are developed on a break-even basis, with the objective of establishing a rate to recover the exact total of costs in the cost pool at fiscal year-end. If a material variance exists between cost and recovery at fiscal year end, the rate and/or budget will be revised to appropriately allocate the variance.
  - c. ALD burden rate forecasts, establishments, and revisions of predetermined rates for the applicable cost accounting period(s) are prepared by appropriate ALD staff and coordinated and executed through the Budget Office.
5. **Financial Management System (FMS) Project Set-up.** To set up a project in the FMS, the ALD submits the project in "R-Requested" status with the following information:
  - a. **ALD Burden Projects**
    - i. Project ID = (Each ALD creates two unique project IDs for Cost and Recovery)
    - ii. Project Type = OHALD
    - iii. IBA Code = ALD
    - iv. MARS Code = OPEXP
    - v. B&R = YN01

## E. Roles and Responsibilities

Managers, supervisors, and employees must adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Allocate	To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
Cost Objective	A function, organizational subdivision, program, or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
Final Cost Objective	A cost objective to which are allocated both direct and indirect costs and which is one of the final accumulation points
Indirect Cost	Any cost identified with two or more joint final cost objectives that cannot be identified specifically with a particular activity or project
Indirect Cost Pool	A grouping of incurred costs identified with two or more cost objectives, but not identified specifically with any final cost objective
Wage Expense	Salary multiplied by Paid Leave Factor multiplied by one plus the Payroll Burden Rate {Salary x Paid Leave Factor x (1 + Payroll Burden Rate)}

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.003.001	<a href="#">Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory</a>	Official Statement

## Other Reference Documents

Document number	Title	Type
DOE O 522.1	<a href="#">Pricing of Departmental Materials and Services</a>	Official Guidance

## I. Contact Information

[Indirect Budget Manager, OCFO](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/11/2013	0	B. Smith	Policy Creation	All	Major

### Document Information



## DOCUMENT INFORMATION

Title:	Associate Lab Directorate (ALD) Area Burden Costs
Document number	11.02.015.000
Revision number	0
Publication date:	1/11/2013
Effective date:	1/1/2013
Next review date:	1/1/2014
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [Cost Accounting Standard 401, \*Consistency in Estimating, Accumulating and Reporting Costs\*](#)
- [Cost Accounting Standard 402, \*Consistency in Allocating Costs Incurred for the Same Purpose\*](#)
- [Cost Accounting Standard 406, \*Cost Accounting Period\*](#)
- [Cost Accounting Standard 418, \*Allocation of Direct and Indirect Costs\*](#)

## Implementing Documents

Document number	Title	Type
11.02.003.001	<a href="#">Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory</a>	Official Statement

## Other Reference Documents

Document number	Title	Type
DOE O 522.1	<a href="#">Pricing of Departmental Materials and Services</a>	Official Guidance

# Attending Conferences and Events

## Brief

Title:	Attending Conferences and Events
Publication date:	4/22/2014
Effective date:	4/22/2014

## BRIEF

### Policy Summary

This policy describes the requirements for employees and affiliates who are attending conferences or other events, including most training sessions. For information about planning, managing, and reporting Berkeley Lab-hosted or co-hosted events and conferences, please see the [Events and Meals – Planning and Reporting policy](#).

All costs incurred when attending conferences and events will comply with the terms of DOE Contract 31, and with the requirements set forth in other relevant federal regulations and DOE requirements.

All requests for attendance at on-site or off-site events (meetings, conferences, training) with associated costs (such as meals, travel, or registration fees) must be submitted to the division's conference reporting points-of-contact (POCs) to obtain appropriate approvals.

Employees and affiliates are responsible for coordinating with their division POC to obtain appropriate approvals before committing any funds. Employees and divisions are responsible for ensuring actual costs incurred do not exceed approved estimates.

### Who Should Read This Policy

- Employees and affiliates who may attend conferences or other events
- Travel arrangers and support staff who assist employees and affiliates who may attend a conference or other event
- Division approvers

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Conference Services Manager](#) or [ConferenceServices@lbl.gov](mailto:ConferenceServices@lbl.gov)

## Policy

Title:	Attending Conferences and Events
Publication date:	4/22/2014
Effective date:	4/22/2014

## POLICY

### A. Purpose

This policy provides guidance for Lawrence Berkeley National Laboratory (Berkeley Lab) employees and affiliates who attend conferences and other events to ensure that DOE funds are used for purposes that are appropriate, cost effective, and important to the mission of the Laboratory.

### B. Persons Affected

- Employees and affiliates who may attend conferences or other events
- Travel arrangers and support staff who assist employees and affiliates who may attend a conference or other event
- Division approvers

## **C. Exceptions**

Not applicable

## **D. Policy Statement**

1. Event and conference costs, including meals, must comply with the requirements set forth in DOE Contract 31, and other relevant federal regulations and DOE guidance. If DOE funds will be applied, Berkeley Lab is required to report all anticipated conference activity for DOE and non-DOE sponsored conferences.

- a. The term "event" refers to all meetings, conferences, and special events (e.g., vendor fairs, open houses, or site visits).
  - b. Conferences are a subset of all events. Throughout this policy, all references to conferences rely on the DOE definition of "conference." The DOE definition of "conference" as defined in the Federal Travel Regulations (FTR) is "(a) meeting, retreat, seminar, symposium, or event that involves attendee travel. The term "conference" also applies to training activities that are considered to be conferences under 5 CFR 410.404. (See DOE December 6, 2012, memorandum, "[Updated Guidance on Conference-Related Activities and Spending](#)."
  - c. An event for which registration costs are paid may also be reportable, even if no travel is required. Appendix 3 (See the Appendices tab of this policy) contains a table detailing when training events are reportable.
  - d. Examples of events that DOE defines as conferences and non-conferences are provided in Appendix 1 (See the Appendices tab).
2. Employees and affiliates may only attend conferences that are directly and programmatically related to the Berkeley Lab mission as defined in Contract 31, and which have been approved in accordance with Contract 31 and other relevant federal regulations and DOE guidance.
  3. Employees who wish to attend events must coordinate with their division's conference reporting point-of-contact as soon as possible to determine whether the planned event is reportable to DOE. Due to DOE reporting requirements, Conference Services (CS) may not be able to secure approval for attendance at conferences when requests are received less than 60 days before the start of the conference.
  4. Employees must provide their division POC with sufficient information to accurately estimate the cost of attendance at the event/conference. This information includes: official name of the conference/event, location, amount of registration fee, event dates, duration, description of how the conference is related to Berkeley Lab's mission, etc. In addition, employees must provide documentation of supervisory approval to attend the event/conference.
  5. Employees must also identify affiliates who will be attending the event on behalf of Berkeley Lab, and the estimated costs Berkeley Lab will pay for those individuals to attend the conference/event.
  6. CS aggregates estimated Laboratory conference attendance and expense information and reports this information to DOE using the DOE Conference Management reporting tool (iPortal). CS must enter actual costs for DOE conferences with estimated net DOE complex-wide expenses over \$100,000 in iPortal by the established DOE deadline.
  7. DOE reviews reported expenses to ensure consistency with the Federal Travel Regulation (FTR), Federal Acquisition Regulation (FAR), and current guidance on conference attendance. Estimated costs for DOE and non-DOE conferences and Laboratory-hosted conferences must be reported to Conference Services no later than 60 calendar days prior to the conference start date, but should typically be reported earlier to enable CS to obtain timely DOE approval and to accommodate early registration, discounted travel, etc.
  8. Division POCs must ensure that appropriate approvals are obtained.
    - a. Conferences with estimated net DOE complex-wide expenses over \$100,000 but under \$500,000 must be approved by a DOE Under Secretary.
    - b. Conferences with estimated net DOE complex-wide expenses over \$500,000 are prohibited unless a waiver is granted by the DOE Secretary.
    - c. Recurring non-DOE conferences (e.g., professional society conferences) with net expenses under \$500,000 may be pre-approved by DOE on a quarterly basis.
    - d. Note: DOE may approve a conference, but only the Contracting Officer (Berkeley Site Office) has the authority to determine whether the costs are allowable, allocable, and meet the test of reasonableness under FAR 31.201-3.
    - e. Conferences may or may not require reporting and approval, depending on funding source. In addition, certain expenses for reportable conferences do not have to be included in reported expenses. In general, events entirely funded with Work for Others (WFO) funds do not require DOE approval or reporting. The tables in Appendix 2 (see the Appendices tab of this policy) provide information about funding sources and expenses that may require conference reporting and DOE approval.
  9. Employees must not incur costs or make financial commitments (i.e., travel arrangements) before receiving all required approvals
  10. Employees must ensure that all travel arrangements adhere to the requirements in Berkeley Lab's [Travel Policy](#). Events that are held in a foreign location will typically require a separate DOE approval for foreign travel. Approval for travel via the Foreign Travel Management System (FTMS) does not constitute DOE approval to attend or host an event or conference.
  11. Employees must ensure that travel documents are submitted for reimbursement through TREX in a timely manner, usually within 30 days of the conference/event.
    - a. If meals were provided during a conference/event, the employee must reduce his/her claimed per diem per the table on the [Travel Services Web site](#).
  12. As representatives of Berkeley Lab, employees are expected to conduct themselves with the highest level of professionalism and ethical behavior at all times.
  13. Employees and divisions are responsible for ensuring that actual costs incurred to attend the event/conference do not exceed the approved estimated costs.

## E. Roles and Responsibilities

Role	Responsibility
Employee/traveler	<ul style="list-style-type: none"> <li>• Notifies division POC of upcoming conference/event as soon as event is known</li> <li>• Coordinates with division POC to determine if DOE approvals are required</li> <li>• Does not incur costs or commit funds until all necessary approvals are obtained</li> <li>• Submits timely expense reports within 30 days of travel</li> </ul>
Conference Services	<ul style="list-style-type: none"> <li>• Provides consultation and guidance to divisions, and functions as a liaison to DOE and other national laboratories</li> <li>• Assigns Conference Services Points-of-Contact (POCs) for each division</li> <li>• Ensures conference attendance and expense information received from divisions is aggregated and entered into iPortal</li> <li>• Provides conference reporting status reports for divisions</li> <li>• Maintains conference reporting website information for division access</li> <li>• Ensures approval packages are managed in accordance with DOE requirements</li> <li>• Completes required annual reporting of actual costs</li> </ul>
Divisions	<ul style="list-style-type: none"> <li>• Identify a divisional POC for conference reporting</li> <li>• Ensure funds are not committed prior to obtaining DOE approval</li> <li>• Control costs to ensure costs are reasonable and do not exceed the reported estimate</li> <li>• Ensure that division POC submits attendance and expense data for each conference to Conference Services</li> <li>• Ensure conference reporting requirements are communicated broadly within their division</li> </ul>
DOE	<ul style="list-style-type: none"> <li>• Manages the iPortal system for the entire DOE complex</li> <li>• Reviews reported DOE expenses to ensure consistency with FTR, FAR, and current guidance</li> <li>• Approves complex-wide conferences over \$100,000 but under \$500,000</li> <li>• May grant a waiver for conferences with estimated net complex-wide DOE expenses over \$500,000</li> </ul>

## G. Definitions/Acronyms

Term	Definition
Affiliates	<p>Non-Berkeley Lab employees engaged in on-site Berkeley Lab activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses.</p> <p>Examples: Facility users, scientific collaborators, students</p>
Allocable	A cost charged to one or more cost objectives in accordance with the relative benefit received or other equitable relationship
Co-host	An organization that shares event hosting responsibilities with another organization (see "Host"). An event co-host exists if more than one organization shares control of the conduct or management of the event, or provides some form of non-monetary services.
Co-sponsor	An organization or individual that provides support to the event and shares in the planning and/or decision-making. A co-sponsor is an official co-lead for the event.
Conference	A meeting, retreat, seminar, symposium, or event that involves attendee travel. This also applies to training activities considered to be conferences under <a href="#">5 CFR 410.404</a> .
Event	Any formal activity that involves the dissemination or exchange of trade, business, professional, or technical information or collaboration with employees or peers
Exhibitor	An individual or organization that participates in the event to display or present products and services relative to the purpose of the event
Host	An organization that has control over the conduct or management of the event (e.g., sufficient to influence costs, venue, program content, or similar aspects)
M&IE	Meals and incidental expenses
Sponsor	An organization outside Berkeley Lab (i.e., a benefactor) that makes a voluntary contribution to support the event
TREX	TRavel and EXpense Reimbursement System
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## H. Recordkeeping Requirements

None

## I. Implementing Documents

See also Appendices tab of this policy.

Document Number	Title	Type
11.01.019.005	<a href="#">Request for Issuance of Check (RFIC) form</a>	Form
11.01.019.000	<a href="#">Request for Issuance of Check</a>	Policy
11.06.001.000	<a href="#">Travel Policy</a>	Policy
11.07.004.000	<a href="#">Cost Allowability, D.6, Examples of Unallowable Costs</a>	Policy
11.03.002.004	<a href="#">Berkeley Lab DOE Conference Reporting (as of June 4, 2013)</a>	Guidance
Reference	<a href="#">DOE Conference Reporting Update 10-16-13</a>	Memo
Reference	<a href="#">Training Registration Fee Guidance</a>	Guidance
Reference	<a href="#">Updated Guidance on Conference-Related Activities and Spending</a>	Official DOE Guidance

## J. Contact Information

[Conference Services Manager](#) or [ConferenceServices@lbl.gov](mailto:ConferenceServices@lbl.gov)

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/22/2014	0	J. Hennessey	New Policy. Separated policy for attending conferences and events from the Events Planning & Reporting policy.	All	Major

### Appendices

Title:	Attending Conferences and Events
Publication date:	4/22/2014
Effective date:	4/22/2014

## APPENDICES

[Appendix 1. Examples of Events That DOE Defines as Conferences and Non-Conferences](#)

[Appendix 2. Determining the Requirement for DOE Approval of Funding Sources and Reporting of Expenses](#)

[Appendix 3. Training Registration Fee Guidance](#)

## Appendix 1. Examples of Events That DOE Defines as Conferences and Non-Conferences

Is Considered a Conference and Requires Reporting	Is Not Considered a Conference and Does Not Require Reporting
A meeting to develop "best practices" or update others regarding developments in the DOE complex	Operational meetings such as: <ul style="list-style-type: none"> <li>• Peer reviews</li> <li>• DOE program reviews</li> <li>• Strategic planning meeting</li> <li>• Project reviews (aimed at discrete program projects)</li> <li>• User facility meetings</li> <li>• DOE meetings discussing internal business</li> </ul>
Training programs to improve the knowledge, skills, or abilities of the attendees	Training programs held at government facilities otherwise notified by Conference Schedule
Employee participation in professional society meetings	Formal certificate programs requiring attendance
Workshops sponsored by others in which Berkeley Lab employees attend or participate, including as speakers	Advisory committees (not Federal Advisory Committees)
Workshops or forums at which DOE seeks to "showcase" programs to the public or provide the opportunity for an "exchange of information" or sharing of "best practices" with other entities (whether federal or non-federal)	Operational meetings in which DOE employees meet with DOE contractors concerning work under a contract
Federal Advisory Committee meetings as they are advisory in nature and related to how the DOE does its work, as opposed to actually carrying out the work	Conducting or performing work on behalf of others (i.e., working rather than discussing work)
Conducting or participating in discussions relating to work or collaboration (discussing, not working)	Principal Investigator (PI) meetings

See "DOE Guidance Regarding the Determination of Non-Conference Events (or Exemptions)" for further guidance on "non-conferences" and exemptions.

## Appendix 2. Determining the Requirement for DOE Approval of Funding Sources and Reporting of Expenses

Table 2a below identifies the funding sources that require DOE approval and reporting. Table 2b below identifies the types of cost that must be reported to DOE for a reportable event/conference.

**Table 2a**

<b>Event/Conference Funding Sources</b>	
<b>DOE Approval/Reporting Required</b>	<b>DOE Approval/Reporting Not Required</b>
DOE direct funds	Work for Others (WFO) funds
General and Administrative (G&A) funds	
Organizational burden funds	
Royalty funds	
Laboratory Directed Research and Development (LDRD)	

**Table 2b**

<b>Event/Conference Expenses</b>	
<b>Reporting/Approval Required</b>	<b>Reporting/Approval Not Required</b>
Conference or workshop registration costs	Labor costs while attending conferences
All travel expenses paid by DOE (e.g., airfare, hotel, meals, etc.)	Burdens on reportable costs
Monetary support for an event hosted by an entity other than Berkeley Lab	
Logistical costs (e.g., venue/meeting room rental, audio-visual equipment, allowable group meals)	
Booths and associated exhibit costs (such as printing materials)	

### **Appendix 3. Training Registration Fee Guidance**

The table below details when training registration fees and associated local or domestic travel must be reported to Conference Services.



Type of Training	Travel Involved*	Trip Type	Report to Conference Services	Payment Options**	If RFIC, Send to Department Listed Below	Submit on Expense Report
Optional	No	Local	Yes	CC	Accounts Payable noting NO TRAVEL	NA
<b>Mandatory (job required)</b>	No	Local	No	RFIC, CC, ePro	Accounts Payable noting NO TRAVEL	NA
Optional	Yes	Local or domestic	Yes	CC	NA	Yes; including registration fee
<b>Mandatory (job required)</b>	Yes	Local or domestic	No	RFIC, CC, ePro	Travel Dept.	Yes; include comment that registration fee was paid on RFIC or REQUISITION #
Online	No	NA	No	RFIC, CC, ePro	Accounts Payable noting NO TRAVEL	NA

\*Travel – BART, bridge tolls, parking, mileage, etc.

\*\*CC is your personal credit card or Berkeley Lab Travel Charge Card.

\*Travel – BART, bridge tolls, parking, mileage, etc.

\*\*CC is your personal credit card or Berkeley Lab Travel Charge Card.

An RFIC **may be used** for training that is **EXEMPT** from conference reporting. A note/comment should be entered on the RFIC in the "Payment Explanation" section about the training being required for the job and exempt from conference reporting, and entered again when travel expenses are submitted on the employee's Expense Report in TREX.

An RFIC **cannot** be used for other training, as all other training is reportable to DOE. Payment should be made with personal credit card or the [Berkeley Lab Corporate Travel Charge Card](#). Registration fees for those types of training should be entered on the employee's Expense Report in TREX. No prepayments can be made until the "conference" approval status is known.

#### Document Information

## DOCUMENT INFORMATION

Title:	Attending Conferences and Events
Document number	11.03.004.000
Revision number	0
Publication date:	4/22/2014
Effective date:	4/22/2014
Next review date:	3/1/2015
Policy Area:	Events – Planning and Financial Management
RPM Section (home)	Financial Management
RPM Section (cross-reference)	None
Functional Division	OCFO
Prior reference information (optional)	Section 11.03

## Source Requirements Documents

- [Contract 31, Section H, Clause H.49 – Conference Spending Consolidated and Further Continuing Appropriations Act, 2013 for Management and Operating Contracts \(MAY 2013\)](#)
- [Updated Guidance on Conference Related Activities and Spending \(December 6, 2012\)](#), embedded requirement in Clause H.49

## Other References

- [5 CFR 414.404, Determining if a Conference Is a Training Activity](#)
- [Federal Travel Regulation \(FTR\)](#)
- [DOE Conference Reporting Update 10-16-13](#)
- [Training Registration Fee Guidance](#)
- [Berkeley Lab DOE Conference Reporting \(as of June 4, 2013\)](#)

## Implementing Documents

Document Number	Title	Type
11.01.019.005	<a href="#">Request for Issuance of Check (RFIC) form</a>	Form
11.01.019.000	<a href="#">Request for Issuance of Check</a>	Policy
11.06.001.000	<a href="#">Travel Policy</a>	Policy
11.07.004.000	<a href="#">Cost Allowability, D.6, Examples of Unallowable Costs</a>	Policy

# Audit Resolution and Follow-up

Title:	Audit Resolution and Follow-up
Publication date:	5/22/2012
Effective date:	5/22/2012

## BRIEF

### Policy Summary

This policy defines the requirements and responsibilities for reporting, tracking, resolution, and closure of all financial audit findings, observations, and recommendations (internal and external), as appropriate, at Berkeley Lab. Berkeley Lab management must ensure appropriate corrective actions are implemented to resolve and complete audit findings and recommendations in accordance with established target due dates.

### Who Should Read This Policy

All employees responsible for Berkeley Lab financial audit-related activities, including corrective actions (internal and/or external)

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Operations Manager, OCFO](#)

[Financial Policy and Assurance Manager, OCFO](#)

Title:	Audit Resolution and Follow-up
Publication date:	5/22/2012
Effective date:	5/22/2012

## POLICY

### A. Purpose

This policy defines the requirements and responsibilities for reporting, tracking, resolution and closure of all financial audit findings and recommendations (internal and external) at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

Any employee responsible for Berkeley Lab financial audit-related activities, including corrective actions (internal and/or external)

## C. Exceptions

None

## D. Policy Statement

Audits and inspections are management tools used to detect fraud, waste and abuse, validate internal controls and financial position; and promote effective risk management. Audit resolution, closure and follow-up are critical to ensure that Berkeley Lab continuously employs best practices and complies with DOE Contract 31 and University of California (UC) directives.

Berkeley Lab management must ensure appropriate corrective actions are implemented to resolve and complete audit findings, observations, and recommendations, as appropriate, in accordance with established target due dates.

### 1. Audit Reports

Typically, drafts of internal and external audit reports are initially issued for management review and comment. If appropriate, management submits its formal responses on findings and recommendations to the originating audit agency or department in accordance with an established due date.

Internal Audit Services maintains documentation on all internal audits, advisory reports, inspections, and reviews conducted at Berkeley Lab.

Responses may be requested of Berkeley Lab on short notice for audits conducted by the U.S. Government Accountability Office (GAO) or the DOE Office of Inspector General (OIG). If Berkeley Lab cannot meet the requested response deadline, an extension may be requested.

### 2. Summary Reports

By January 31, Internal Audit Services submits to DOE an annual audit report that provides a summary and results of Berkeley Lab audit activities for the previous fiscal year, per DOE Contract 31, Clause I.103(i)(2).

Each quarter, Internal Audit Services submits to the UC Auditor the status of all internal financial audit findings and recommendations and targeted completion dates for corrective actions. At the end of each fiscal year, a report on audit and advisory services is also submitted to the UC Auditor.

Items either past the targeted completion date or considered a high risk may periodically be reported to the UC Regents and to the LBNL Audit Committee.

### 3. Tracking Corrective Actions

- **Berkeley Lab Corrective Action Tracking System (CATS):** CATS enables Berkeley Lab employees to identify, record, and manage audit recommendations and associated corrective actions from inception through resolution. The Office of the Chief Financial Officer (OCFO) uses CATS to track and manage financial audit findings and corrective actions through completion.
  - **Observations and Recommendations:** The entry of observations or recommendations into CATS is left to the discretion of the division.
- **DOE Department Audit Report Tracking System (DARTS):** DOE tracks all GAO and OIG corrective actions using DARTS. Internal Audit Services provides DOE with quarterly progress reports on Berkeley Lab corrective actions entered in DARTS.
- **Internal Audit Services Tracking Activities:** Internal Audit Services tracks all internal audit findings and recommendations and coordinates follow-up on external audit findings and recommendations.

### 4. Corrective Action Resolution and Closure:

A distinction is made between the **closure** and **resolution** of corrective actions (see Glossary).

- **Closure:** Closure occurs when the proposed corrective actions are completed and concurrence is obtained from the originating audit agency or department. Closure of external audits should generally take no longer than **one year** after issuance of the final report. Closures scheduled to take **longer than one year** require a written justification submitted to DOE and entered into DARTS.
- **Resolution**
  - **Office of Inspector General (OIG) Audits:** For audits and inspections conducted by the DOE OIG, **resolution** occurs when

DOE management and the OIG agree on *corrective actions to be taken* on reported findings and recommendations. Resolution must occur no more than six months after issuance of the final report. Corrective actions should be taken as soon as possible; see Office of Management and Budget (OMB) Circular A-50, Paragraph 8.a. (2).

- **Government Accountability Office (GAO):** For external audit findings and recommendations submitted by GAO, **resolution** should be completed within **60 days** after formal issuance of the report. In this case, resolution is defined as the point at which DOE responds to Congress; see Office of Management and Budget (OMB) Circular A-50, Paragraphs 6.b(3) and 8.b(4).

## 5. External Audit Reports

Reports on audits, inspections, and reviews conducted by the OIG and GAO are publicly available on their respective Web sites (see Authority).

## 6. Management Responses and Corrective Actions

Each internal audit finding and recommendation requires a formal management response. The response must include a targeted completion date for any findings or recommendations that warrant corrective actions. The targeted completion dates should be realistic and achievable.

## E. Roles and Responsibilities

Role	Responsibility
Financial Policy and Assurance Office	<ul style="list-style-type: none"> <li>• Acts as the central point of contact for communications on all OCFO audit findings, observations, and recommendations</li> <li>• Ensures management responses are submitted by the required due dates</li> <li>• Updates the CATS database to include all OCFO audit findings and/or observations and recommendations as appropriate</li> <li>• Reconciles the CATS database with the Internal Audit Services database</li> <li>• If an audit finding due-date extension is necessary:               <ul style="list-style-type: none"> <li>• Reviews with Internal Audit Services at least 10 business days prior to the due date</li> <li>• Obtains Internal Audit Services concurrence at least five business days prior to the due date</li> <li>• Notifies the DOE Berkeley Site Office (BSO) and Berkeley Lab Office of Contract Assurance (OCA) at least five business days prior to the due date</li> <li>• Updates the CATS database at least five business days prior to the due date</li> </ul> </li> </ul>
Internal Audit Services	<ul style="list-style-type: none"> <li>• Assists Berkeley Lab management at all levels in assessing financial and administrative risks and controls               <ul style="list-style-type: none"> <li>• Berkeley Lab's internal audit function is conducted in accordance with DOE Contract 31; International Standards for the Professional Practice of Internal Auditing, which is promulgated by the Institute of Internal Auditors; and under the general guidance of UC's University Auditor.</li> </ul> </li> <li>• Provides external audit coordination with various agencies in their review of Berkeley Lab's financial data and administrative controls</li> </ul>
LBNL Audit Committee	<ul style="list-style-type: none"> <li>• Serves in an advisory capacity to Berkeley Lab and provides oversight responsibilities for internal and external audits</li> <li>• Is chaired by the Laboratory Director and includes additional members from the executive and managerial ranks at the Laboratory plus two University of California Office of the President (UCOP) representatives: UC's University Auditor and the Executive Director of Business and Finance of the Laboratory Management Office</li> <li>• Meets at least three times per year to review and approve the annual internal audit plan, and to review Berkeley Lab audit results and the status of recommended corrective actions</li> </ul>
Office of Contract Assurance (OCA)	Manages and maintains CATS to track corrective actions and analyze trends resulting from assessments and/or inspections

## F. Definitions/Acronyms

Term	Definition

Audit Closure	The proposed corrective actions of the audit are completed and the auditor agrees that it satisfactorily addresses the deficiency identified. Closure of external audits should generally take no longer than one year after issuance of the final report. Exceptions require a written justification be submitted to DOE, entered in DARTS, and be subject to audit.
Audit Finding	A program or performance deficiency where there is a noncompliance with an established external or internal requirement. It is a generic term used to refer to programmatic or performance deficiencies, nonconformances, regulatory or procedural noncompliances, procedure inadequacies, assessment findings, external oversight findings, and associated actions that require formal corrective action. This includes but is not limited to a failure, defect, deviation, malfunction, deficiency, or nonconformance of plant equipment, materials, or procedures; or personnel safety concerns or events that have or could have an effect on the safe, reliable, or efficient operation of the Laboratory, or which involve a failure to be in compliance with requirements.
Audit Observation	A practice or condition that is not technically noncompliant with an external or internal regulation or requirement, but could lead to noncompliance if left unaddressed
Audit Recommendation	A practice or condition that is not a noncompliance, but is a suggested way of improving a practice or condition
Audit Resolution	An agreement between the primary organization and the auditor on corrective actions to be taken for audit findings and recommendations (i.e., management concurs with the findings and recommendations, or a management decision is issued indicating concurrence and expected completion dates)
Audit Response	A written comment by management indicating agreement or disagreement on reported findings and recommendations. Comments indicating agreement on draft reports must include planned corrective actions and dates for achieving such actions. Comments indicating disagreement should fully explain the reason(s) for disagreement. Disagreements on internal audit findings and recommendations should be resolved before issuance of the final report.
Corrective Action	An action that eliminates a deficiency and/or the cause of an issue or audit finding, and prevents or significantly reduces the likelihood of the same problem occurring again

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.07.003.001	<a href="#">OCFO Guidelines for Audit Corrective Actions</a>	Process
PUB-5519(1)	<a href="#">Issues Management Program Manual</a>	Manual

## I. Contact Information

[Operations Manager, OCFO](#)

[Financial Policy and Assurance Manager, OCFO](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
5/22/2012	2	M. Mock	Updates to policy	A, D, E, F, H, I	Minor
1/2/2012	1	M. Mock	Re-format for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Audit Resolution and Follow-up
Document number	11.07.003.000
Revision number	2
Publication date:	5/22/2012
Effective date:	5/22/2012
Next review date:	6/1/2014
Policy Area:	Financial General Policies and Information
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.18
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.18

## Source Requirements Documents

DOE Contract 31, Clause I.103(i)(2)

Office of Management and Budget (OMB) Circular A-50

Paragraph 8.a (2)

Paragraphs 6.b(3) and 8.b(4)

International Standards for the Professional Practice of Internal Auditing

Issues Management Policy

## Implementing Documents

Document Number	Title	Type
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11.07.003.001	OCFO Guidelines for Audit Corrective Actions	Process
PUB-5519(1)	Issues Management Program Manual	Manual



# Authorized Leave with Pay Policy - B

Title:	Authorized Leave with Pay
Publication date:	1/2/2012
Effective date:	10/25/2010

## BRIEF

### Policy Summary

Berkeley Lab offers authorized leave with pay to exempt employees only. In consideration of unusual circumstances or unusual effort, leave of absence with pay may be granted.

### Who Should Read This Policy

Exempt status employees. Nonrepresented employees should refer to their collective bargaining agreements.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.11.html#RTFToC5>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Authorized Leave with Pay
Publication date:	1/2/2012
Effective date:	10/25/2010

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.11.html#RTFToC5>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov)

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Authorized Leave with Pay
Document number	02.07.012.000
Revision number	0
Publication date:	1/2/2012
Effective date:	10/25/2010
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.11(C)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.11(C)

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form

		Procedure
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# Balance Sheet Account Reconciliations

Title:	Balance Sheet Account Reconciliations
Publication date:	6/14/2012
Effective date:	6/1/2012

## BRIEF

### Policy Summary

It is a key responsibility of the Office of the Chief Financial Officer (OCFO) Controller's Office to monitor balance sheet accounts and prepare balance sheet reconciliations that accurately reflect the financial transactions of Berkeley Lab. This policy defines the requirements for balance sheet account reconciliations to ensure each balance sheet account is reconciled accurately, completely and in a timely manner.

### Who Should Read This Policy

OCFO Controller's Office staff responsible for preparing and reviewing balance sheet account reconciliations

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager, OCFO](#)

[Financial Controls and Compliance Manager, OCFO](#)

Title:	Balance Sheet Account Reconciliations
Publication date:	6/14/2012
Effective date:	6/1/2012

## POLICY

### A. Purpose

The purpose of this policy is to define the requirements for balance sheet account reconciliations that accurately reflect financial transactions at Lawrence Berkeley National Laboratory (Berkeley Lab) and to ensure each balance sheet account is reconciled accurately, completely, and in a timely manner.

### B. Persons Affected

Office of the Chief Financial Officer (OCFO) Controller's Office staff responsible for preparing and reviewing balance sheet account reconciliations

## C. Exceptions

None

## D. Policy Statement

1. An account is considered reconciled when documentation is provided that supports the underlying asset or liability position for a given account as of the reconciliation date.
2. The account reconciliation compares a general ledger account balance with supporting documentation, which may include a detail-level subledger, a bank statement, an aging report, or a spreadsheet.
3. Both the general ledger balance and the subledger balance should be reconciled to an adjusted balance. The reconciliation will identify the sources of any differences between the general ledger and the subledger's balances and the reconciler's plan for eliminating the differences.
4. An analysis that recaps the general ledger activity does not constitute reconciliation and is not appropriate documentation.
5. Each account will be reconciled based on the frequency denoted on the Reconciliation Tracking Log.
6. Each balance sheet account will be assigned to an account reconciliation owner and will be reconciled per its assigned frequency (e.g., monthly or quarterly) and due date, based on risk and materiality factors related to account activity and/or amount. The reconciliation owner has primary responsibility for accuracy, completeness, and timeliness of the reconciliation.
7. The reconciliation will conform to the standards prescribed by the Balance Sheet Account Reconciliation Desk Guide, including:
  - a. General information on the reconciliation, including the account name, account number, brief description as to how the account is used, reconciliation period, account reconciliation owner, reviewer, and dates of completion and review
  - b. The general ledger and subsidiary ledger balances at the end of the month, including the source of the supporting documentation/subledger
  - c. Clear identification and resolution of each reconciling item, including expected date of resolution, responsible individual, and supporting documentation as appropriate
8. Additional information on the identification, documentation, and resolution of reconciling items can be found in the Balance Sheet Account Reconciliation Desk Guide.
9. Each balance sheet account will also be assigned a reviewer at the Principal Accountant or Manager level. The reviewer will have responsibility to review all aspects of the reconciliation and verify its accuracy, completeness, and timeliness. In addition, the reviewer will ensure that the reconciliation owner is addressing and resolving reconciling items in an appropriate and timely manner.

## E. Roles and Responsibilities

Role	Responsibility
Account Reconciliation Owner	<p>Ownership responsibility is assigned to an accountant who is knowledgeable of the account and has the accounting skill to prepare the reconciliation. The Account Reconciliation Owner is responsible for:</p> <ol style="list-style-type: none"><li>1. Preparing the account reconciliation per the timing frequency assigned (i.e., monthly, quarterly, or annually) in accordance with Berkeley Lab financial policy</li><li>2. Ensuring the reconciliation accurately portrays the purpose of the account and corresponding transactions</li><li>3. Completing assigned reconciliations by the due date</li><li>4. Attaching all supporting documentation for the reconciliation and each reconciling item, as appropriate, to the account reconciliation in an orderly and referenced manner</li><li>5. Providing an explanation for reconciling items as defined in the Balance Sheet Account Reconciliation Desk Guide</li><li>6. Resolving any reconciling items in an appropriate and timely manner</li><li>7. Obtaining appropriate reviewer approval on each assigned reconciliation</li><li>8. Having sufficient knowledge of the account to explain and defend the reconciliation to an auditor</li></ol>

Account Reconciliation Reviewer	<p>Each balance sheet account will also be assigned a reviewer at the Principal Accountant or Manager level. Reviewer responsibility is assigned to an accountant/manager who is knowledgeable of the account and has the accounting skill to review the reconciliation. The Account Reconciliation Reviewer is responsible for:</p> <ol style="list-style-type: none"> <li>1. Ensuring that the reconciliation accurately portrays the purpose of the account and corresponding transactions</li> <li>2. Validating that the supporting documentation accurately supports the reconciliation and adequately explains reconciling items</li> <li>3. Challenging the Account Reconciliation Owner to clarify the reconciliation, as appropriate</li> <li>4. Signing off on the reconciliation to demonstrate that the reconciliation meets the requirements of Berkeley Lab financial policy and the Balance Sheet Account Reconciliation Desk Guide requirements</li> <li>5. Having sufficient knowledge of the account to explain and defend the reconciliation to an auditor</li> </ol>
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## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.01.002.001	<a href="#">Controller's Office Desk Guide – Balance Sheet Account Reconciliations</a>	Guide

## I. Contact Information

General Accounting Manager, OCFO

Financial Controls and Compliance Manager, OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
6/14/2012	2	M. Mock	Policy updated	All	Minor
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Balance Sheet Account Reconciliations
Document number	11.01.002.000
Revision number	2

Publication date:	6/14/2012
Effective date:	6/1/2012
Next review date:	6/1/2014
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.12
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.12

## Source Requirements Documents

- [DOE O 534.1B, Accounting](#)
- [DOE Accounting Handbook, Chapter 21, Financial Closeout](#)

## Implementing Documents

Document number	Title	Type
11.01.002.001	<a href="#">Controller's Office Desk Guide – Balance Sheet Account Reconciliations</a>	Guide

# Bereavement Leave Policy

Title:	Bereavement Leave Policy
Publication date:	2/7/2012
Effective date:	2/7/2012

## BRIEF

### Policy Summary

Berkeley Lab recognizes the importance of family and the difficulties employees face following the death of a family member or another person close to the employee. The Laboratory provides time off for this purpose.

### Who Should Read This Policy

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Bereavement Leave Policy
Publication date:	2/7/2012
Effective date:	2/7/2012

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) recognizes the importance of family and the difficulties employees face following the death of a family member or another person close to the family. The Laboratory provides time off for this purpose.

### B. Persons Affected



- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

## C. Exceptions

Requests for bereavement leave that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, the approval of the Chief Human Resources Officer (CHRO).

## D. Policy Statement

1. **Eligibility for Bereavement Leave:** All employees are eligible to take paid or unpaid bereavement leave. Employees eligible to accrue sick leave may use a portion of their accrued sick leave for paid bereavement leave.
2. **Use of Bereavement Leave**

If you need time away from work...	You may be eligible to use the following amount of sick leave or unpaid leave:
For the death of a family member (spouse, domestic partner, parent, child, sibling, grandparent, grandchild, in-law, or step-relative in the same relationship) or person residing in your household	Up to 10 days for each family member or person residing in the household
For the death of an individual who is not a family member or person residing in your household	In total, up to five days in a calendar year

- a. If an employee requires more than the time allowed for bereavement leave, he/she may request an unpaid personal leave of absence or may use any accrued vacation leave.
  - b. An employee may not use accrued sick leave for bereavement leave:
    - i. As a personal day off. Employees must use accrued vacation for a personal day off.
    - ii. After his/her effective date of separation, retirement, or layoff
    - iii. In excess of his/her scheduled hours of work (e.g., an employee scheduled to work six hours a day would not take eight hours of bereavement leave a day) up to a maximum of eight hours per day and 40 hours per week, including extended workweek situations
    - iv. During work deferment or leave without pay
    - v. On an intermittent basis for purposes of eligibility for holiday pay and employer-paid contributions toward benefits. However, if the employee is taking Family and Medical Leave Act (FMLA) leave on an intermittent or reduced-schedule basis, refer to the applicable policies ([Family Care and Medical Leave](#), [Pregnancy Disability Leave](#), [Parental Bonding Leave](#)) for further details.
3. **Evidence of the Need for Bereavement Leave:** An employee may be required to submit satisfactory proof of the bereavement.
  4. **Return to Work**
    - a. An employee is expected to return to work no later than the next regularly scheduled workday after the bereavement leave has ended.
    - b. An employee who unexpectedly cannot return to work on the next regularly scheduled workday after the bereavement leave has ended must notify his/her supervisor soon as possible to explain the reason for the absence.
    - c. Failure to return to work after the bereavement leave has ended without supervisory approval is considered an unauthorized absence. Five consecutive workdays of unauthorized absence constitutes job abandonment and may lead to disciplinary action up to and including termination from employment. See the [Unauthorized Absences and Job Abandonment Policy](#).
  5. **Misuse of Leave**
    - a. Misrepresenting reasons for requesting time off, including but not limited to misrepresentations that could lead to concerns of conflict of interest and/or fraud, may result in disciplinary action, suspension without pay, and/or termination from employment.

- b. Employees on an approved leave of absence for which a medical certification is required may jeopardize their right to leave benefits and or their continued employment by engaging in activities incompatible with the medical certification submitted in support of the leave.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Employees	Must adhere to the provisions of this policy, including requesting bereavement leave in advance of the event, when foreseeable
HR Department	Must advise management and employees on how to comply with this policy
LETS Timekeepers	Must follow procedures in support of this policy
Manager and Supervisor	Must adhere to the provisions of this policy, including approving requests for this type of leave in accordance with policy
Payroll	Must develop procedures in support of this policy

## F. Definitions/Acronyms

Term	Definition
Child	<ul style="list-style-type: none"> <li>• A biological, adopted, step-, or foster child of the employee or a legal ward of the employee or</li> <li>• A person for whom the employee stands <i>in loco parentis</i>, meaning "in place of the parent," for whom the employee has day-to-day caretaking or financial responsibilities</li> <li>• A person under 18 or incapable of self-care due to a mental or physical disability</li> </ul> <p>NOTE: For purposes of this policy, a child of an employee or domestic partner can be over the age of 18.</p>

Domestic Partner	<p>The individual designated as an employee's domestic partner under one of the following methods:</p> <ul style="list-style-type: none"> <li>• Registration of the partnership with the state of California</li> <li>• Establishment of a same-sex legal union, other than marriage, formed in another jurisdiction that is substantially equivalent to a state of California-registered domestic partnership</li> <li>• Filing of a Declaration of Domestic Partnership form with the University of California</li> </ul> <p>If an individual has not been designated as an employee's domestic partner by any of the above methods, the following criteria are applicable in defining domestic partner:</p> <ul style="list-style-type: none"> <li>• The individual is the employee's sole domestic partner in a long-term, committed relationship with the intention to remain so indefinitely; and</li> <li>• Neither individual is legally married to someone else or a partner in another domestic partnership; and</li> <li>• The individuals are not related by blood to a degree of closeness that would prohibit legal marriage in the state of California; and</li> <li>• Each individual is 18 years of age or older and capable of consenting to the relationship; and</li> <li>• The individuals share a common residence and are financially interdependent</li> </ul>
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## G. Recordkeeping Requirements

Role	Responsibility
Office of the Chief Financial Officer (OCFO)	<p>Must maintain a complete and accurate record of sick leave accrued and used by eligible employees, including each employee's current available sick leave balance and accrual rate. Maintains a complete and accurate record of bereavement-leave usage by eligible employees.</p> <p><b>Non-exempt employees.</b> Berkeley Lab will record leave used by non-exempt employees to the nearest quarter hour.</p> <p><b>Exempt employees.</b> Berkeley Lab will record leave used by employees in half-day increments or in increments of not less than that portion of the day during which an employee on less than full-time pay status is normally scheduled to work. The foregoing does not apply when an employee is using accrued sick leave while taking Family and Medical Leave Act (FMLA) leave on an intermittent or reduced-schedule basis. Refer to the applicable policies (<a href="#">Family Care and Medical Leave</a>, <a href="#">Pregnancy Disability Leave</a>, <a href="#">Parental Bonding Leave</a>) for further details.</p>

## H. Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory Staff	UBEN250	<a href="#">UC Declaration of Domestic Partnership</a>	Form
Manager and Supervisor	02.07.004.002	Manager and Supervisor Responsibilities under the Bereavement Leave Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training

For HR Staff	02.07.004.001	Understanding the Bereavement Leave Policy Presentation	Training
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## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
2/7/2012	1	M. Bello	Reformatted for wiki-RPM. Revised policy: bereavement leave may be paid or unpaid and is available to all employees, increased usage of bereavement leave from 5 to up to 10 days for each family member.	All	Major + 30 Days

## DOCUMENT INFORMATION

Title:	Bereavement Leave
Document number	02.07.004.000
Revision number	1
Publication date:	2/7/2012
Effective date:	2/7/2012
Next review date:	2/7/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.09(D)(6)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- California Domestic Partner Rights and Responsibilities Act

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory Staff	UBEN250	<a href="#">UC Declaration of Domestic Partnership</a>	Form
Manager and Supervisor	02.07.004.002	Manager and Supervisor Responsibilities under the Bereavement Leave Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training
For HR Staff	02.07.004.001	Understanding the Bereavement Leave Policy Presentation	Training

# Beryllium Hazards and Controls

Title:	Beryllium Hazards and Controls
Publication date:	8/9/2013
Effective date:	11/18/2006

## BRIEF

### Policy Summary

The Beryllium Safety Program at Berkeley Lab ensures exposures are minimized through limiting work with beryllium and by using medical surveillance, exposure assessment, and controls.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who may perform work that includes beryllium

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH04.html#412>

## Contact Information

Beryllium Safety Subject Matter Expert  
EH&S Division  
[SPRoe@lbl.gov](mailto:SPRoe@lbl.gov)

Title:	Beryllium Hazards and Controls
Publication date:	8/9/2013
Effective date:	11/18/2006

## POLICY

### A. Purpose

The Beryllium Safety Program at Lawrence Berkeley National Laboratory (Berkeley Lab) ensures exposures are minimized through limiting work with beryllium and by using medical surveillance, exposure assessment, and controls.

## B. Persons Affected

Berkeley Lab employees, affiliates, and subcontractors who may perform work that includes beryllium

## C. Exceptions

None

## D. Policy Statement

Berkeley Lab maintains an active Beryllium Safety Program to minimize potential exposure to beryllium particles. This program consists of:

- Limiting and restricting the procurement and use of beryllium at Berkeley Lab
- Authorization to work with beryllium via the employee Job Hazards Analysis (JHA)
- Training and medical surveillance for potentially exposed individuals (including those with past potential exposures)
- Hazard assessment to determine whether beryllium is used, in what form it is being used, and how it is being used
- Workplace evaluation to determine what, if any, worker exposure is present
- Appropriate control measures for areas where potential exposures to beryllium particulates (such as dusts, mists, or welding fumes) can occur. Control measures may include:
  - Regulated Areas
  - Respiratory Protection
  - Protective Clothing
  - Warning Signs and Labels

Berkeley Lab's Chronic Beryllium Disease Prevention Program summarizes all efforts to minimize and reduce beryllium exposure on site to the greatest extent possible.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Environment, Health & Safety (EH&S) Division	<ul style="list-style-type: none"><li>• Administers the Berkeley Lab Beryllium Safety Program</li><li>• Provides training to Laboratory personnel who may work with beryllium</li><li>• Designates the Beryllium Safety Program Manager</li></ul>
Beryllium Safety Program Manager	<ul style="list-style-type: none"><li>• Provides guidance to Berkeley Lab personnel who may work with or around beryllium</li><li>• Carries out necessary exposure and contamination assessments for beryllium-related work and equipment</li><li>• Reviews and updates all relevant documents and online information</li><li>• Submits to the Department of Energy (DOE) the semi-annual Beryllium-Associated Worker Registry data</li><li>• Writes and submits the annual Berkeley Lab Technical Assurance Program Report</li></ul>
Line Management	<ul style="list-style-type: none"><li>• Ensures that personnel working with beryllium are properly trained and aware of beryllium-related safety issues</li></ul>
LBNL Employees and Affiliates	<ul style="list-style-type: none"><li>• Follow all safety requirements when working with beryllium</li></ul>
Subcontractors	<ul style="list-style-type: none"><li>• Conform to the requirements of applicable regulations and this EH&amp;S program</li></ul>

## F. Definitions/Acronyms

Term	Definition
Beryllium	A naturally occurring hard, brittle, gray-white metal that is resistant to oxidation at ordinary temperatures and is used in computer parts, X-ray tubes, gyroscopes, and rocket-fuel additives. Hazard: Highly toxic, especially by inhalation of dust. Long-term exposure may cause weight loss, weakness, cough, extreme breathing difficulty, and cardiac failure.
CBDPP	Chronic Beryllium Disease Prevention Program
Chronic Beryllium Disease	Scarring of the lung tissue when a person inhales dust or fumes of beryllium and has become sensitized to this material

## G. Recordkeeping Requirements

- LBNL Chronic Beryllium Disease Prevention Program Plan
- Technical Assurance Program Reporting
- Exposure Assessment Documents
- DOE Beryllium-Associated Worker Registry Documents

## H. Implementing Documents

Document Number	EH&S Reference Number	Title	Type
07.07.003.001	PUB-3000 Chapter 38	Beryllium	Program
tbd		LBNL Chronic Beryllium Disease Prevention Program	Procedure
07.07.003.002	PUB-3000 Chapter 38, Work Process A	General Requirement	Work Process
07.07.003.003	PUB-3000 Chapter 38, Work Process B	Procurement of Beryllium or Beryllium-Containing Materials	Work Process
07.07.003.004	PUB-3000 Chapter 38, Work Process C	Authorization to Work with Beryllium or Beryllium-Containing Materials	Work Process
07.07.003.005	PUB-3000 Chapter 38, Work Process D	Qualification and Training (Does Not Include Subcontractors)	Work Process
07.07.003.006	PUB-3000 Chapter 38, Work Process E	Beryllium Hazard Assessment	Work Process

## I. Contact Information

Beryllium Safety Program Manager  
EH&S Division



## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/9/2013	1.1	Roberts	Review completed 7/8/2013, no changes; update Next Review Date	–	Minor
1/2/2012	1	Wisherop	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Beryllium Hazards and Controls
Document number	07.07.003.000
Revision number	1.1
Publication date:	8/9/2013
Effective date:	11/18/2006
Next review date:	7/8/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000 Chapter 4, Section 4.12

## Source Requirements Documents

- 10 CFR 850, *Chronic Beryllium Disease Prevention Program; Final Rule*

## Other Driving Requirements

- DOE-STD-1187-2005, *Beryllium-Associated Worker Registry Data Collection and Management Guidance*

## Implementing Documents

<b>Document Number</b>	<b>EH&amp;S Reference Number</b>	<b>Title</b>	<b>Type</b>
07.07.003.001	PUB-3000 Chapter 38	Beryllium	Program
tbd		LBNL Chronic Beryllium Disease Prevention Program	Procedure
07.07.003.002	PUB-3000 Chapter 38, Work Process A	General Requirement	Work Process
07.07.003.003	PUB-3000 Chapter 38, Work Process B	Procurement of Beryllium or Beryllium-Containing Materials	Work Process
07.07.003.004	PUB-3000 Chapter 38, Work Process C	Authorization to Work with Beryllium or Beryllium-Containing Materials	Work Process
07.07.003.005	PUB-3000 Chapter 38, Work Process D	Qualification and Training (Does Not Include Subcontractors)	Work Process
07.07.003.006	PUB-3000 Chapter 38, Work Process E	Beryllium Hazard Assessment	Work Process

# Biosafety Policy

Title:	Biosafety Policy
Publication date:	4/25/2012
Effective date:	7/31/2009

## BRIEF

### Policy Summary

Work with or exposure to biological materials at Berkeley Lab must be conducted in a safe, ethical, environmentally sound manner, complying with established biosafety standards and the principles and functions of Integrated Safety Management (ISM).

The Biosafety Policy applies to worker safety, public health, agricultural protection, and environmental protection. Biosafety work involves:

- Biological materials, agents, and other materials of biological origin (e.g., organisms, cells, viruses, and toxins) that pose varying levels of risk or disease to humans, animals, or plants when stored or used
- Workers who may be exposed to disease-causing biological agents related to designated job duties (e.g., bloodborne pathogens in health care)

Work with biological materials must:

- Be planned, assessed, and authorized by documenting, reviewing, and authorizing the work scope, hazards, risk assessment, and controls based on requirements and safety
- Implement standard and specific biosafety containment controls for work, storage, transfer, transportation, decontamination, and incident response
- Be periodically assessed to determine if the hazards are being properly controlled and whether improvement is needed

### Who Should Read This Policy

Berkeley Lab employees, affiliates, and subcontractors, line management, or anyone with oversight responsibilities for work involving biological materials of concern.

Examples of persons with oversight responsibility include line management; division safety coordinators; Environment, Health & Safety (EH&S) Division staff; and Institutional Biosafety Committee (IBC) members. It is particularly important that this policy be read by workers, work leads, supervisors, and principal investigators assigned to laboratory work with biological materials or work involving exposure to bloodborne-pathogens.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/biosafety/manual/index.shtml>

### Contact Information

[Biosafety Officer](#)

Title:	Biosafety Policy
Publication date:	4/25/2012
Effective date:	7/31/2009

## POLICY

### A. Purpose

The purpose of the Biosafety Policy is to protect workers, the public, agriculture, and the environment from exposure to biological agents or materials that may cause disease or other risks to humans, animals, or plants. This policy provides an overview of biosafety principles, requirements of biosafety standards, and measures to control biological risks in work activities and facilities at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

Berkeley Lab employees, affiliates, and subcontractors, line management, or anyone with oversight responsibilities for work involving biological materials of concern.

Examples of persons with oversight responsibility include line management; division safety coordinators; Environment, Health & Safety (EH&S) Division staff; and Institutional Biosafety Committee (IBC) members. It is particularly important that this policy be read by workers, work leads, supervisors, and principal investigators assigned to laboratory work with biological materials or work involving exposure to bloodborne-pathogens.

### C. Exceptions

The Biosafety Program generally does not apply to non-research work with or exposure to biological materials commonly experienced by the general public and not resulting from assigned job duties.

### D. Policy Statement

Work with or exposure to biological materials at Berkeley Lab must be conducted in a safe, ethical, environmentally sound manner, complying with established biosafety standards and the principles and functions of Integrated Safety Management (ISM).

#### **Starting and Conducting Work Safely (Work Process A)**

Work, hazards, and controls associated with biological materials must be defined, assessed, approved, controlled, and periodically reassessed in accordance with Berkeley Lab and Biosafety Program policies and procedures. Work Process A summarizes the process of starting and conducting work. The biosafety work review and authorization process is described in greater detail in PUB-3000, *Biosafety*, Chapter 26, [Section 26.8, Work Review and Authorization](#).

#### **Work and Risk Assessment (Work Process B)**

The scope, hazards, risks, and requirements for work involving specific biological materials and agents must be defined and assessed before work begins. This process includes the following Berkeley Lab and standard biosafety risk-assessment processes:

- [Biosafety Work Authorization](#)
- [Material or agent hazards and requirements](#), including risk groups, pathogens, toxins, U.S. Department of Agriculture (USDA)-regulated materials, bloodborne pathogens recombinant materials, and animals
- [Laboratory procedure hazards](#)
- [Worker competence and health](#)

### **Biosafety Principles and Levels (Work Process C)**

Standard sets of containment controls for research with biological materials must be selected, customized when needed, and implemented. These containment controls are categorized as:

1. Laboratory practices
2. Safety and personal protective equipment
3. Facility design and construction

Researchers who work with biological materials must implement containment controls in accordance with established biosafety categories, levels, and criteria. Biosafety level (BL) is a standard combination of practices, safety equipment, and facilities to safely contain biohazardous materials or agents used in the work. Typical categories and levels are:

- Laboratory biosafety levels 1 and 2
- Recombinant large-scale containment levels
- Recombinant plant containment levels
- Vertebrate animal containment levels

### **Specific Biosafety Controls (Work Process D)**

Specific biosafety controls and related requirements must be assessed, selected, and implemented. Controls include:

- Biosafety Work Authorizations
- Training, instruction, and qualification
- Occupational health and immunization
- Personal protective clothing and equipment
- Labels and signs
- Facilities, laboratory equipment, and related practices for such surfaces as, furnishings, doors, plumbing systems, eyewashes, ventilation, biosafety cabinets, food facilities and eating, sharps controls, centrifuges, and waste containers
- Decontamination, waste, and decommissioning
- Access and security
- Pest management
- Incident, accident, and emergency response
- Procurement, transportation, and transfer

### **Assessment and Improvement (Work Process E)**

Work with biological materials must be periodically assessed to determine if hazards are being properly controlled and whether improvement should be initiated. The assessment process is described in greater detail in [PUB-3000, Chapter 26, Section 26.9, \*Assessment and Improvement\*](#).

### **Institutional Biosafety Committee (Work Process F)**

The Institutional Biosafety Committee (IBC) provides institutional assurance that research with biological materials is conducted safely and in accordance with the [IBC Charter](#) and National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), and DOE standards. The IBC provides oversight, administration, and review of Berkeley Lab policies and projects involving research with biological materials.

The IBC uses a graded process to review, approve, and monitor all Laboratory research projects involving biological materials that may pose risk to plants, animals, or humans. This process is detailed in [PUB-3000, Chapter 26, Section 26.8](#) [<http://www.lbl.gov/ehs/pub3000/CH26.html#sec268>]. While the IBC performs initial and periodic review of biosafety documentation, researchers and line managers must identify and submit documentation to the Committee before and periodically during the research.

## **E. Roles and Responsibilities**

Biosafety roles and responsibilities are implemented in accordance with the principles of [Integrated Safety Management \(ISM\)](#), [NIH Guidelines for Research Involving Recombinant DNA Molecules \(NIH Guidelines\)](#), [Biosafety in Microbiological and Biomedical Laboratories \(BMBL\)](#), and other standards. Berkeley Lab's ISM principles, roles, and responsibilities are defined in a hierarchy of policies, including the [Requirements and Policies Manual \(RPM\)](#), the [Integrated Environment, Safety & Health Management Plan \(PUB-3140\)](#), and the [Health and Safety Manual \(PUB-3000\)](#). In this section, roles and responsibilities are further defined as applied to biosafety, and are divided into three functional categories: line management, institutional, and technical support.

Role	Responsibility
<b>Line Management</b>	Defines work with biological materials, evaluates the biological hazards, implements biosafety containment controls, and ensures work is authorized
<b>Division Director</b>	<p data-bbox="394 338 521 363">Ensures that:</p> <ul data-bbox="412 401 1487 617" style="list-style-type: none"> <li data-bbox="412 401 1089 426">• Berkeley Lab biosafety policies are observed within his or her division</li> <li data-bbox="412 432 1487 491">• The division's research projects involving biological materials are evaluated through the IBC review process to identify potential hazards and implement specific safety controls</li> <li data-bbox="412 497 1024 522">• Appropriate facilities are available to control biological hazards</li> <li data-bbox="412 529 1487 588">• Line management and all personnel authorized to conduct biological work have training commensurate with the proposed project</li> <li data-bbox="412 594 1451 619">• Self-assessments for biosafety are carried out, and safety deficiencies are identified and promptly corrected</li> </ul>

**Supervisors, Managers,  
Work Leads, and  
Principal Investigators**

Prior to initiating research:

- Initially determine required levels of physical and biological containment in accordance with CDC and NIH standards
- Select appropriate microbiological practices and laboratory techniques for the work
- Ensure that research with biological material is documented, reviewed by the IBC, and authorized as required in [PUB-3000, Chapter 26, Section 26.8](#)
- Ensure that biological hazards and concerns are identified, and appropriate required biosafety controls are defined and implemented
- Ensure workers have access to authorized documents and protocols that describe potential biohazards and necessary precautions
- Ensure that the Job Hazards Analysis (JHA) identifies and categorizes the biological hazards and required controls (e.g., training courses)
- Ensure that workers complete institutional training as required
- Ensure that workers are appropriately trained in good microbiological techniques, biosafety, and emergency procedures for handling accidental spills and personnel contamination
- Ensure that each worker is aware of the hazards and that each worker's competence and on-the-job training is commensurate with his/her work assignment
- Ensure that workers are advised of, and complete, any recommended or required medical precaution or surveillance (e.g., vaccination) as detailed in the authorization document or Berkeley Lab policy (e.g., [PUB-3000, Chapter 3, Health Services](#))
- Ensure that Berkeley Lab personnel demonstrate proficiency in standard and special microbiological practices before working with BL2 agents
- Obtain permits required by the USDA and/or the U.S. Public Health Service (PHS) for work with certain animal and plant pathogens

While research is conducted:

- Ensure that authorizations and applicable EH&S policy (e.g., the *Biosafety Manual*) requirements are implemented
- Supervise the workers to ensure that required safety practices and techniques are employed
- Ensure the integrity of physical containment (e.g., biological safety cabinets) and biological containment (e.g., purity and genotypic and phenotypic characteristics) are maintained
- Ensure that preventative-maintenance program activities are performed during indicated dates, and that repairs are done to ensure the safety envelope is maintained
- Report significant problems, violations of the *NIH Guidelines*, or any significant research-related accidents and illnesses to the Biosafety Officer and division director
- Comply with shipping requirements for biological materials
- Communicate in writing to the Biosafety Officer any protocol changes that substantially modify the research procedures upon which approval was originally based
  - Other modifications, such as changes in personnel or Berkeley Lab sites, should be provided to the Biosafety Officer either directly or through the division safety coordinators.
- Remain in communication with the IBC throughout the project as necessary to report changes, problems, or concerns
- Update work authorization documentation and submit it to the IBC for review, according to the document renewal cycles or if significant changes occur in the work, as detailed in [PUB-3000, Chapter 26, Section 26.4, Roles and Responsibilities](#)
- Revise the authorization as necessary and submit it for extension or re-approval before its expiration

<p><b>Division Safety Coordinators (DSCs)</b></p>	<p>Prior to initiating research:</p> <ul style="list-style-type: none"> <li>• Help develop and implement biosafety training if needed to meet specific risks within their divisions</li> <li>• Consult and coordinate with the EH&amp;S Division (i.e., Biosafety Officer) and other resources as needed</li> <li>• Facilitate the implementation of biosafety controls</li> </ul> <p>During the conduct of the research:</p> <ul style="list-style-type: none"> <li>• Serve as division point of contact for the ES&amp;H Standards Set for Berkeley Lab</li> <li>• Perform ongoing review of work involving biological materials with division staff to identify hazards that should be included in the ES&amp;H Standards Set</li> <li>• Support line managers or work leads as an assurance mechanism, and assess the adequacy of biosafety controls by: <ul style="list-style-type: none"> <li>• Performing frequent inspections</li> <li>• Monitoring research activities/operations, as defined by the division's ISM Plan</li> </ul> </li> <li>• Coordinate and manage required biosafety documentation, including: <ul style="list-style-type: none"> <li>• Biosafety training and JHAs (to help ensure timely completion)</li> <li>• Walkaround biosafety inspection reports</li> <li>• Work authorizations (e.g., Biological Use Notifications [BUNs], Biological Use Registrations [BURs], and Biological Use Authorizations [BUAs])</li> <li>• Hazard Management System (HMS)</li> <li>• Occurrence reporting and 10 CFR 851 reporting on biosafety issues</li> <li>• Medical/biohazardous waste records</li> <li>• The corrective-action process for the division, such as ensuring that biosafety items entered in the Corrective Action Tracking System (CATS) are appropriate, assigned to the correct individual, addressed and corrected as scheduled, and closed out</li> </ul> </li> </ul> <p>Before the expiration of the authorization:</p> <ul style="list-style-type: none"> <li>• Assist in coordinating the extension or reapproval of all authorizations</li> </ul>
<p><b>Berkeley Lab</b></p>	<p>According to the <i>NIH Guidelines</i>, Berkeley Lab must:</p> <ul style="list-style-type: none"> <li>• Establish and implement policies for the safe conduct of recombinant DNA research, and that ensure compliance with the <i>NIH Guidelines</i></li> <li>• Establish an IBC that meets the requirements of the <i>NIH Guidelines</i> <ul style="list-style-type: none"> <li>• The Committee's responsibilities need not be restricted to recombinant DNA.</li> </ul> </li> <li>• Ensure that the IBC reports directly to the Laboratory Director</li> <li>• As necessary, appoint a Biosafety Officer as a member of the IBC</li> <li>• Ensure that the IBC has adequate expertise and training on applicable research operations performed at Berkeley Lab</li> <li>• Assist and ensure compliance with the <i>NIH Guidelines</i> by safety line management in conducting research</li> <li>• Ensure appropriate training in safety and implementation of <i>NIH Guidelines</i> for the IBC Chair and members, the Biosafety Officer, and other containment experts (when applicable), safety line managers, and Laboratory staff</li> <li>• Determine the necessity for health surveillance of personnel involved with individual recombinant DNA projects, and if appropriate, conduct a health surveillance program for such projects</li> <li>• Report significant problems, violations of the <i>NIH Guidelines</i>, or significant research-related accidents and illnesses to the NIH/Office of Biotechnology Activities (OBA) within 30 days, unless the Berkeley Lab determines that line management or the IBC has already filed a report</li> </ul>
<p><b>Institutional Biosafety Committee (IBC)</b></p>	<ul style="list-style-type: none"> <li>• Oversees, administers, and reviews Berkeley Lab policies and projects involving research with biological materials that may pose safety, health, or environmental risks</li> <li>• Reports to the Laboratory Director to ensure institutional assurance that research is conducted safely</li> <li>• Assists and advises researchers and line managers in meeting their responsibilities to ensure that biological aspects of research are conducted in a safe manner using established biosafety standards, principles, and functions of <i>ISM</i> and work authorization</li> </ul>



<b>Human Subjects Committee (HSC)</b>	<ul style="list-style-type: none"> <li>• Handles the review and approval process</li> <li>• Provides assurance to the U.S. Department of Health and Human Services that Berkeley Lab will comply with all federal regulations for the protection of human research subjects</li> <li>• For more information on the HSC, see <a href="#">PUB-3000, Chapter 22, <i>Research with Human and Animal Subjects</i></a>.</li> </ul>
<b>Animal Welfare and Research Committee (AWRC)</b>	<ul style="list-style-type: none"> <li>• Reviews and approves any research involving warm-blooded vertebrate animals</li> <li>• Determines whether the proposed work meets acceptable standards for the care, treatment, and use of animals in research</li> <li>• Assesses topics such as animal housing, handling, sanitation, nutrition, availability of water, veterinary care, protection from extreme weather and temperatures, waste disposal, and pest control</li> </ul>
<b>Environment, Health &amp; Safety (EH&amp;S) Division</b>	<p>Biosafety-related roles and responsibilities are detailed below.</p>
<b>EH&amp;S Industrial Hygiene Group and Biosafety Officer</b>	<p>The Biosafety Program is administered through the Industrial Hygiene Group of the EH&amp;S Division.</p> <p>The Biosafety Officer implements the Biosafety Program and coordinates the IBC. Other subject matter experts assist the Biosafety Officer to implement and maintain the Berkeley Lab Biosafety Program.</p> <p>The Biosafety Officer/Deputy Biosafety Officer:</p> <ul style="list-style-type: none"> <li>• Performs periodic inspections to ensure Berkeley Lab standards are rigorously followed</li> <li>• Reports to the IBC and the Laboratory significant problems, violations of <i>NIH Guidelines</i>, and significant research-related accidents or illnesses of which the Biosafety Officer becomes aware, unless the Biosafety Officer determines that a report has already been filed by safety line management</li> <li>• Develops emergency plans for handling accidental spills and contamination of personnel and for investigating laboratory accidents involving recombinant DNA research</li> <li>• Provides advice on Berkeley Lab security</li> <li>• Provides technical advice to line management and the IBC on research safety procedures</li> <li>• Reviews and approves research that requires BL1 containment</li> <li>• Reviews Exposure Control Plans (ECPs)</li> <li>• Works closely with division safety coordinators and line management to implement all aspects of the Biosafety Program</li> <li>• Reports on the status of the Biosafety Program to the IBC</li> <li>• Develops, monitors, and revises the Berkeley Lab Biosafety Program (in collaboration with other EH&amp;S groups) to cover the work performed, standards, and controls</li> <li>• Develops and implements the Biosafety Technical Assurance Program (TAP) plan, which includes periodic inspections to ensure Berkeley Lab standards are followed</li> <li>• Serves as a member of the IBC and coordinates IBC meetings and functions</li> <li>• Ensures the coordination of BUA, BUR, and BUN reviews and approvals</li> <li>• Reviews and approves nonrecombinant BL1 work covered in BUNs</li> </ul>
<b>EH&amp;S Health Services Group</b>	<p>Roles and responsibilities are delineated in <a href="#">PUB-3000, Chapter 3</a>. The Health Services Group:</p> <ul style="list-style-type: none"> <li>• Has a health professional serving as a voting member of the IBC</li> <li>• Provides analysis of health concerns and risks related to exposure to biological materials, agents, or animals</li> <li>• Makes appropriate recommendations for medical surveillance</li> <li>• Develops and implements policies and systems to provide needed and required medical surveillance</li> <li>• Provides technical assurance for medical surveillance programs</li> </ul>

<b>EH&amp;S Waste Management Group</b>	<p>Roles and responsibilities of the EH&amp;S Division Waste Management Group are detailed in PUB-3000, <a href="#">Chapter 20</a>. The Waste Management Group:</p> <ul style="list-style-type: none"> <li>• Assists waste generators in all matters concerning waste management, including characterization, labeling, packaging, safety, and compliance in the workplace</li> <li>• Develops and maintains Berkeley Lab policies and systems for managing waste, including <a href="#">PUB-3095, <i>Medical and Biohazardous Waste Generator's Guide</i></a></li> <li>• Ensures development and maintenance of training for workers who generate waste, including <a href="#">EHS 730, <i>Medical and Biohazardous Waste Training</i></a></li> <li>• Ensures that waste generators have properly characterized their waste and have correctly packaged and labeled it before it is picked up</li> <li>• Removes waste from the waste generator's site in a safe and timely manner</li> <li>• Reviews and approves off-site facilities for treatment and disposal of waste</li> <li>• Signs all hazardous-waste shipping documents and tracks waste to its final disposition at an off-site facility</li> <li>• Maintains all records regarding the waste</li> <li>• Provides technical assurance for waste management</li> </ul>
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## F. Definitions/Acronyms

Terms, acronyms, and abbreviations used in the Biosafety Program and *Biosafety Manual* at Berkeley Lab are defined in the following table.

Term	Definition
<b>Biohazard</b>	A biological material or condition that presents potential hazard to the health of humans or other organisms, either directly through infection or indirectly through damage to the environment
<b>Biohazardous Waste</b>	A waste that requires inactivation (i.e., decontamination) in an approved manner prior to disposal but is not regulated by the California Department of Health Services as regulated medical waste. See <a href="#">PUB-3095, <i>Medical and Biohazardous Waste Generator's Guide</i></a> , for additional information.
<b>Biological Etiologic Agent</b>	An agent of biological origin (e.g., bacterium, fungus, parasite, virus, etc.) that causes disease in humans (i.e., is pathogenic to humans)
<b>Biological Materials</b>	A broad range of organisms, cells, viruses, and other materials of biological origin that pose varying levels of risks to plants, animals, or humans
<b>Biosafety or Biological Safety</b>	The general administrative and physical safety measures and efforts employed in a certain environment (e.g., Berkeley Lab) to protect workers, the public, agriculture, and the environment from exposure to biological agents or materials that may cause disease or other detrimental effects in humans, plants, or animals
<b>Biosafety Level (BL)</b>	A standard combination of practices and techniques, safety equipment, and facilities to safely contain biohazardous materials or agents used in work, as specified by <a href="#">BMBL</a> and the <a href="#">NIH Guidelines</a> . The <a href="#">NIH Guidelines</a> use the acronym BL, and <a href="#">BMBL</a> uses the acronym BSL. "Biosafety level" and "BL" may be used generally to apply to any work with biological materials, but BL, when used without additional letters or words, technically applies only to laboratory BLs. When other letters or words are added to the BL acronym, other containment categories are indicated (e.g., BL-Large Scale, BL-P for plants, and BL-N for animals).
<b>Biosafety Officer</b>	A person in the EH&S Division who oversees the development and maintenance of the primary structure and function of the Biosafety Program in accordance with the biosafety standards

<b>Decontamination</b>	The process of reducing or inactivating biological contaminants or components to an acceptable level to reduce or eliminate the possibility of transmission of pathogens to undesired hosts such as laboratory workers, the general public, and other organisms in the environment
<b>Exposure Control Plan (ECP)</b>	An authorization document used at Berkeley Lab to define work, hazards, and controls in accordance with the requirements of the OSHA <a href="#">Bloodborne Pathogens Standard</a> for work with or potential exposure to bloodborne pathogen materials. The BUA is the ECP for work that pertains to research.
<b>Infectious Agent or Human Pathogen</b>	Infectious microbials (e.g., bacteria, protozoa, fungi, viruses, etc.) or other agents (e.g., prions) that cause disease in healthy humans
<b>Infectious Substances</b>	Materials regulated for shipping by the Department of Transportation (DOT) and the International Air Transport Association (IATA) that are known to be or are reasonably suspected to contain an animal or human pathogen. A pathogen is a virus, microorganism (including bacteria, plasmids, or other genetic elements), proteinaceous infectious particle (prion), or recombinant microorganism (hybrid or mutant) known or reasonably expected to cause disease in humans or animals.
<b>Laboratory Biosafety Level (BL)</b>	A standard combination of practices and techniques, safety equipment, and facilities to safely contain biohazardous materials or agents used in laboratory work
<b>Large Scale (BL--Large Scale)</b>	A term used in the <i>NIH Guidelines</i> and Berkeley Lab Biosafety Program to describe uses of and containment levels for organisms containing recombinant DNA molecules involving a quantity of culture greater than 10 liters
<b>Medical Waste</b>	Waste generated or produced as a result of diagnosis, treatment, or immunization of human beings or animals; research pertaining to the diagnosis, treatment, or immunization of human beings or animals; or the production or testing of biologicals. See <a href="#">PUB-3095, Medical and Biohazardous Waste Generator's Guide</a> , for additional information.

## G. Recordkeeping Requirements

**Biosafety cabinet (BSC) records** of locations and certifications are maintained by the EH&S Industrial Hygiene Group in the [Ventilation Database](#). The BSC certification sticker is also posted on the BSC.

**Biosafety regulatory reports** are developed by the EH&S Industrial Hygiene Group Biosafety Officers. Examples include: The IBC annual report to the NIH Office of Biotechnology Activities (OBA), the IBC annual report to the Laboratory Director, the IBC annual report to DOE Berkeley Site Office on the inventory and status of biological etiologic agents, and the Facility Safety Plan and annual status report to the U.S. Army Medical Research and Materiel Command.

**Biosafety Technical Assurance Program (TAP) reports** and records are managed by the EH&S Industrial Hygiene Group, Biosafety Officer, and Office of Contract Assurance (OCA). Self-assessment reports are managed by the research divisions.

**Biosafety Work Authorizations** are maintained in the Biosafety Authorization System (BAS), which is managed by the EH&S Industrial Hygiene Group and Biosafety Officer. Biosafety Work Authorizations also serve as the required IBC registration document for recombinant work, the laboratory-specific biosafety manual for Biosafety Level (BL) 2 work, and the exposure control plan (ECP) for work with bloodborne pathogen materials.

**Health records** for employees (e.g., hepatitis B vaccinations and medical surveillance) are managed by the EH&S Health Services Group through the Comprehensive Health, Environment, and Safety System (CHESS) and employee medical files. Completion of the hepatitis B vaccination requirements for each employee is recorded as completion of EHS0745 Hepatitis B Medical Surveillance in the Job Hazards Analysis (JHA) system and BAS.

**Incident reports** of worker exposures, injuries, or illnesses are reported in the Berkeley Lab accident reporting system. Biosafety-related incidents, such as worker exposures or releases outside of secondary containment, are also documented by the Biosafety Officers.

**Institutional Biosafety Committee (IBC) records** are developed and managed by the EH&S Industrial Hygiene Group Biosafety Officers. Examples include: meeting minutes, comments on authorizations, IBC member information, and the annual report to the Laboratory Director and NIH OBA.

**Medical/biohazardous waste records** are managed by the EH&S Hazardous Waste Management Group.

**Training records and requirements related to biosafety** are managed and displayed through the [JHA](#) system and [BAS](#). These records are managed through each employee's JHA and each online Biosafety Work Authorization.

**U.S. Department of Agriculture (USDA) permits** or other operation-specific permits are the responsibility of the employee who signs the permit and are attached to Biosafety Work Authorizations.

## H. Implementing Documents

Document Number	Other Reference	Title	Type
07.07.004.001	PUB-3000, Chapter 26 and PUB-3435E	<i>Biosafety</i>	Program
07.01.001.000	PUB-3000, Chapter 1	<i>ESH General Policy and Responsibilities</i>	Program
07.05.001.000		<i>Immunization against Biosafety Hazards</i>	Policy
07.05.001.001		<i>Immunization against Biosafety Hazards</i>	Program
07.02.003.001	PUB-3000, Chapter 6	<i>Safe Work Authorizations</i>	Program
07.07.024.001	PUB-3000, Chapter 19	<i>Personal Protective Equipment</i>	Program
07.10.002.001	PUB-3000, Chapter 20	<i>Waste Management</i>	Program
03.02.001.001	PUB-3000, Chapter 22	<i>Research with Human and Animal Subjects</i>	Program
07.04.001.001	PUB-3000, Chapter 24	<i>Environment, Health &amp; Safety Training</i>	Program
		<a href="#"><i>Berkeley Lab Export Control Manual</i></a>	Website
		<i>Emergency Response Guide</i> (wall posting)	Guide
		<i>EH&amp;S Emergency Preparedness</i> (Web page, Berkeley Lab)	Website

07.07.005.001	PUB-5341	<i>Chemical Hygiene and Safety Plan</i> , Berkeley Lab, latest version	Plan
	PUB-3095	<i>Medical and Biohazardous Waste Generator's Guide</i> , Berkeley Lab , latest revision	Guidelines
		<i>Site Security Plan</i> for the Lawrence Berkeley National Laboratory	Plan
tbd		Biosafety Work Authorization	Form
07.02.001.001		Job Hazards Analysis	Program

## I. Contact Information

Biosafety Officer  
EH&S Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	Wisherop	Rewrite for wiki	All	Minor
4/25/2012	2	King	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Biosafety Policy
Document number	07.07.004.000
Revision number	2
Publication date:	4/25/2012
Effective date:	7/31/2009
Next review date:	1/2/2015
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	None

Functional Division	EH&S
Prior reference information (optional)	<ul style="list-style-type: none"> <li>• PUB-3000, Chapter 26, <i>Biosafety</i></li> <li>• <i>Biosafety Manual</i>, LBNL-3435E</li> </ul>

## Source Requirements Documents

- [7 CFR 331](#) and [9 CFR 121](#), *Possession, Use, and Transfer of Select Agents and Toxins*, U.S. Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS)
- 9 CFR Parts 92, 94, 95, 96, 122, and 130 (note especially [Part 122](#), *Organisms and Vectors*). *Importation of Etiologic Agents of Livestock, Poultry, and Other Animal Diseases*; USDA/APHIS
- [10 CFR 851](#), *Worker Safety and Health Program*, Department of Energy (DOE)
- [29 CFR 1904.8](#), *Recording Criteria for Needlestick and Sharps Injuries*, Occupational Safety and Health Administration (OSHA)
- [29 CFR 1910.1030](#), *Bloodborne Pathogens*, OSHA
- [42 CFR 73](#), *Select Agents and Toxins*, Department of Health and Human Services (HHS)
- 49 CFR 171.8, *Definitions and Abbreviations*; 173.134.1, *Infectious Substance*; and 173.6, *Materials of Trade Exceptions, Hazardous Material Regulations (HMR)*, U.S. Department of Transportation (DOT)
- *Biosafety in Microbiological and Biomedical Laboratories*, fifth edition, Centers for Disease Control (CDC) and National Institutes of Health (NIH)
- [California Health and Safety Code, Sections 117600 – 118360](#), California Medical Waste Management Act

## Other Driving Requirements

- [42 CFR 71](#), *Foreign Quarantine*, Part 71.54, *Etiological Agents, Hosts, and Vectors*; U.S. Public Health Service (PHS)
- [7 CFR 330](#), *Federal Plant Pest Regulations; General; Plant Pests; Soil, Stone, and Quarry Products; Garbage*, Importation of Plant Pests, USDA/APHIS
- *Guidelines for Research Involving Recombinant DNA Molecules*, National Institutes of Health (NIH), Federal Register (current version)
- *Laboratory Biosafety Manual*, 2nd ed. (revised), Interim Guidelines, World Health Organization (WHO), Geneva 2003, as applicable to biological etiologic agents

## Implementing Documents

Document Number	Other Reference	Title	Type
07.07.004.001	PUB-3000, Chapter 26 and PUB-3435E	<i>Biosafety</i>	Program
07.01.001.000	PUB-3000, Chapter 1	<i>ESH General Policy and Responsibilities</i>	Program
07.05.001.000		<i>Immunization against Biosafety Hazards</i>	Policy
07.05.001.001		<i>Immunization against Biosafety Hazards</i>	Program
07.02.003.001	PUB-3000, Chapter 6	<i>Safe Work Authorizations</i>	Program
07.07.024.001	PUB-3000, Chapter 19	<i>Personal Protective Equipment</i>	Program
07.10.002.001	PUB-3000, Chapter 20	<i>Waste Management</i>	Program

03.02.001.001	PUB-3000, Chapter 22	<i>Research with Human and Animal Subjects</i>	Program
07.04.001.001	PUB-3000, Chapter 24	<i>Environment, Health &amp; Safety Training</i>	Program
		<i>Berkeley Lab Export Control Manual</i>	Website
		<i>Emergency Response Guide</i> (wall posting)	Guide
		<i>EH&amp;S Emergency Preparedness</i> (Web page, Berkeley Lab)	Website
07.07.005.001	PUB-5341	<i>Chemical Hygiene and Safety Plan</i> , Berkeley Lab, latest version	Plan
	PUB-3095	<i>Medical and Biohazardous Waste Generator's Guide</i> , Berkeley Lab , latest revision	Guidelines
		<i>Site Security Plan</i> for the Lawrence Berkeley National Laboratory	Plan
tbd		Biosafety Work Authorization	Form
07.02.001.001		Job Hazards Analysis	Program

# Bridge Funding

Title:	Bridge Funding
Publication date:	3/25/2013
Effective date:	12/31/2010

## BRIEF

### Policy Summary

Bridge funds are limited University of California (UC) funds that are used to temporarily cover funding requirements under certain conditions. UC authorizes Berkeley Lab to use these funds to cover Work for Others (WFO) costs under certain conditions.

Bridge funding does not serve as a substitute for appropriate cash and funding management. It does allow for the start or continuation of research due to various sponsor-timing issues. Agreements with sponsors that may represent a risk of becoming uncollectible are not candidates for bridge funding.

### Who Should Read This Policy

All employees with financial responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

WFO Analyst, Budget Office  
Office of Sponsored Projects and Industry Partnerships (OSPIP) Manager  
Budget Officer

Title:	Bridge Funding
Publication date:	3/25/2013
Effective date:	12/31/2010

## POLICY

### A. Purpose

This policy defines the guidelines for the appropriate application and use of bridge funding to cover WFO costs at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected



All employees with financial responsibilities who use, manage, or report on bridge funding at Berkeley Lab

## C. Exceptions

None

## D. Policy Statement

Bridge funding refers to limited University of California (UC) funds that are used to temporarily cover funding requirements under certain conditions. UC authorizes Berkeley Lab to use these funds to cover Work for Others (WFO) costs when:

- There is assurance from the federal or Department of Energy (DOE) integrated contractor sponsor that additional funding is forthcoming on a continuing award (cannot be used for new awards), **or**
- A nonfederal sponsor has not yet provided advance funding and it is in the best interest of Berkeley Lab to advance the funds to begin or continue an award.

Bridge funding is not intended to serve as a substitute for appropriate cash and funding management. However, it does allow for the start or continuation of research due to various sponsor-timing issues. Agreements with sponsors that may represent a risk of becoming uncollectible are not candidates for bridge funding.

This policy limits requests to less than \$250,000, which may be used for no more than 90 days. If additional time and/or funds are needed, a new request is required. Due to unique scientific and financial reporting requirements, bridge funding requests are not required for agreements under the UC Office of the President (UCOP) Special Research Program pertaining to the final 20% advance withhold. The Office of Sponsored Projects and Industry Partnerships (OSPIP) will specify the future bridge funding need in the initial Sponsored Project Account Authorization (SPAA). See [UCOP Special Research Programs](#) for more information.

The use of UC funds does not relieve Berkeley Lab of its responsibility to comply with all other DOE requirements for WFO contracts. Any uncollectible receivables resulting from bridge funding activity are ultimately the liability of UC. However, if requested bridge funding is not reimbursed, it is the responsibility of the division director (of the requesting division) to propose appropriate alternate non-DOE sources of divisional funding for review (i.e., gifts) before use of Berkeley Lab UC contingency funding is considered. Uncollectible amounts that cannot be funded from divisional funding sources will be charged to the UC contract fee, thereby reducing the following year's allocation of Contractor Supporting Research (CSR) funding to Berkeley Lab.

## Sponsor Criteria

The bridge funding request may be submitted for other federal agencies, state and local governments, public or private entities, and DOE integrated contractors.

- **Federal Entities and DOE Integrated Contractors:** For federal entities and DOE integrated contractors, bridge funding may only be used to continue an award when there is assurance from the sponsor that additional funding is forthcoming. It may *not* be used for a new award (research) that has not been previously funded by the same sponsor.
- **Nonfederal Entities:** For nonfederal entities, bridge funding may be used to cover short-term advance requirements for new or continuing awards. For a new award, a written reimbursable agreement, as defined in DOE Order 481.1, must be accepted prior to the allocation of bridge funds. For a continuing award, bridge funding may be used when there is assurance from the sponsor that additional funding is forthcoming.

## Approval Criteria

Approval will be based on fund availability, institutional risk, and institutional need. As bridge funds are limited and *may not* be available in a particular month, costs should not be incurred until approved bridge funding is in place. Requests should be the minimum amount needed to begin and/or maintain the project. Requests should be submitted to OSPIP 60 days prior to the accounting period in which the funding will be needed. If the request is for a signed new or continuing award that is awaiting advance payment, submit the request directly to the Budget Office. Include a copy of the signed contract/amendment and advance invoice with the request.

For continuing awards, the bridge funding request must include written confirmation from the sponsor's contract officer or authorized

administrative official confirming the intent to continue the research project and reimburse Berkeley Lab for costs incurred while on bridge funding.

In addition to the standard approvals, any bridge funding request exceeding \$250,000 or for a period greater than 90 days is an exception to policy and must be signed by the OSPIP Manager. Additionally, an incremental monthly spending forecast must be provided by the requestor and accompany the request.

Example: Month 1 — \$100,000  
 Month 2 — \$75,000  
 Month 3 — \$150,000

Additional processing time is required for requests that exceed the \$250,000 or 90-day thresholds.

Bridge funding must expire on the specified end date or when the sponsor's funding has been received, whichever is sooner. If additional time and/or funds are needed, a new request is required. The request must include the following signatures before bridge funds are allocated:

SIGNER	PURPOSE OF SIGNATURE
Principal Investigator	States that there is no other method to deal with funding interruption and agrees to comply with all bridge funding control requirements
Division Director (or designate – limited to Deputy Division Director or Business Manager)	Recognizes risk that any unallowable or uncollected costs from default will be funded out of appropriate alternative divisional funds or Berkeley Lab CSR funds, but that it is in the best interest of Berkeley Lab to assume the risk
OSPIP Contracts Officer	Certifies compliance with bridge funding and OSPIP policies
OSPIP Manager	Reviews requests that are over \$250,000 or longer than 90 days, or other uses of bridge funds that may be an exception to the policy, and provides contractual risk assessment
Budget Office Analyst	Reviews and ensures that supporting documentation is appropriate. In consultation with Accounts Receivable, reviews sponsor's payment history and verifies that sponsor has not defaulted payment, resulting in collection by the U.S. Treasury.
Chief Financial Officer (or designate)	Approves release of bridge funding

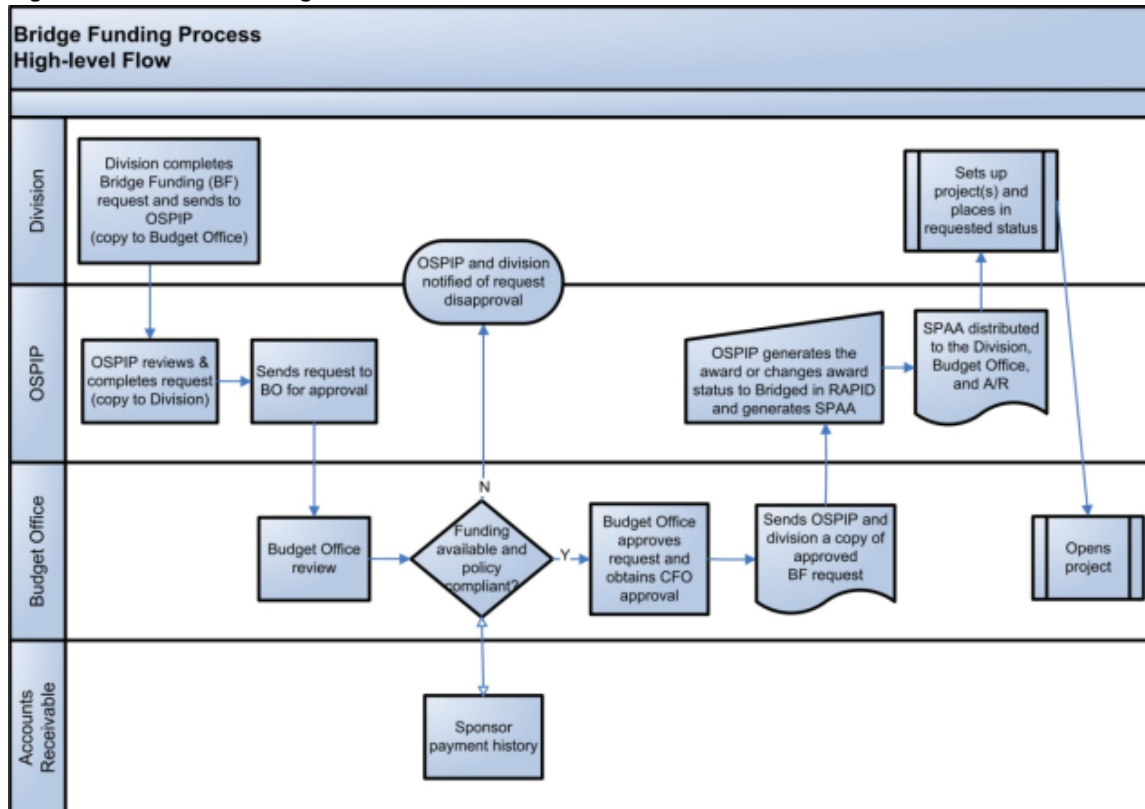
## Procedures

- Requestors (divisions) complete a [Bridge Funding Request Form](#). The form must be signed by the Principal Investigator and Division Director and submitted to the division's respective OSPIP Contracts Officer for review, with a copy sent to the Budget Office. If the request is for a signed new or continuing award awaiting advance payment, requesters should submit the request directly to the Budget Office. The request must include a copy of the signed contract/amendment and advance invoice. If sent by e-mail, the award number should appear in the subject line. OSPIP must receive the request 60 days prior to the accounting period to which the funding will be needed (e.g., if funding is required for December 1, the request must be submitted to OSPIP by October 1).
- The OSPIP Contracts Officer secures funding verification from the sponsor and certifies that the criteria and documentation are appropriate. The request is completed, signed, and forwarded to the Budget Office Analyst, with a copy sent to the division, no less than 10 days before Day Zero of the accounting period prior to which funding will be needed (e.g., if funding is required for December 1, the request must be submitted to the Budget Office Analyst no less than 10 days before Day Zero of November's close).
- The Budget Office determines whether bridge funds are available and reviews the supporting documentation. In consultation with Accounts Receivable, the Budget Office reviews the sponsor's payment history and verifies that the sponsor has not defaulted payment,

resulting in collection by the U.S. Treasury. The requestor and/or OSPIP will be contacted if there are any issues. The Budget Office secures the Chief Financial Officer's (CFO's) approval to release bridge funding. Notification of approval and a copy of the request will be sent to the division and OSPIP no less than one day before Day Zero of the accounting period prior to which funding will be needed.

- Assuming that all other DOE and UC requirements have been met (Human Subjects approval, NEPA/CEQA); OSPIP enters the approved bridge funding information into the Research Administration, Proposal/Project Information Database (RAPID) and issues the SPAA.

### High-Level Process Flow Diagram



## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
CSR	Contractor Supporting Research
DOE Integrated Contractor	A contractor who has a Management and Operating (M&O), facilities-management, site-integrating, or other major contract with DOE
Federal Sponsor	Any entity that is part of the federal government
Reimbursable Agreement	A written agreement to perform work or provide a service for another federal agency or non-federal customer

Requestor	A Principal Investigator or designated Resource Analyst
Research Administration, Proposal/Project Information Database (RAPID)	Berkeley Lab's implementation of the PeopleSoft Grants system
Sponsored Project Award Authorization (SPAA)	A report from the RAPID system, issued by OSPIP, that authorizes initial award and post-award administrative and funding actions
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.001.001	<a href="#">UCOP Special Research Programs</a>	Guidance
11.02.001.002	<a href="#">Bridge Funding Request form</a>	Form
11.02.009.000	<a href="#">Interlocation Appointments (ILAs) - Financial Management</a>	Policy
11.02.010.000	<a href="#">Advance Payments for Nonfederal Work for Others (WFO) Sponsors</a>	Policy
11.02.006.000	<a href="#">Stop Work Process for Funds Control Compliance</a>	Policy

## I. Contact Information

WFO Analyst, Budget Office  
Office of Sponsored Projects and Industry Partnerships (OSPIP) Manager  
Budget Officer

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	Moore	Review completed 12/31/2012, no changes	Pub & next review dates	Minor
1/2/2012	1	Moore	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Bridge Funding
Document number	11.02.001.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	12/31/2010
Next review date:	12/31/2014
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.19
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [DOE Order 481.1C](#)
- [DOE Accounting Handbook, Chapter 13](#)
- Financial Practices and Procedures Relating to UC/DOE Contract Funds, University of California Laboratory Administration Office (November 2001) Section 3.1 (available in the Budget Office)

## Implementing Documents

Document number	Title	Type
11.02.001.001	<a href="#">UCOP Special Research Programs</a>	Guidance
11.02.001.002	<a href="#">Bridge Funding Request form</a>	Form
11.02.009.000	<a href="#">Interlocation Appointments (ILAs) - Financial Management</a>	Policy
11.02.010.000	<a href="#">Advance Payments for Nonfederal Work for Others (WFO) Sponsors</a>	Policy
11.02.006.000	<a href="#">Stop Work Process for Funds Control Compliance</a>	Policy

## Other References

- [DOE Guide 481.1-1](#)

# Bridge Funding for ARRA-Funded Work for Others Agreement

Title:	Bridge Funding for ARRA-Funded Work for Others Agreement
Publication date:	9/26/2013
Effective date:	12/31/2011

## BRIEF

### Policy Summary

This policy provides guidelines for the appropriate use and application of bridge funding to cover Work for Others (WFO) costs at Berkeley Lab when the prime sponsor's source of funds is the American Recovery and Reinvestment Act (ARRA).

Bridge funding refers to limited University of California (UC) funds used to temporarily cover funding requirements under certain conditions. Bridge funding is not intended as a substitute for appropriate cash and funding management. It does allow for the start or continuation of research due to various sponsor-timing issues. Agreements with sponsors that may represent a risk of becoming uncollectible are not candidates for bridge funding.

### Who Should Read This Policy

All employees with financial responsibilities for ARRA-funded projects

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- [WFO Analyst](#), Budget Office
- [Direct Budget Manager](#), OCFO
- [Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

Title:	Bridge Funding for ARRA-Funded Work for Others Agreement
Publication date:	9/26/2013
Effective date:	12/31/2011

## POLICY

### A. Purpose

This policy provides guidelines for the appropriate use and application of bridge funding to cover Work for Others (WFO) costs at Lawrence Berkeley National Laboratory (Berkeley Lab) when the prime sponsor's source of funds is the American Recovery and Reinvestment Act (ARRA).

## B. Persons Affected

All employees with financial responsibilities for ARRA-funded projects

## C. Exceptions

None

## D. Policy Statement

### D.1 General

1. Bridge funding refers to limited University of California (UC) funds used to temporarily cover funding requirements under certain conditions. UC authorizes Berkeley Lab to use these funds to cover ARRA-funded WFO costs when:
  - a. A non-federal sponsor has not yet provided advance funding and it is in the best interest of Berkeley Lab to advance the funds to begin or continue work.
  - b. A non-federal sponsor has not yet provided an amendment for a continuing award and there is assurance from the sponsor that additional funding is forthcoming and the sponsor has requested that work continue while the amendment is in process.
  - c. For federal entities and DOE-integrated contractors, use of bridge funding will be determined on a case-by-case basis.
2. Bridge funding is not intended as a substitute for appropriate cash and funding management. However, it does allow for the start or continuation of research due to various sponsor-timing issues. Agreements with sponsors that may represent a risk of becoming uncollectible are not candidates for bridge funding.

### D.2 Requirements

1. This policy limits requests to less than \$250,000, which may be used for no more than 90 days. If additional time and/or funds are needed, a new request is required.
2. The use of UC funds does not relieve Berkeley Lab of its responsibility to comply with all other DOE and ARRA requirements for WFO contracts. Any uncollectible receivables resulting from bridge-funding activity are ultimately the liability of UC.
3. However, if requested bridge funding is not reimbursed, it is the responsibility of the division director (requesting division) to propose appropriate alternate non-DOE sources of divisional funding for review (i.e., gifts) before use of Berkeley Lab UC contingency funding is considered. Uncollectible amounts that cannot be funded from divisional funding sources will be charged to the UC contract fee, thereby reducing the following year's allocation of Contractor Supporting Research (CSR) funding to Berkeley Lab.

### D.3 Sponsor Criteria

1. Federal entities and DOE-integrated contractors: Use of bridge funding will be determined on a case-by-case basis.
2. Non-federal entities; i.e., state and local governments and public or private entities

### D.4 Approval Criteria

1. Approval will be based on fund availability, institutional risk, and institutional need. As bridge funds are limited and *may not* be available in a particular month, costs must not be incurred until approved bridge funding is in place. Requests should be the minimum amount needed to begin and/or maintain the project. Requests should be submitted to the Office of Sponsored Projects and Industry Partnerships (OSPIP) 60 days prior to the accounting period in which the funding will be needed. If the request is for a signed new or continuing award that is awaiting advance payment, submit the request directly to the Budget Office. Include a copy of the signed contract/amendment and advance invoice with the request.
2. For a new award, a written reimbursable agreement must be accepted prior to the allocation of bridge funds.
3. For continuing awards, the bridge funding request must include written confirmation from the sponsor's contract officer or authorized administrative official confirming the intent to continue the research project and reimburse Berkeley Lab for costs incurred while on bridge funding.
4. In addition to the standard approvals, any bridge funding request exceeding \$250,000 or for a period greater than 90 days is an exception to policy and must be signed by the OSPIP Manager. Additionally, an incremental monthly spending forecast must be provided by the requestor and accompany the request.



Example: Month 1 — \$100,000

Month 2 — \$75,000

Month 3 — \$150,000

5. Additional processing time is required for requests that exceed the \$250,000 or 90-day thresholds.
6. Bridge funding expires on the specified end date or when the sponsor's funding has been received, whichever is sooner. If additional time and/or funds are needed, a new request is required.
7. The request must include the following signatures before bridge funds are allocated:

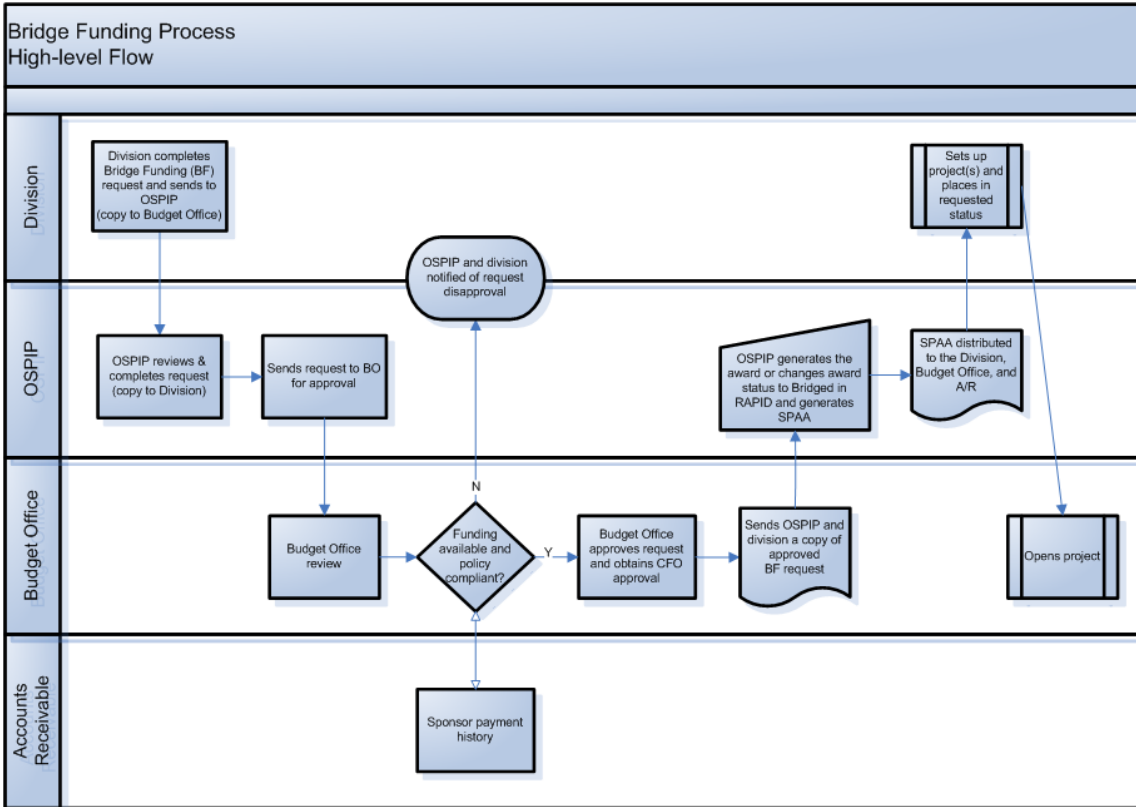
SIGNOR	PURPOSE OF SIGNATURE
Principal Investigator	No other method to deal with funding interruption Agrees to comply with all bridge funding control requirements
Division Director (or designate — limited to Deputy Division Director or Business Manager)	Recognizes risk that any unallowable or uncollected costs from default will be funded out of appropriate alternative divisional funds or Berkeley Lab CSR funds, but it is in the best interest of Berkeley Lab to assume the risk
OSPIP Contracts Officer	Certifies compliance with bridge funding and OSPIP policies
OSPIP Manager	Reviews requests over \$250,000 or 90 days, or other uses of bridge funds that may be an exception to the policy, and provides contractual risk assessment
Budget Office Analyst	Affirms that supporting documentation is appropriate In consultation with Accounts Receivable, reviews sponsor's payment history and verifies that sponsor has not defaulted payment
Chief Financial Officer (or designate)	Approves release of bridge funding

## E. Roles and Responsibilities

Role	Responsibility
Requestor (division)	<ul style="list-style-type: none"><li>• Completes an ARRA <a href="#">Bridge Funding Request Form</a>. The form must be signed by the principal investigator and division director and submitted to the division's respective OSPIP Contracts Officer for review, with a copy sent to the Budget Office.</li><li>• If the request is for a signed new or continuing award awaiting advance payment, it should be submitted directly to the Budget Office along with a copy of the signed contract/amendment and advance invoice with the request.</li><li>• If the request is sent by e-mail, the award number should be included in the subject line.</li><li>• The request must be received by OSPIP 60 days prior to the accounting period in which the funding will be needed (e.g., if funding is required for December 1, the request must be submitted to OSPIP by October 1).]</li></ul>
OSPIP Contracts Officer	<ul style="list-style-type: none"><li>• Secures funding verification from the sponsor and certifies that the criteria and documentation are appropriate. The request is completed, signed, and forwarded to the Budget Office Analyst, with a copy sent to the division, no less than 10 days before Day Zero of the accounting period prior to which funding will be needed (e.g., if funding is required for December 1, the request must be submitted to the Budget Office Analyst no less than 10 days before Day Zero of November's close).</li><li>• Assuming all other DOE and UC requirements have been met (Human Subjects approval, NEPA/CEQA), enters the approved bridge funding information into the Research Administration, Proposal/Project Information Database (RAPID) and issues the Sponsored Project Award Authorization (SPAA)  </li></ul>

Budget Office	<ul style="list-style-type: none"> <li>• Determines whether bridge funds are available and reviews the supporting documentation</li> <li>• In consultation with A/R, reviews sponsor's payment history and verifies that sponsor has not defaulted payment. Contacts the requestor and/or OSPIP if there are any issues.</li> <li>• Secures the CFO's approval to release bridge funding. Notification of approval and a copy of the request will be sent to the division and OSPIP no less than one day before Day Zero of the accounting period prior to which funding will be needed.</li> </ul>
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### High-Level Process Flow Diagram



### F. Definitions/Acronyms

Term	Definition
CSR	Contractor Supporting Research
DOE-Integrated Contractor	DOE Management and Operating Contractor, e.g., Lawrence Livermore National Laboratory, DOE Chicago Field Office, Sandia National Laboratories
Federal Sponsor	Any entity that is part of the federal government
Reimbursable Agreement	A written agreement to perform work or provide a service for another federal agency or non-federal customer
Requestor	A principal investigator or designated resource analyst

Research Administration, Proposal/Project Information Database (RAPID)	Berkeley Lab's implementation of the PeopleSoft Grants system
Sponsored Project Award Authorization (SPAA)	A report from the RAPID system, issued by the Sponsored Projects Office, that authorizes initial award and post-award administrative and funding actions
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.001.002	<a href="#">Bridge Funding Request Form</a>	Form
11.02.013.001	<a href="#">Berkeley Lab OCFO ARRA Web site</a>	Web site
11.02.012.001	<i>Financial Practices and Procedures Relating to UC/DOE Contract Funds</i> University of California Laboratory Administration Office (November 2001) Section 3.1 (copy available in the Budget Office)	Procedure

## I. Contact Information

- [WFO Analyst](#), Budget Office
- [Direct Budget Manager](#), OCFO
- [Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/12/2013	n/a	Lundell	Shift Next Review to match end ARRA tracking (2015).	Next Review date	Editorial
9/26/2013	1.1	Bennett	Review completed 9/4/13, remove "collection by US Treasury"	D.4 (Budget Office Analyst), R&R (Budget Office)	Minor
1/2/2011	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Bridge Funding for ARRA-Funded Work for Others Agreement
Document number	11.02.012.000
Revision number	1.1
Publication date:	9/26/2013
Effective date:	12/31/2011
Next review date:	8/31/2015
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.52
Functional Division	OCFO
Prior reference information (optional)	RPM Chapter11, Section 11.52

## Source Requirements Documents

- [DOE Accounting Handbook, Chapter 13](#)

## Implementing Documents

Document Number	Title	Type
11.02.001.002	<a href="#">Bridge Funding Request Form</a>	Form
11.02.013.001	<a href="#">Berkeley Lab OCFO ARRA Web site</a>	Web site
11.02.012.001	<i>Financial Practices and Procedures Relating to UC/DOE Contract Funds</i> University of California Laboratory Administration Office (November 2001) Section 3.1 (copy available in the Budget Office)	Procedure

# Building Emergency Team (BET) Policy

## Brief

Title:	Building Emergency Team (BET) Policy
Publication date:	7/24/2014
Effective date:	7/24/2014

## BRIEF

### Policy Summary

This policy assists with emergency preparedness and protective action implementation for personnel safety within Berkeley Lab facilities, both on site and off site. Berkeley Lab divisions identify and appoint personnel to serve on Building Emergency Teams (BETs) for all buildings in which they occupy space. BETs consist of BET leads and BET members.

### Who Should Read This Policy

This policy applies to:

- All divisions
- Division directors, division safety coordinators, and anyone appointing BET leads or members
- All employees who have been designated as a BET lead or member
- All employees who work in Berkeley Lab facilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Emergency Management  
[emergencymanagement@lbl.gov](mailto:emergencymanagement@lbl.gov)

## Policy

Title:	Building Emergency Team (BET) Policy
Publication date:	7/24/2014
Effective date:	7/24/2014

## POLICY

### A. Purpose

This policy defines the development and responsibilities of BET leads and member to support the effective implementation of protective actions for Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

This policy applies to all employees who work in Berkeley Lab buildings. In particular, this policy affects:

- Division directors and designees who are responsible for identifying and appointing BET leads and members.
- Employees who have been identified by division directors or designees as BET leads and members.

### C. Exceptions

BETs are assigned for DOE-owned and -operated facilities used for Berkeley Lab operations and activities except for University of California campus facilities.

## D. Policy Statement

Berkeley Lab must implement an Emergency Management Program that identifies hazards associated with the Laboratory and predetermines protective actions for prompt and effective implementation to minimize the consequences of emergency and to protect the health and safety of the workers and public as set forth in U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231 and any Berkeley Lab-generated requirements and policies.

The BET program is an integral part of the Laboratory's Emergency Response Organization (ERO) and supports Laboratory emergency preparedness and protective action implementation in accordance with DOE Order 151.1C, *Comprehensive Emergency Management System*. The Protective Services Department (PSD) is responsible for overseeing the program and supporting the identification, training, and support for BET leads and members.

- BET leads support building safety efforts during an emergency by coordinating the actions of the Building Emergency Team and facilitating communication with PSD or the Emergency Management Team (EMT). BET leads are primarily responsible for coordinating the implementation of protective actions for building personnel via various plans (i.e., building emergency plan, Protective Action Plan, Emergency Management Plan), directing BET members, and supporting communications with the EMT.
- BET members support building emergency efforts by conducting various emergency preparedness efforts and coordinating building emergency protective actions such as evacuation and sheltering-in-place. BET members assist with the implementation of protective actions and EMT communications, and supporting the BET lead.

Division directors manage operations in their assigned space. All divisions occupying a building will identify and appoint individuals to serve on a building's BET. At a minimum, division directors or their designees will identify and appoint one dedicated BET lead and a number of BET members sufficient to provide adequate building coverage for timely response to an emergency. Determination of BET size should take into consideration building occupancy, building geography/size, and hours of operation.

1. **BET Selection.** BETs are an integral part of the Emergency Management System and identified through their division to conduct the following activities.
  - a. BET leads are authorized to:
    - i. Conduct building emergency preparedness
    - ii. Coordinate protective actions and protective measures (i.e., personnel accountability)
    - iii. Oversee and coordinate the activities of the BET
    - iv. Implement and update building emergency plans
    - v. Coordinate building-level emergency drills
    - vi. Participate in radio and Public Address (PA) checks
    - vii. Conduct emergency-equipment maintenance
    - viii. Serve as an emergency preparedness point-of-contact
    - ix. Coordinate the implementation of building emergency plans and protective actions such as evacuation, sheltering-in-place, and lockdown
    - x. Facilitate protective measures, such as personnel accountability
  - b. BET members are authorized to:
    - i. Support the BET
    - ii. Participate in emergency drills
    - iii. Assist the BET lead with equipment maintenance as requested
    - iv. Serve as an emergency preparedness point-of-contact
    - v. Assist with and coordinate the implementation of building emergency plans and protective actions such as evacuation, sheltering-in-place, and lockdown
    - vi. Assist with protective measures, such as personnel accountability
2. **Training**
  - a. BET leads and members are responsible for completing and maintaining training listed in the BET lead and member position description, in addition to participating in drills and exercises.
  - b. PSD is responsible for reviewing, updating, and maintaining BET training as needed.
3. **Recognition.** Safety initiatives are included in annual performance evaluations. Although specific activities are related to the BET position descriptions, BET participation should be considered for performance evaluations as a value-added activity promoting life safety and health initiatives.
4. **Funding and Institutional Support.** BET leads and members are staff employees operating within the division organization that are identified to support life safety and protective action implementation. The appointing division will fund BET efforts and ensure that adequate time is allowed for the designated BET activities and responsibilities. PSD provides training and funding for equipment/supplies to support BET lead and member functions.

## E. Roles and Responsibilities

Role	Responsibility
Division director	<ul style="list-style-type: none"> <li>Identifies and appoints BET leads and members</li> <li>Provides effort funding for BET leads and members</li> </ul>
Protective Services Department (PSD)	<ul style="list-style-type: none"> <li>Develops and coordinates the BET Program</li> <li>Evaluates building-level protective action drills</li> <li>Assists with identification of issues and implementation of corrective actions</li> <li>Coordinates the development of building emergency plans</li> </ul>
Managers/supervisors	<ul style="list-style-type: none"> <li>Support BET leads and members by allotting time for BET activities</li> <li>Consider BET activities as contributions to safety for annual performance evaluations</li> </ul>
BET lead or member	<ul style="list-style-type: none"> <li>Actively participates in BET activities, training, drills, and exercises</li> <li>Coordinates protective actions within his/her building of responsibility</li> <li>Plans and conducts building-level protective action drills</li> <li>Identifies issues during drills, and assists with corrective action implementation</li> <li>Assists with developing building emergency plans</li> </ul>
Employees	Recognize the role of BET leads and members

## F. Definitions/Acronyms

Term	Definition
BET	Building Emergency Team
EMT	Emergency Management Team
ERO	Emergency Response Organization
PSD	Protective Services Department

## G. Recordkeeping Requirements

PSD maintains records based on applicable Laboratory policies and procedures.

## H. Implementing Documents

Document Number	Title	Type
EM-PLAN-009	Protective Actions Plan	Plan
EM-MISC-001	Drill Guide	Form
EM-MISC-003	Building-Level Drill Documentation	Form

## I. Contact Information

For information regarding this policy, contact the Protective Services Department, Emergency Management, or send comments or questions to [emergency\\_management@lbl.gov](mailto:emergency_management@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) Affected	Change Type
7/24/2014	0	H. Quiroz	New	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Building Emergency Team (BET) Policy
Document number	07.06.005.000
Revision number	0
Publication date:	7/24/2014
Effective date:	7/24/2014
Next review date:	7/24/2017
Policy Area:	Emergency Management Program
RPM Section (home)	Environment, Safety and Health
RPM Section (cross-reference)	
Functional Division	Protective Services
Prior reference information (optional)	PUB-540

## Source Requirements Documents

- DOE Order 151.1C, *Comprehensive Emergency Management System*
- Contract 31, Section I.76 (DEAR 970.5203-1), *Management Controls*
- 10 CFR 851, *Worker Safety and Health*
- PUB-3000, Berkeley Lab *ES&H Manual*
- EM-PLAN-001, Emergency Management Plan (was PUB-533)

## Implementing Documents

Document number	Title	Type
EM-PLAN-009	Protective Actions Plan	Plan
EM-MISC-001	Drill Guide	Form
EM-MISC-003	Building-Level Drill Documentation	Form



# Business Cards Policy

Title:	Business Cards Policy
Publication date:	7/25/2014
Effective date:	7/7/2011

## BRIEF

### Policy Summary

This policy describes the conditions for obtaining Berkeley Lab business cards.

### Who Should Read This Policy

Persons who want Berkeley Lab business cards

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### Contact Information

Manager, Creative Services Office (CSO)

Title:	Business Cards Policy
Publication date:	7/25/2014
Effective date:	7/7/2011

## POLICY

### A. Purpose

This policy describes the conditions for obtaining business cards from Lawrence Berkeley National Laboratory (Berkeley Lab, LBNL).

### B. Persons Affected

Persons who want Berkeley Lab business cards

### C. Exceptions

None

## D. Policy Statement

1. The following requirements must be met to obtain Berkeley Lab business cards:
  - a. Business cards may be provided to an employee (1) whose job requires regular interaction with representatives of federal agencies; other contractors; state, local, or foreign governments; private industry; or the general public; and (2) for whom a business card would facilitate prompt and efficient communication with such individuals and entities as a representative of Berkeley Lab for the Department of Energy (DOE).
  - b. Under the terms and conditions of the [DOE/LBNL Contract](#), discretion must be used in determining whether business cards will serve a suitable mission-related use.
  - c. Business cards must be approved by a division director or designee in order to:
    - i. Comply with the [California Education Code](#) and Berkeley Laboratory's [Ethics and Conduct Policy](#) by (1) avoiding possible misrepresentation of the University of California or the Laboratory and (2) preventing use of the University's name without permission from the Laboratory Director or designee.
    - ii. Ensure the number of cards is kept to a reasonable amount, based on cost and percentage of use. Cards must include the following statement on the face: "Operated for the U.S. Department of Energy." Expense for cards meeting these conditions is paid by the individual's department or division.
  - d. The Creative Services Office (CSO) provides graphic services for appropriate placement of logo and text, and coordinates the printing of cards created at a division's expense. Those wishing to pay for their own business cards may receive the camera-ready artwork to arrange for their own printing services.
2. **Printing by Off-Site Printers:** Regulations of the U.S. Congress Joint Committee on Printing prohibit the printing of business cards at government expense unless the conditions outlined in condition 1(a) above are met. Printing of business cards not meeting these conditions, by off-site printers not coordinated through the Government Printing Officer in CSO, must be paid for directly by the employee. Purchase cards may not be used to pay for printing.
3. **Requests for Authorization of Business Cards:** Employees may request authorization of business cards from the relevant division director or designee by completing either an online Business Card Request form at <https://cso.lbl.gov/buscards/cardstyles.html>, or a printout of the form available at <https://cso.lbl.gov/assets/docs/BusCardForm.pdf>.
  - a. **Procedure for submitting the online form:**
    - i. Go to the Business Card Styles page at <https://cso.lbl.gov/buscards/cardstyles.html>. Click on the picture of the desired card style. All card layout styles have been approved by the Laboratory Director's Office.
    - ii. After the desired card style has been selected, the Order Form page will appear. Complete the form by filling in the required fields under Personal Info and Requestor Info.
    - iii. Once the order form has been submitted online, an e-mail will be sent to the division director or designee to approve the business-card request, and to ensure compliance with the [California Education Code](#). To avoid possible misrepresentation of the University or the Laboratory, this code prohibits use of the University's name without permission from the Laboratory Director or designee.
  - b. **Procedure for submitting a printout of the downloadable form:**
    - i. Go to <https://cso.lbl.gov/assets/docs/BusCardForm.pdf>. Print out the form, and fill in the information requested on both pages of the form.
    - ii. Send the completed form to the appropriate division director or designee for his or her signature authorization.
    - iii. Mail the signed form to CSO, Mail Stop 46R0125. The form may also be faxed to ext. 5333, or e-mailed to [bizcards@lbl.gov](mailto:bizcards@lbl.gov).

## E. Roles and Responsibilities

- Persons who wish to obtain Berkeley Lab business cards and persons who approve the use of Berkeley Lab business cards must adhere to the provisions of this policy.
- The Creative Services Office must coordinate procurement of Berkeley Lab business cards, as long as condition 1(a) above is met.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
	Business Card Request Form	Form

## I. Contact Information

Manager, Creative Services Office (CSO)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	Weiner	Rewrite for wiki	All	Minor
7/25/2014	1.1	Youngquist	Reviewed 7/24/14.	Next review date	Minor

## DOCUMENT INFORMATION

Title:	Business Cards Policy
Document number	10.07.007.000
Revision number	1.1
Publication date:	7/25/2014
Effective date:	7/7/2011
Next review date:	7/25/2017
Policy Area:	Public Information and External Relations
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 1.21(C)
Functional Division	Public Affairs

Prior reference information (optional)	RPM Section 1.21(C)
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## Source Requirements Documents

- [Berkeley Lab Ethics and Conduct Policy](#)
- [University of California Standards of Ethical Conduct](#)
- [California Education Code](#)
- [Contract 31, Section C, Description, Specifications, Work Statement](#)
- [DOE Contract 31, Clause I.81, DEAR 970.5208-1 Printing \(December, 2000\)](#)

## Implementing Documents

Document number	Title	Type
	<a href="#">Business Card Request Form</a>	Form

# Business System Ownership

Title:	Business System Ownership
Publication date:	2/1/2013
Effective date:	12/17/2010

## BRIEF

### Policy Summary

This policy establishes responsibilities for the accountable ownership and management of the Office of the Chief Financial Officer (OCFO) business and financial computer applications. It applies to all major OCFO purchased (commercial, off-the-shelf) and internally developed computer applications involved with the creation, updating, processing, outputting, distribution, and other uses of business and financial information.

### Who Should Read This Policy

Any Berkeley Lab employee responsible for the ownership and management of OCFO business and financial computer applications

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- [Deputy, Chief Financial Officer](#)
- [OCFO Business Systems Analysis \(BSA\) Manager](#)

Title:	Business System Ownership
Publication date:	2/1/2013
Effective date:	12/17/2010

## POLICY

### A. Purpose

This policy establishes responsibilities for the ownership and management of the Office of the Chief Financial Officer (OCFO) business and financial computer applications.

### B. Persons Affected

Any Lawrence Berkeley National Laboratory (Berkeley Lab) employee responsible for the ownership and management of OCFO business and financial computer applications

## C. Exceptions

None

## D. Policy Statement

OCFO will designate a functional manager (see [OCFO Business Systems — Owner Assignments](#)) with overall accountability for each of its business and financial computer applications. This System Owner must ensure that the application's capabilities meet Berkeley Lab's business needs. The System Owner must provide leadership and direction for system development, enhancement, and ongoing operations, including ensuring that appropriate controls are in place. The execution of these responsibilities requires resources and support from the OCFO Business Systems Analysis (BSA) Unit, Financial Policy and Assurance, Training, and the IT Division.

This policy applies to all major OCFO purchased (commercial, off-the-shelf) and Berkeley Lab internally developed computer applications involved with the creation, updating, processing, outputting, distribution, and other uses of business and financial information.

## E. Roles and Responsibilities

Role	Responsibility
Business System Owner — General	Defines the scope and strategic objectives of the business system. Establishes objectives and plans for the ongoing support, maintenance, and enhancement of the application. Directs the day-to-day business usage of the system. When production issues arise — with the support of the BSA Unit and IT — ensures appropriate root-cause problem resolution has occurred and that system issues are addressed in a timely manner and communicated accordingly.
Business System Owner — System Changes and Enhancements	<ul style="list-style-type: none"><li>• Defines, prioritizes, and provides the BSA Unit with written documentation of business requirements for system enhancements and mandated Department of Energy (DOE) accounting changes (see <a href="#">OCFO Business Requirements Template</a>). Considers user input and process re-engineering prior to recommending a system change.</li><li>• At a minimum, written business requirements will include the following:<ul style="list-style-type: none"><li>• A description of the business problem or issue being addressed and the primary business driver(s)</li><li>• Specific business objectives and desired outcomes noting which objectives are mandatory</li><li>• Desired or required implementation date</li></ul></li><li>• The primary functional point of contact with whom BSA can consult in defining more detailed functional specifications</li><li>• Coordinates with the BSA Unit to ensure functional specs are complete, documented, and consistent with business requirements, and an adequate test plan is prepared and executed</li><li>• Provides final approval for implementing changes to the production system. Formally accepts the system as complete and ready for production.</li><li>• Participates in planning for application upgrades that will result in changes to the Owner's application(s)</li></ul>
Business System Owner ---User Access Control	<ul style="list-style-type: none"><li>• Establishes criteria for controlling user access to various features of the system, including prerequisites to be met prior to granting user access to specific system roles</li><li>• With the support of the BSA Unit, validates that user access and assigned roles and permissions are consistent with business needs</li><li>• Controls access to Personal Identity Information (PII)</li></ul>
Business System Owner — User Training and Support	Ensures that those who need to use the system for entering and/or retrieving information have access to user training and system documentation
Business System Owner — Data Integrity	<ul style="list-style-type: none"><li>• Ensures the availability, reliability, and security of the business data stored in the system. Ensures data-input controls are documented, effective, and tested periodically.</li><li>• Documents processes using PII and controls the security of PII</li></ul>

<p>OCFO Business Systems Analysis (BSA) Unit — General</p>	<ul style="list-style-type: none"> <li>• Monitors system operations, provides end-user support, communicates system problems/resolutions, conducts root-cause analysis of problems, evaluates options, and provides recommended solutions</li> <li>• When production issues arise, contributes to the root-cause problem resolution; resolves system issues in a timely manner; and helps draft clear, accurate, and timely communication</li> <li>• Coordinates with Business System Owner and IT to ensure that system documentation is developed, accurate, and available to those who need it</li> </ul>
<p>OCFO BSA Unit — System Changes and Enhancements</p>	<ul style="list-style-type: none"> <li>• Develops and coordinates system upgrade and enhancement plans; identifies opportunities for process/system improvements; assists owners in defining business requirements for system enhancements; and develops functional specifications that are complete, documented, and consistent with business requirements</li> <li>• Develops and executes test plans to ensure requested system changes fulfill business requirements</li> <li>• When a complex process change (e.g., a DOE-mandated change) requires modifications to multiple OCFO business applications, the BSA Unit coordinates the communication with, and involvement of, the functional organizations needed for the timely implementation of the change.</li> <li>• Partners with OCFO and IT to plan, develop, and execute system upgrades and enhancements; ensures changes are adequately documented and tested, and owner approval is obtained before moving them to production; and coordinates with the System Owner and functional staff in the preparation and execution of system change test plans</li> </ul>
<p>OCFO BSA Unit — User Access Control</p>	<ul style="list-style-type: none"> <li>• Establishes and maintains policy-related procedures for controlling user access to OCFO systems, including a process for coordinating and conducting regularly scheduled reviews of user access</li> <li>• Identifies and makes recommendations for controlling access to sensitive data, including PII</li> <li>• Identifies possible segregation-of-duty access conflicts and works with the functional manager to develop an appropriate resolution</li> </ul>
<p>IT Business Systems — General</p>	<ul style="list-style-type: none"> <li>• Provides technical project-management leadership and services, including development of project proposals and project plans</li> <li>• Provides input to customers on options, feasibility, and considerations for system change requests</li> <li>• Provides system enhancements to accommodate DOE mandates, regulatory/policy changes, interface changes, and business process changes</li> <li>• Prepares written documentation of system changes, and exerts software change control as required by department standards</li> <li>• When production issues arise, contributes to root-cause problem resolution; resolves system issues in a timely manner; and provides input on clear, accurate, and timely communication</li> <li>• Conducts major system development based on customer specifications</li> <li>• Performs system maintenance to accommodate vendor upgrades, software fixes, and security patches</li> </ul>

## F. Definitions/Acronyms

Term	Definition
<p>Business System</p>	<p>A computerized information system or business and financial application that provides the end-to-end delivery of information. Data is an integral part of running the business, including all computerized processes and software needed to satisfy business requirements. A business system comprises computerized processes, input controls, the stored business data, and reports and other output formats.</p>
<p>Business Systems Analysis (BSA) Unit</p>	<p>A unit that is responsible for ensuring that OCFO business systems are responsive to the needs of Berkeley Lab, and that systems strategies and plans are effectively communicated. The BSA Unit partners with OCFO functional units and IT Division professionals in the planning, design, testing, implementation, and maintenance of automated information systems.</p>
<p>System Administrator/Manager</p>	<p>The group that manages the day-to-day technical operation of the business system: database management, software distribution and upgrading, version control, backup and recovery, virus protection, and performance and capacity planning. IT performs this service for Berkeley Lab. User access management is performed by the BSA Unit.</p>

User	An individual (e.g., employee of an OCFO functional unit) who interacts with the computer at an application level. Programmers, system administrators/ managers, and other technical personnel are not considered users when working in a professional capacity on the computer system. System users must use the application in the manner and for the business purpose it was designed, and comply with all specified control and security requirements.
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## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.04.002.001	<a href="#">OCFO Business Systems — Owner Assignments</a>	Process
11.04.003.000	<a href="#">Financial Management System (FMS) User Access control</a>	Policy
11.04.002.002	<a href="#">OCFO Business Requirements Template</a>	Form

## I. Contact Information

- Deputy, Chief Financial Officer
- OCFO Business Systems Analysis (BSA) Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	Axthelm	Reformat for wiki	All	Minor
1/9/2013	1.1	Axthelm	Updates to Roles and Responsibilities section	E. Roles and Responsibilities	Minor
2/1/2013	1.2	Axthelm	Updated Roles and Responsibilities section and added accountability as appropriate	E. Roles and Responsibilities	Minor

## DOCUMENT INFORMATION

Title:	Business System Ownership
Document number	11.04.002.000
Revision number	1.2



Publication date:	2/1/2013
Effective date:	12/17/2010
Next review date:	12/17/2014
Policy Area:	Financial Business Systems
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.36
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- This is an internal process only.

## Implementing Documents

Document number	Title	Type
11.04.002.001	<a href="#">OCFO Business Systems — Owner Assignments</a>	Process
11.04.003.000	<a href="#">Financial Management System (FMS) User Access control</a>	Policy
11.04.002.002	<a href="#">OCFO Business Requirements Template</a>	Form

# Bus Policy

## Brief

Title:	Bus Policy
Publication date:	9/21/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab provides all persons who work at or visit the Laboratory with free [shuttle bus services](#) throughout its main site and to local off-site facilities (including the Joint Center for Artificial Photosynthesis, Potter St., the Office of the Chief Financial Officer, the Joint BioEnergy Institute), the UC Berkeley campus, downtown Berkeley (including the Downtown Berkeley BART station), and the Rockridge BART station.

### Who Should Read This Policy

All persons who work at or visit Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## Policy

Title:	Bus Services
Publication date:	9/21/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy describes requirements and guidance for using the shuttle bus service at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All persons who work at or visit Berkeley Lab

### C. Exceptions

Not applicable

### D. Policy Statement

1. Berkeley Lab provides shuttle bus services contracted through a private vendor. [Routes](#) run throughout Berkeley Lab's main site, and include stops at local off-site facilities (including the Joint Center for Artificial Photosynthesis, Potter St., the Office of the Chief Financial Officer, and the Joint BioEnergy Institute), the UC Berkeley campus, downtown Berkeley (including the Downtown Berkeley BART station), and the Rockridge BART station. Riders are expected to adhere to the riding instructions found on the [Instructions for Riders](#) Web page.
2. Shuttle services are for all persons who work at or visit Berkeley Lab. All riders are required to show identification when boarding off-site buses. Acceptable forms of identification include a Berkeley Lab badge, a UC Berkeley student or faculty ID badge, a U.S. Department of Energy (DOE) badge, or a University of California Office of the President (UCOP) badge. Affiliates are required to present a visitor bus pass, or permission from the Berkeley Lab host written on official Berkeley Lab letterhead or in an e-mail.

## E. Roles and Responsibilities

All persons who work at Berkeley Lab or who wish to host visitors to the Laboratory are responsible for adhering to this policy.

## F. Definitions/Acronyms

Term	Definition
Shuttle Bus Routes, Berkeley Lab	Blue and Orange routes on the main Laboratory site and in downtown Berkeley, including stops at the Berkeley BART station and off-site leased facilities

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
09.05.003.001	<a href="#">Bus Services — Laboratory Shuttle Bus Routes</a>	Procedure
09.05.003.002	<a href="#">Bus Services — Laboratory Shuttle Bus Routes — Instructions for Riders</a>	Procedure
09.05.003.003	<a href="#">Bus Services — Laboratory Shuttle Bus Routes — Instructions for Bicyclists</a>	Procedure

## I. Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Chen	Rewrite for wiki	all	Minor
9/21/2012	1	L. Chen	Rewrite for wiki	all	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Bus Policy
Document number	09.05.003.000
Revision number	1
Publication date:	9/21/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Contracting Services
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- [Berkeley Lab Senior Management requirement](#)
- [Site Access policy](#)
- [California Department of Motor Vehicles Code- Commercial Drivers License](#)

## Implementing Documents

Document Number	Title	Type
09.05.003.001	<a href="#">Bus Services — Laboratory Shuttle Bus Routes</a>	Procedure
09.05.003.002	<a href="#">Bus Services — Laboratory Shuttle Bus Routes — Instructions for Riders</a>	Procedure
09.05.003.003	<a href="#">Bus Services — Laboratory Shuttle Bus Routes — Instructions for Bicyclists</a>	Procedure

# CANCELLED - Ombuds Service

Title:	Ombuds Service
Publication date:	4/29/2014
Effective date:	–

## BRIEF

This program is no longer supported.

Title:	Ombuds Service
Publication date:	4/29/2014
Effective date:	—

## PROGRAM

This program is no longer supported.

## Contact Information

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Brief Only	all	N/A
4/29/2014	–	L. Westphal	policy removed	all	major

## DOCUMENT INFORMATION

Title:	Ombuds Service
Document number	02.02.013.000
Revision number	–
Publication date:	4/29/2014

Effective date:	–
Next review date:	—
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	New

## Source Requirements Documents

None

## Implementing Documents

None

# Capital Assets – Acquisition and Project Management

## Brief

Title:	Capital Assets – Acquisition and Project Management
Publication date:	1/14/2013
Effective date:	1/2/2012

## BRIEF

### Policy Summary

This policy provides the Design and Construction Management Department of the Berkeley Lab Facilities Division with directions on project management of capital-asset acquisitions (new construction projects such as additional or replacement buildings). Berkeley Lab requires projects to be completed on schedule, within budget, and fully capable of meeting the Laboratory's mission performance, safeguards and security, and Environment, Safety & Health standards.

### Who Should Read This Policy

This policy applies to Design and Construction Management Department employees of the Facilities Division who work on construction projects greater than \$5 million.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Design and Construction Management Department Head](#)  
Facilities Division

## Policy

Title:	Capital Assets – Acquisition and Project Management
Publication date:	1/14/2013
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy provides the Design and Construction Management Department of the Lawrence Berkeley National Laboratory (Berkeley Lab) Facilities Division with directions on project management of capital-asset acquisitions (new construction projects such as additional or replacement buildings). Berkeley Lab requires projects to be completed on schedule, within budget, and fully capable of meeting the Laboratory's mission performance, safeguards and security, and Environment, Safety & Health standards.

### B. Persons Affected

This policy applies to Design and Construction Management Department employees of the Facilities Division who work on construction projects greater than \$5 million.

### C. Exceptions

Not applicable

## D. Policy Statement

All Design and Construction Management Department employees who work on construction projects greater than \$5 million will adhere to the *Design and Construction Management Procedures Manual* and, when applicable, DOE Directive 413.3B in order to provide mission-ready facilities for Berkeley Lab.

## E. Roles and Responsibilities

Role	Responsibilities
Project Director/Manager	<ul style="list-style-type: none"><li>Adhering to the provisions of this policy</li><li>Overseeing every aspect of the project, from concept to launch, including transition to Operations</li></ul>
Project Controls Analyst	<ul style="list-style-type: none"><li>Adhering to the provisions of this policy</li><li>Maintaining financial/schedule and Earned Value Management System (EVMS) controls of the project</li></ul>
Construction Manager	<ul style="list-style-type: none"><li>Adhering to the provisions of this policy</li><li>All field activities for building construction, including planning and incorporating safety</li></ul>
Project Coordinator	<ul style="list-style-type: none"><li>Adhering to the provisions of this policy</li><li>All documentation coordination for the project</li></ul>

## F. Definitions/Acronyms

Term	Definition
EVMS	Earned Value Management System

## G. Recordkeeping Requirements

Not applicable

## H. Implementing Documents

Document number	Title	Type
PUB-3193	<i>Design &amp; Construction Management Procedures Manual</i>	Manual
	<i>Facilities Construction Details and Design Guidelines</i>	Guidelines

## I. Contact Information

Design and Construction Management Department Head  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	E. Tucker	Rewrite for wiki	All	Minor
1/14/2013	1	M. Smithwick	Brief converted into a policy. Updated procedures manual and minor title corrections	All	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	Capital Assets – Acquisition and Project Management
Document number	09.01.001.000
Revision number	1
Publication date:	1/14/2013
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Major Construction
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	None
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

[DOE Order 413.3B](#), *Program and Project Management for the Acquisition of Capital Assets*, Attachment 2, CRD, 1-14

## Implementing Documents

Document number	Title	Type
PUB-3193	<i>Design &amp; Construction Management Procedures Manual</i>	Manual
	<i>Facilities Construction Details and Design Guidelines</i>	Guidelines

# Career Appointment

## Brief

Title:	Career Appointment
Publication date:	7/17/2013
Effective date:	3/10/2008

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has a defined terms and conditions of employment. Career-appointment employees are employed at a fixed percentage of time at 50% or more of full time for an indefinite period.

### Who Should Read This Policy

- This policy applies to nonrepresented employees in the Career appointment. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).
- This policy does not apply to the following [employee classifications](#): Term, Faculty, Postdoctoral Fellow, Limited, Visiting Researcher, Rehired Retirees, Graduate Student Research Assistant (GSRA), and Student Assistant.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Career Appointment
Publication date:	7/17/2013
Effective date:	3/10/2008

## POLICY

### A. Purpose

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has a defined terms and conditions of employment. Career-appointment employees are employed at a fixed percentage of time at 50% or more of full time for an indefinite period.

### B. Exceptions

Requests for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO).

### C. Persons Affected

- This policy applies to nonrepresented employees in the Career appointment. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).
- This policy does not apply to the following [employee classifications](#): Term, Faculty, Postdoctoral Fellow, Limited, Visiting Researcher, Rehired Retirees, Graduate Student Research Assistant (GSRA), and Student Assistant.

## D. Policy Statement

1. A Career appointment means that an employee works a fixed percentage of time at 50% or more of full time (up to 100%) for an indefinite period of time.

2. Other Policies of Interest	
<ul style="list-style-type: none"> <li>• <a href="#">Terms &amp; Conditions of Employment</a></li> <li>• <a href="#">Employee Performance Evaluations</a></li> <li>• <a href="#">Education and Employee Development Policy</a></li> <li>• <a href="#">Vacation</a></li> <li>• <a href="#">Sick Leave Policy</a></li> <li>• <a href="#">Holiday Policy</a></li> <li>• <a href="#">Work Deferment Policy</a></li> <li>• <a href="#">Reduction in Force</a></li> </ul>	

A Limited-appointment employee shall be designated as a Career-appointment employee when the incumbent has attained 1,000 hours of qualifying service in any 12 consecutive months without a break in service of at least 120 consecutive calendar days. Qualifying service includes all time on pay status in one or more Limited appointments within the University of California system. On-call and overtime hours shall not be included as pay status hours when computing qualifying service. Such Career-appointment designations shall be effective the first of the month following attainment of 1,000 hours of qualifying service.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Human Resources Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources and Diversity Officer
Pay status	Any period of time for which an employee is paid, including time on paid leave

## G. Recordkeeping Requirements

The Human Resources Department is responsible for maintaining all employee records.

## H. Implementing Documents

Audience	Document Number	Document Title
HR Staff	02.03.001.001-01	<a href="#">Appointment Type Matrix</a>
HR Staff	02.03.001.002-01	<a href="#">Employee Classification Overview Presentation</a>
HR Staff	02.03.001.003-01	<a href="#">Career and Term Employee Classification Presentation</a>

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki (brief)	All	Minor
7/17/2013	1	M. Bello	Reformat policy	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Career Appointment
Document number	02.03.001.000
Revision number	1
Publication date:	7/17/2013
Effective date:	3/10/2008
Next review date:	7/17/2016
Policy Area:	Types of Employee Appointments
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.01(F)(1)

## Source Requirements Documents

Source	Document Number & Effective Date	Document Title
University of California (UC)	PPSM 3 January 1, 2001	<a href="#">Types of Appointment</a>

## Implementing Documents

Audience	Document Number	Document Title	Type
HR Staff	02.03.001.001-01	<a href="#">Appointment Type Matrix</a>	Chart
HR Staff	02.03.001.002-01	<a href="#">Employee Classification Overview Presentation</a>	Training
HR Staff	02.03.001.003-01	<a href="#">Career and Term Employee Classification Presentation</a>	Training

# Change-of-Station Policy

This policy is being revised. [Go here](#) to review the proposed changes.

## Brief

Title:	Change-of-Station Policy
Publication date:	6/20/2013
Effective date:	6/24/2013

## BRIEF

### Policy Summary

Berkeley Lab allows new or current eligible employees to be reimbursed for reasonable and actual costs when they move to their temporary work locations.

NOTE: This policy is under review for revision. Employees assigned to a temporary work location (between six months and three years) should read this policy. Employees assigned to a permanent work location (at minimum one year) should read the [Relocation Assistance](#) policy.

### Who Should Read This Policy

New and current employees in the following appointments: [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [Graduate Student Research Assistant \(GSRA\)](#).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Change-of-Station Policy
Publication date:	6/20/2013
Effective date:	6/24/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) may reimburse the expenses of eligible new or current employees who move to their temporary work locations. This policy defines the types of expenses that are reimbursable.

NOTE: This policy is under review for revision. Employees assigned to a temporary work location (between six months and three years) should read this policy. Employees assigned to a permanent work location (at minimum one year) should read the [Relocation Assistance](#) policy.

### B. Persons Affected

- At the discretion of Berkeley Lab management, Berkeley Lab may reimburse eligible employees for reasonable and actual permanent change-of-station (PCS) expenses. PCS is a period of 12 months or longer. Reimbursement for PCS may be made available to the following employee classifications: [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [Graduate Student Research Assistant \(GSRA\)](#).
- With the approval of the Laboratory Director or designee, Berkeley Lab employees may be assigned to temporary duty at other locations on a temporary change-of-station (TCS) basis for periods of between 6 months and a day, and 12 months. Payment of actual and reasonable costs associated with the TCS may be made. Reimbursement for TCS costs may be made available to the following employee classifications: [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [GSRA](#) employees.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement.
- The following employee classifications are not eligible for relocation reimbursement: Limited employees, Rehired Retiree, and Student Assistant.

## C. Exceptions

Requests for change-of-station reimbursements that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources Officer (CHRO) and the Chief Operating Officer (COO).

## D. Policy Statement

1. **Reimbursement Limits.** The maximum dollar amount Berkeley Lab will reimburse for TCS expenses will be determined by the division director or Operations department head (or designee) and will be within the specified guidelines.
2. **Reimbursement Preapproval Requirement.** New or transferred employees (i.e., change-of-station [COS] employees) must consult with and gain preapproval from the third-party relocation vendor for their expenditure plans prior to committing any expenditures.
3. **Repayment Agreement.** New or transferred employees (i.e., COS employees) must sign a repayment agreement, which states that employees who voluntarily terminate employment prior to completing one year of credited service from the start of employment for new hires, or data transfer for transferred staff, must refund Berkeley Lab the full amount of the reimbursements.
4. **Claims for Reimbursement.** Claims for reimbursement should be submitted to Berkeley Lab as soon as possible after the transactions have occurred. Benefits are valid for 12 months from the employee's effective start of employment date or COS date.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Office of the Chief Financial Officer (OCFO)	Has the functional responsibility for implementing and managing the reimbursement process
Employees	Have the responsibility to adhere to the provisions of this policy and its procedures
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy
Relocation Office	Has the responsibility to advise management and employees on how to comply with this policy and its procedures

## F. Definitions/Acronyms

Term	Definition
Permanent change-of-station (PCS)	Permanent change-of-station (also known as "Join the Staff") reimbursement may be offered to a new employee who accepts a permanent assignment of 12 months or longer at a Berkeley Lab work site.
Change-of-station (COS)	Change-of-station (COS) applies to employees who expect to be assigned at a Berkeley Lab site for more than 12 months. COS employees are offered the same benefits as permanent change-of-station employees.
Temporary change-of-station (TCS)	Temporary change-of-station relocation reimbursement may be offered to an employee who accepts a temporary assignment for a period of between six months and a day, and 12 months.
Third-party relocation vendor	<ul style="list-style-type: none"> <li>• Provides general advice to prospective employees of eligible relocation expenses during the offer process</li> <li>• Assists and counsels relocating employees on relocation program benefits</li> <li>• Processes requests for relocation payments and reimbursements</li> <li>• Advises Berkeley Lab on allowable reimbursable relocation costs</li> </ul>

## G. Recordkeeping Requirements

Role	Responsibility
HR Department	Maintains information regarding offers for change-of-station (either permanent or temporary)
Relocation Office	Maintains information for the approvals and reimbursements of expenses

## H. Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory staff	11.02.009.000	<a href="#">Interlocation Appointments (ILAs) - Financial Management</a>	Policy
All Laboratory staff	02.04.004.001	<a href="#">Reimbursable Relocation Costs</a>	Process
All Laboratory staff	02.04.004.002	<a href="#">Relocation Expenses Planning Worksheet</a>	Form
All Laboratory staff	02.04.004.003	<a href="#">LBNL Travel and Change-of-Station (COS) Reimbursable Expenses</a>	Process
For HR staff	02.04.004.004	<a href="#">Introduction to Relocation Policy and Process</a>	Training
For HR staff	02.04.004.005	<a href="#">Relocation Agreement</a>	Form
For HR staff	02.04.004.006	<a href="#">Relocation Authorization Form (Bristol)</a>	Form
For HR staff	02.04.004.007	<a href="#">Relocation Guidelines</a>	Process

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor
6/24/2013	2	M. Bello	<p>Divided Relocation and Change-of-Station policies into two separate policies and renamed them Relocation Assistance and Change-of-Station.</p> <p>Change-of-Station assigned its own policy number, 02.04.005.00. Added this note: "This policy is under review for revision. New employees should read the Relocation Assistance policy. Current employees should read this policy."</p>	All	Minor

**Document Information**



## DOCUMENT INFORMATION

Title:	Change-of-Station Policy
Document number	02.04.005.000
Revision number	2
Publication date:	6/20/2013
Effective date:	6/24/2013
Next review date:	6/24/2016
Policy Area:	Recruitment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 4.01
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 4.01

## Source Requirements Documents

- DOE Contract No. DE-AC02-05CH11231, Federal Acquisition Regulation (FAR) 31.205-35, [Relocation Costs](#)
- DOE Contract No. DE-AC02-05CH11231, Federal Acquisition Regulation (FAR) 31.205-46, [Travel Costs](#)
- DOE Contract No. DE-AC02-05CH11231, Mod No. M046, Section J, Appendix A, [Advanced Understandings on Human Resources](#)

## Other Driving Requirements

Document number	Document Title	Type
11.06.001.000	<a href="#">Travel Policy</a>	Policy

## Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory staff	11.02.009.000	<a href="#">Interlocation Appointments (ILAs) - Financial Management</a>	Policy
All Laboratory staff	02.04.004.001	<a href="#">Reimbursable Relocation Costs</a>	Process
All Laboratory staff	02.04.004.002	<a href="#">Relocation Expenses Planning Worksheet</a>	Form
All Laboratory staff	02.04.004.003	<a href="#">LBNL Travel and Change-of-Station (COS) Reimbursable Expenses</a>	Process
For HR staff	02.04.004.004	<a href="#">Introduction to Relocation Policy and Process</a>	Training
For HR staff	02.04.004.005	<a href="#">Relocation Agreement</a>	Form
For HR staff	02.04.004.006	<a href="#">Relocation Authorization Form (Bristol)</a>	Form
For HR staff	02.04.004.007	<a href="#">Relocation Guidelines</a>	Process

## Other References

Source	Document number	Document title
Federal Regulations	Federal Travel Regulations (FTR) 302	<a href="#">Relocation Allowances</a>
Federal Regulations	Federal Travel Regulations (FTR) 302	<a href="#">Temporary Duty (TDY) Travel</a>

# Chemical Hygiene and Safety Plan

## Brief

Title:	Chemical Hygiene and Safety Plan
Publication date:	12/13/2013
Effective date:	12/13/2013

## BRIEF

### Policy Summary

The Chemical Hygiene and Safety Plan (CHSP) provides requirements and guidance for the safe handling, use, and storage of hazardous materials in laboratory, shop, and office settings. This plan identifies responsibilities and establishes procedures for identifying, evaluating, and controlling hazardous materials.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/chsp/index.shtml>

### Contact Information

Chemical Hygiene and Safety Program Manager  
EHS Division

## Policy

Title:	Chemical Hygiene and Safety Plan
Publication date:	12/13/2013
Effective date:	12/13/2013

## POLICY

### A. Purpose

The Chemical Hygiene and Safety Plan (CHSP) provides requirements and guidance for the safe handling, use, and storage of hazardous materials in laboratory, shop, and office settings. This plan identifies responsibilities and establishes procedures for identifying, evaluating, and controlling hazardous materials.

### B. Persons Affected

This policy applies to Berkeley Lab employees, visitors, affiliates, and subcontractors.

### C. Exceptions

The CHSP does not apply to the following:

- Articles: An article is a manufactured item such as an O-ring or a steel rod that is formed to a specific shape and, when used under normal conditions, does not release more than very small quantities of a hazardous chemical and does not pose a physical hazard or health risk to employees. Items such as welding/brazing rods, which may produce metal fumes when used, are hazardous materials and do not meet this exception.
- Materials derived from biological sources: These fall under the provisions of the Berkeley Lab [Biosafety Manual](#).

## D. Policy Statement

1. **General Requirements (Work Process A).** Work involving chemicals at Berkeley Lab will be conducted in a manner that minimizes employee exposure to hazards by utilizing chemical substitution, engineering controls, administrative controls, personal protective equipment, work practice controls, and emergency procedures. The hazards of chemicals and the control are described in the CHSP.
2. **Chemical and Equipment Procurement Procedures (Work Process B).** Some chemicals and equipment have inherent safety hazards that require special safety controls and authorizations. It is important that these controls are in place before the material is purchased and used on site. Several materials of concern are listed in the [Restricted Items List](#) that is maintained by the Procurement & Property Management Department in consultation with the Environment/Health/Safety (EHS) Division. The Laboratory has a notification and approval procedure for these materials that is initiated at the time of procurement
3. **Transporting Hazardous Materials (Work Process C)**
  - a. **Hazardous Materials Transported by Transportation Services or a Department of Transportation–Authorized Carrier:** Transporting hazardous materials by employees in public transportation (such as the shuttle bus) or in private or government vehicles, is not permitted (except as outlined below). Instead, use [Transportation Services](#) or a [Department of Transportation–authorized carrier](#) This is to minimize risk to Laboratory employees and the public, and ensures that the federal and state laws regarding packaging, manifesting, and placarding hazardous materials are met.
  - b. **Transporting Small Quantities of Hazardous Materials by Laboratory Employees, Subcontractors, and Affiliates Casual and Participating Guests:** Berkeley Lab staff may move small quantities of hazardous materials for short distances within a building or between adjacent buildings, provided that it can be done safely and without spilling the materials. Individuals must use handcars and drip trays (to contain any spilled material). Employees must also complete [EHS0348 Chemical Hygiene and Safety](#) training (or EHS0345 for Facilities personnel).
  - c. **Transporting Research Samples, Hazardous Materials, and Field Sampling Materials by Berkeley Lab Staff:** Berkeley Lab staff may transport research samples and small quantities of hazardous materials by hand or in a passenger vehicle under the conditions defined by the CHSP. This applies to transporting research samples (including engineered nanomaterials) and hazardous chemicals between non-adjacent buildings at the main LBNL site, the main LBNL site and other LBNL sites (e.g., Donner, Potter, JBEI, JGI), any LBNL site and other collaborating research organization (e.g., UC Berkeley and Stanford) and transporting small quantities of hazardous materials to and from field locations not readily served by common carriers such as FedEx and UPS. Packaging, labeling and hazard communication requirements must be followed.
4. **Chemical Inventory (Work Process D)**
  - a. **Berkeley Lab Sitewide Chemical Inventory:** The purpose of the sitewide chemical inventory is to provide chemical users, EHS staff, and emergency response teams with accurate and up-to-date lists of chemicals that are stored on site. Furthermore, the chemical inventory meets Occupational Safety and Health Administration (OSHA), U.S. Department of Energy (DOE), and city of Berkeley regulations. The inventory is also used to categorize chemicals into their respective hazard classes and utilize this information as a tool to a) identify users of particular materials; b) communicate hazard information, including special controls or procedures; and c) assist EHS in helping chemical users to determine whether exposure assessments are needed.
  - b. It is the owner's responsibility to ensure that all hazardous chemicals/materials for which they are responsible are entered into the [Chemical Management System](#) (CMS) as soon as possible and that all chemicals are removed from the inventory when the materials have been used up, disposed of, or taken off site.
  - c. **Guidance for the Chemical Management System Program.** This information is detailed in [Work Process D](#).
5. **Chemical Hazards: Descriptions (Work Process E)**
  - a. **Definition of Hazardous Chemicals:** This section provides resources and information that can be used to evaluate the hazards of chemicals. The terms used in this section are listed in the [CHSP Program Glossary of Terms](#). The OSHA Hazard Communication Standard defines a hazardous chemical as a chemical that is either a health hazard or a physical hazard. These terms and others such as particularly hazardous substances and engineered nanomaterials are defined in the following sections of the CHSP Program, Work Process E:
    - i. [Particularly Hazardous Substances](#)
    - ii. [Engineered Nanomaterials](#)

6. **Chemical Hazard Assessment (Work Process F).** Hazard assessments are conducted to identify the hazards and general controls for work environments where workers may have physical or chemical exposures. These assessments can be performed by line management or an ESH professional. Hazard assessments may precede [Exposure Assessments](#) are conducted by EHS professionals to ensure that protective measures are implemented and to ensure worker health compliance with applicable regulations or other requirements. Exposure assessments are required prior to issuing and using respiratory protection equipment.
  - a. **Job Hazards Analysis (JHA):** A JHA is the overall work-authorization document that analyzes the tasks that a worker performs, the hazards associated with those tasks, and the controls necessary to perform the work safely. The JHA process is given in the ES&H Manual *Job Hazards Analysis* program. All work at Berkeley Lab must be authorized through the JHA. Work may not be performed until the JHA is complete, the work is authorized by the work lead, and the proper controls as specified by the JHA are in place.
  - b. **Activity Hazard Documents:** OSHA mandates employers to identify higher hazard work that requires prior approval. At Berkeley Lab, this is accomplished with the Activity Hazard Document (AHD). An AHD is a formal work authorization that lists controls and procedures to reduce the risks associated with a higher-hazard activity to an acceptable level. AHDs are incorporated into the Job Hazards Analysis by reference. The principal investigator (PI) or supervisor must identify and evaluate all potential hazards associated with a proposed project or activity and develop measures to reduce these hazards to an acceptable level. He/she must also determine whether an AHD is needed. The AHD is required to be completed before work is initiated.
7. **General Controls for Hazardous Materials (Work Process G)**
  - a. **Technical Areas:** Technical areas include laboratories, shops, workrooms, and similar areas where non-administrative activities are performed. For the purpose of the Chemical Hygiene and Safety Plan, "non-administrative" refers to activities that involve a chemical hazard. Offices and conference rooms are generally not technical areas.
  - b. **Standard Operating Procedures:** Standard Operating Procedures for all chemicals at Berkeley Lab are developed to minimize employee exposure to hazards by utilizing chemical substitution, engineering controls, administrative controls, personal protective equipment, work practice controls, and emergency procedures.
  - c. **Chemical Use, Selection, and Substitution:** Before a chemical or a product is introduced or used in a workplace, the work lead must:
    - i. Review the hazards of the material and assess the conditions under which it will be used.
    - ii. Determine whether the chemical can be substituted with a safer chemical alternative.
    - iii. Determine whether the chemical can be borrowed from someone within the research group or the division. If the chemical must be purchased, keep working quantities of all hazardous materials to a minimum. Procure, use, and store the minimum amount of material required.
    - iv. Determine whether the chemical is a restricted item (See the definition of "restricted items" at the [Procurement & Property Management Web page](#)).
8. **Selection and Use of Engineering Controls (Work Process H).** Engineering controls, including local exhaust ventilation systems, laboratory fume hoods, enclosures, and shields, must be used. Except for substitution for a less hazardous chemical, these provide the most effective means of control.
9. **Personal Protective Equipment (PPE) (Work Process I).** PPE is to be used as a supplement to, but not as a substitute for, engineering controls. PPE includes chemically resistant gloves, eyewear, footwear, lab coats, aprons, coveralls, and respiratory protection. PPE may be used as a sole means of control if the use of other controls is not feasible. PPE is provided at no personal expense to the individual. To be effective, employees must understand the proper selection, use, and limitations of PPE.
  - a. **General Personal Protective Equipment Requirements**
  - b. **Minimum Personal Protective Equipment Requirements**
  - c. **Area PPE Requirements:** Area PPE requirements must be established for all technical areas. This is the responsibility of the area safety leader through consultation with supervisors and work leads. Area PPE requirements must be listed on the Berkeley Lab technical area entrance placard. Area PPE requirements apply to the entire technical area unless an exception is granted in accordance with the procedure described in the ES&H Manual *Personal Protective Equipment (PPE)* program.
    - i. Minimum area PPE requirements for technical areas are as follows (Specific PPE requirements are found in the CHSP Program, [Work Process I](#)):
      1. Safety glasses with side shields
      2. Closed-toe shoes
      3. Long pants
10. **Work Practice Controls (Work Process J)**
  - a. **Work Practice and Administrative Controls**
    - i. Work practice controls include preplanning work, practicing good housekeeping, and personal hygiene to minimize exposure to hazardous materials, and using common sense. Work practice controls must be used regardless of the type of hazardous material handled.
    - ii. Administrative controls include formal authorizations, written procedures, employee training, establishing designated or restricted areas, chemical procurement procedures, and preventive maintenance.
  - b. **Specific Controls and Procedures:** Hazard identification and control are specified for the following classes of materials (Work Processes L through T linked below). Control requirements include training and information, substitution and chemical management, engineering controls, work practices, personal protective equipment, storage, and emergency procedures.
11. **Chemical Storage Guidelines (Work Practice K)**
  - a. Safe storage practices include segregating incompatible chemicals, using approved storage cabinets and refrigerators, and selecting chemically resistant secondary containment and drip trays.
  - b. User knowledge, chemical incompatibility tables, labels, Material Safety Data Sheets (MSDSs), and Industrial Hygiene consultation may be used to determine chemical incompatibility.
12. **Specific Controls and Procedures – Acids and Bases (Work Process L)**

13. **Specific Controls and Procedures – Particularly Hazardous Substances: Carcinogens, Reproductive Toxins, and Acute Toxins (Work Practice M)**
14. **Specific Controls and Procedures – Flammables and Combustible Liquids (Work Process N)**
15. **Specific Controls and Procedures – Laser Dyes and Solvents (Work Process O)**
16. **Specific Controls and Procedures – Peroxide-Forming Compounds (Work Process P)**
17. **Specific Controls and Procedures – Water Reactive Chemicals (Work Process Q)**
18. **Specific Controls and Procedures – Pyrophoric Materials (Work Process R)**
19. **Specific Controls and Procedures – Engineered Nanomaterials (Work Process S)**
20. **Specific Controls and Procedures – Chemicals with Explosive Properties (Work Process T)**
21. **Decommissioning Equipment, Buildings, Laboratories, and Shop Spaces (Work Process U).** Decommissioning Laboratory and Shop Spaces. All surfaces and equipment should be cleaned and put into a safe condition prior to vacating, transferring, or relocating Laboratory and shop spaces. The Laboratory's *Space Management Policy* in the Requirements and Procedures Manual mandates that laboratory and shop spaces be cleared of debris and contamination prior to transfer of ownership. This is to safeguard the health and safety of Facilities, Transportation and subcontractor personnel who work in these areas during facility demolition, renovation and construction. It also prevents delays in renovation and demolition schedules and minimizes the cost to the divisions that own the spaces.
22. **Emergency Procedures and Equipment (Work Process V).** The following sections from Work Process V of this program specifies procedures, actions, and points-of-contact for emergencies involving chemicals:
  - a. [Spill Response Procedures](#)
  - b. [Personal Injury from or Exposure to Chemicals](#)
  - c. [Emergency First Aid for Phenol Exposure](#)
  - d. [Emergency Eyewash and Safety Showers](#)
  - e. [Fire Extinguishers](#)
23. **Training (Work Process W).** Training for employees working in areas where hazardous materials are present is completed at three levels:
  - a. **[Chemical Hygiene and Safety Training \(Course EHS0348\)](#):** This online course reviews provisions for the CHSP as well as information about the Plan, chemical hazards and controls, and operation/procedure-specific training.
  - b. Operations/procedure specific training provided individually or to small groups by the line manager. This training reviews hazards of an employee's assigned work.
24. **Hazard Information (Work Process X).** Information regarding the hazards of chemicals is conveyed in two primary ways: Material Safety Data Sheets and labels/placards.
  - a. **Material Safety Data Sheets (MSDSs)**
    - i. An MSDS provides safety and health related information such as known hazards of the material, its physical and chemical properties, exposure limits, precautionary measures, and emergency and first-aid procedures. Additional information on How to Read an MSDS is provided in the CHSP appendices.
    - ii. MSDSs are required for all hazardous materials and must be readily accessible to Berkeley Lab employees. Note: MSDSs are not required for consumer products (e.g., Formula 409 All-Purpose Cleaner) provided it is used in the manner intended by the manufacturer.
    - iii. MSDSs may be accessed from the [EHS Chemical Safety Web page](#).
  - b. **Container Labeling (Work Process Y):** Labels are required for all primary and secondary containers of hazardous materials except where noted in the CHSP. Labels are also required on containers that are shipped off site. Labels shall be clearly legible and written in English. Primary containers are the original containers received from the manufacturer, distributor, or vendor. Secondary containers are jars, cans, squeeze bottles, and other containers to which hazardous materials are transferred by an individual.
25. **Hazard Communication Requirements for Chemicals Produced in Laboratories and Shipped Off Site (Work Process Z)**
  - a. Berkeley Lab is considered by federal OSHA to be a chemical manufacturer or distributor if chemicals produced in laboratories are shipped off site. Berkeley Lab is required to communicate chemical hazards through MSDSs and labels. There is no exemption based on quantity. These hazard communication requirements are delineated in the [CHSP Work Process Z, Control Procedures for Chemicals Produced in Laboratories and Shipped Off Site](#).
  - b. **Posting Area Entrances (Work Process AA):** Area safety leaders must ensure that entrances to [technical areas](#) are posted with a caution placard that indicates the hazard types in the work area (such as corrosives and carcinogens) as depicted by hazard icons, minimum PPE requirements, and emergency contact information.
26. **Designated Areas (Work Process BB)**
  - a. Designated areas are specific locations within a laboratory for work involving particularly hazardous substances and engineered nanomaterials. The purpose of designated areas is to ensure that proper controls are in place and that all activities involving these higher-hazard materials are confined within the designated area.
  - b. Designated areas can be a piece of equipment, such as a fume hood or a centrifuge, or they can be entire labs. However, it is best to limit the number and size of designated areas to the minimum needed because additional control procedures are required.
  - c. The work lead must establish and post designated areas.

## 27. Exposure Assessments, Medical Monitoring, and Medical Consultation (Work Process CC)

- a. **Hazard Assessments:** Hazard assessments are conducted to identify the hazards and necessary controls for chemicals used in shop, field, and laboratory work environments. These preliminary evaluations are part of the [Job Hazards Analysis \(JHA\)](#) process and can be performed by the line manager, work lead, supervisor, or an EHS professional. Hazard assessments may precede exposure assessments conducted by EHS professionals to ensure that protective measures are implemented and to ensure that the proper level of work authorization is obtained. Exposure assessments are required prior to issuing or using respiratory protection equipment. For more information on hazard and exposure assessments, refer to the ES&H Manual [Exposure Assessment program](#).
- b. **Exposure Assessments**
  - i. An exposure assessment is a formal evaluation process performed and documented by EHS professionals. The exposure assessment is conducted to determine the risk of personnel exposure to hazardous chemical or physical agents, and the adequacy of hazard controls. Results of exposure assessments are used to validate or improve hazard controls, to extend the same controls to employees with similar exposures, to monitor employee health by providing employees with appropriate medical tests and examinations (i.e., medical surveillance), and to demonstrate compliance with regulations. The ES&H Manual [Job Hazards Analysis program](#) describes this process in more detail.
  - ii. Exposure assessments may be either qualitative or quantitative assessments of risk. Qualitative exposure assessments result from observation and the use of professional judgment, whereas quantitative assessments involve conducting measurements (i.e., exposure monitoring) or estimating or modeling of exposures.
- c. **Exposure Monitoring:** If there is reason to believe that use of a chemical may produce airborne levels above applicable limits (regardless of occupational setting), then air-exposure monitoring will be conducted. If initial monitoring indicates exposures above one-half of the applicable limits, follow-up monitoring will be conducted. Moreover, controls (such as work practices, training, personal protective equipment, engineering, ongoing air monitoring and medical surveillance) will either be put into place or enhanced, based on the judgment of the industrial hygienist and any specific OSHA standard that may apply. Monitoring will be terminated when successive follow-up measurements indicate exposures are below one-half of the applicable occupational exposure limit (OEL).
- d. **Occupational Exposure Limits (OELs) and Interpretation of Monitoring Results:** Air-sampling results are compared to exposure limits to determine whether the potential for hazardous exposure exists. Several individual substances have both OSHA and American Conference of Governmental Industrial Hygienists (ACGIH) exposure limits. In some cases, the values of these two limits are different. In accordance with Berkeley Lab's Work Smart Standards, the lower of the two limits is used to interpret exposure results.
- e. **Employee Notification of Monitoring**
  - i. The industrial hygienist conducting the exposure-monitoring will give written notification of the monitoring results to the employee (and employee's supervisor) in accordance with the specific OSHA requirements for that substance. Where no criterion exists, monitoring results will be provided within 15 days of receiving analytical results from the laboratory performing the analyses.
  - ii. Health Services will also be notified of exposure monitoring results.
  - iii. Monitoring records will be managed by the Industrial Hygiene Group.
- f. **Medical Consultations and Examinations**
  - i. Medical consultations and examinations related to employee exposure are provided by [Health Services](#) (ext . 6266) to any employee exposed at or above an Action Level (or in the absence of an established AL, one-half the lower of the OSHA PEL or the ACGIH TLV); when an employee develops a sign or symptom of exposure to a hazardous material; or when an uncontrolled event such as a spill, leak, or explosion takes place in which there is a likelihood of employee exposure. Anyone with a concern or question may request a medical consultation. Health Services should also be consulted by women who are either pregnant or intend on becoming pregnant.
  - ii. Medical consultations and examinations will be conducted in accordance with policies and procedures described in the [Health Services program](#) in the Berkeley Lab ES&H Manual.

## E. Roles and Responsibilities

Roles and responsibilities of Berkeley Lab personnel are delineated below:

## F. Definitions/Acronyms

Term	Definition
Activity Hazard Document (AHD)	The Activity Hazard Document identifies the elevated hazards associated with higher hazard work and defines the appropriate controls associated with those elevated hazards. The AHD document is reviewed and approved by the line management responsible for the work and is stored in a secure database. Once fully approved, the AHD document serves as an authorization for those qualified and approved workers listed in the AHD. The AHD database serves as the primary tool for developing an AHD.

American Conference of Governmental Industrial Hygienists (ACGIH)	The American Conference of Governmental Industrial Hygienists is a voluntary membership organization of professional industrial hygiene personnel in governmental or educational institutions. The ACGIH develops and publishes recommended occupational exposure limits each year called threshold limit values (TLVs) for hundreds of chemicals, physical agents, and Biological Exposure Indices (BEIs), to assess worker exposure.
American National Standards Institute (ANSI)	ANSI is a privately funded voluntary organization that develops standards for the safe design and operation of equipment and safe practices or procedures for industry.
Chemical Hygiene Officer	A person designated by the employer who is qualified, by training or experience, to provide technical guidance in the development and implementation of the provisions of the Chemical Hygiene and Safety Plan.
Chemical Hygiene Plan (CHP)	The CHP is a written program developed and implemented by the employer. The CHP sets forth procedures, equipment, personal protective equipment, and work practices that are capable of protecting employees from the health hazards presented by hazardous chemicals used in the particular workplace.
Chemical Hygiene and Safety Plan (CHSP)	The written Web-based program developed by Berkeley Lab to comply with the federal OSHA "Lab Standard." The CHSP addresses all elements of the OSHA-mandated Chemical Hygiene Plan and provides further information specific to Berkeley Lab.
Concentration	The relative amount of a given substance present when mixed with another substance(s). Concentration is often expressed as parts per million (ppm), percent, or weight per unit volume, e.g., milligrams/cubic meter (mg/m <sup>3</sup> ).
U.S. Department of Transportation (DOT)	DOT is the federal agency that regulates the labeling and transportation of hazardous materials.
EHS	Berkeley Lab's Environment/Health/Safety Division
Hazard warning	The words, pictures, and symbols, or combination thereof, that appear on a label and indicate the hazards of the substance in the container
Hazardous chemical	A chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals that are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic system, and agents that damage the lungs, skin, eyes, or mucous membranes. Berkeley Lab expands this definition to include chemicals that also pose physical hazards. A chemical is a physical hazard if it has flammable, combustible, explosive, oxidizing, pyrophoric, or reactive properties, or if it is an organic peroxide or compressed gas.
Health hazards	Substances for which there is evidence, from at least one scientific study, that acute or chronic health effects may occur in exposed persons. These chemicals include carcinogens, toxic agents, reproductive toxins (mutagens and teratogens), irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic system, and agents that damage the lungs, skin, eyes, or mucous membranes.
Hazardous material	Any substance or compound that has the capability of producing adverse effects on the health and safety of humans. This term is used interchangeably with hazardous chemicals.
Job Hazard Analysis (JHA)	Job Hazards Analysis requires line management to describe the scope of work for each job, determine the hazards of that work, and define the controls appropriate for those hazards. The documentation of that analysis and the assigned tasks, once fully approved by line management, serves as work authorization for the individual assigned to perform the work. The JHA document is maintained as an electronic record in the JHA database.
National Fire Protection Association (NFPA)	This organization provides information on fire protection and prevention. The NFPA 704 "Standard of the Identification of the Fire Hazards of Materials" describes a hazard warning labeling system. This system rates the hazard of a material during a fire. These hazards are divided into health, flammability, and reactivity hazards, and appear in a well-known diamond system using numerals from zero through four to indicate severity of the hazard. Zero indicates no special hazard, and four indicates severe hazard.
Occupational Safety and Health Administration (OSHA)	This government agency develops and enforces occupational safety and health standards for most industry and business in the United States.

Permissible exposure limit (PEL)	An exposure limit that is published and enforced by OSHA as a legal standard. PEL may be either a time weighted average (TWA) exposure limit (8 hours), a 15-minute short-term exposure limit (STEL), or a ceiling (C). The PELs are found in Tables Z-1, Z-2, or Z-3 of OSHA regulations 1910.1000. (See also TLV). "SKIN" notation: This designation sometimes appears alongside a TLV or PEL. It refers to the possibility of absorption of the particular chemical through the skin and eyes. Thus, protection of large surface areas of skin should be considered to prevent skin absorption so that the TLV is not invalidated.
Personal protective equipment (PPE)	Any devices or clothing worn by the worker to protect against hazards in the environment. Examples are respirators, gloves, and chemical splash goggles.
Respirator	A device that is designed to protect the wearer from inhaling harmful contaminants.
Safety line managers/management	Supervisors, managers, and work leads are part of the safety line management chain, from each worker to the Laboratory Director. Supervisors and managers are part of the formal management chain, and they have the responsibility for adhering to all EHS policies and safe work practices. Work leads (who may be non-management) derive authority from formal Laboratory managers and/or supervisors to ensure that day-to-day work, operations, and activities in their assigned area(s) and activities are conducted safely and within established work authorizations. Supervisors, managers, and work leads are collectively referred to as "safety line managers."
Short-term exposure limit (STEL)	Represented as STEL or TLV-STEL, this is the maximum concentration to which workers can be exposed for a short period of time (15 minutes), for only four times throughout the day, and with at least one hour between exposures. In addition, the daily TLV-TWA must not be exceeded.
Technical area	Technical areas generally include laboratories, shops, workrooms, and similar areas. Offices, conference rooms, food preparation, and consumption areas such as the cafeteria, kitchenettes, and break rooms are generally not technical areas.
Threshold limit value (TLV)	Airborne concentrations, devised by the ACGIH, of substances that represent conditions under which it is believed that nearly all workers may be exposed to day after day with no adverse effect. TLVs are advisory exposure guidelines, not legal standards, that are based on evidence from industrial experience, animal studies, or human studies, when they exist. There are three different types of TLVs: Time weighted average (TLV-TWA), short-term exposure limit (TLV-STEL), and ceiling (TLV-C). (See also PEL.) The notation "SKIN," which sometimes appears alongside a TLV or PEL, refers to the possibility of absorption of the particular chemical through the skin and eyes. Thus, protection of large surface areas of skin should be considered to prevent skin absorption so that the TLV is not invalidated.
Threshold limit value ceiling (TLV-C)	The maximum concentration of a toxic substance for which exposure is allowed. This limit is not to be exceeded, even momentarily. The TWA must still be observed.
Time weighted average (TWA)	The exposure limit averaged over a normal 8-hour workday or 40-hour workweek.
Work leads	Work leads (who may be non-management) derive authority from formal Laboratory managers and/or supervisors to ensure that day-to-day work, operations, and activities in their assigned area(s) and activities are conducted safely and within established work authorizations.

## G. Recordkeeping Requirements

- Maintain up-to-date caution placards at all entryways to technical areas.
- Keep AHDs up-to-date and currently authorized for work performed that require them.

## H. Implementing Documents



Document number	Title	Type
07.07.005.001	Chemical Hygiene and Safety Plan	Program
07.07.005.002	Work Process A, <i>General Requirements</i>	Process
07.07.005.003	Work Process B, <i>Chemical and Equipment Procurement</i>	Process
07.07.005.004	Work Process C, <i>Transporting Hazardous Materials</i>	Process
07.07.005.005	Work Process D, <i>Berkeley Lab Chemical Management System (Chemical Inventory)</i>	Process
07.07.005.006	Work Process E, <i>Chemical Hazard Descriptions</i>	Process
07.07.005.007	Work Process F, <i>Chemical Hazard Assessments</i>	Process
07.07.005.008	Work Process G, <i>General Controls for Hazardous Materials</i>	Process
07.07.005.009	Work Process H, <i>Selection and Use of Engineering Controls</i>	Process
07.07.005.010	Work Process I, <i>Personal Protective Equipment</i>	Process
07.07.005.011	Work Process J, <i>Work Practices Controls</i>	Process
07.07.005.012	Work Process K, <i>Chemical Storage</i>	Process
07.07.005.013	Work Process L, <i>Specific Controls and Procedures – Acids and Bases</i>	Process
07.07.005.014	Work Process M, <i>Specific Controls and Procedures – Particularly Hazardous Substances: Carcinogens, Reproductive Toxins, and Acute Toxins</i>	Process
07.07.005.015	Work Process N, <i>Specific Controls and Procedures – Flammables and Combustible Liquids</i>	Process
07.07.005.016	Work Process O, <i>Specific Controls and Procedures – Laser Dyes and Solvents</i>	Process
07.07.005.017	Work Process P, <i>Specific Controls and Procedures – Peroxide-Forming Compounds</i>	Process
07.07.005.018	Work Process Q, <i>Specific Controls and Procedures – Water-Reactive Chemicals</i>	Process
07.07.005.019	Work Process R, <i>Specific Controls and Procedures – Pyrophoric Materials</i>	Process
07.07.005.020	Work Process S, <i>Specific Controls and Procedures – Engineered Nanomaterials</i>	Process
07.07.005.021	Work Process T, <i>Specific Controls and Procedures – Chemicals with Explosive Properties</i>	Process
07.07.005.022	Work Process U, <i>Decommissioning Equipment, Buildings, Laboratories, and Shop Spaces</i>	Process
07.07.005.023	Work Process V, <i>Emergency Procedures and Equipment</i>	Process
07.07.005.024	Work Process W, <i>Training</i>	Process
07.07.005.025	Work Process X, <i>Hazard Information</i>	Process
07.07.005.026	Work Process Y, <i>Container Labeling</i>	Process
07.07.005.027	Work Process Z, <i>Hazard Communication Requirements for Chemicals Produced in Laboratories and Shipped Off Site</i>	Process
07.07.005.028	Work Process AA, <i>Posting Area Entrances</i>	Process
07.07.005.029	Work Process BB, <i>Designated Areas</i>	Process
07.07.005.030	Work Process CC, <i>Exposure Assessments, Medical Monitoring, and Medical Consultation</i>	Process
07.07.013.001	Exposure Assessment	Program
02.13.002.000	Health Services Program	Program

## I. Contact Information

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. McLouth	Re-write for wiki (brief)	All	Minor
12/13/2013	1	L. McLouth	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Chemical Hygiene and Safety Plan
Document number	07.07.005.000
Revision number	1
Publication date:	12/13/2013
Effective date:	12/13/2013
Next review date:	12/13/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	CHSP Website

## Source Requirements Documents

- 29 CFR 1910.1200 Hazard Communication
- 29 CFR 1910.1450 Occupational exposure to hazardous chemicals in laboratories (Chemical Hygiene Plan)
- DOE Order 456.1 The Safe Handling of Unbound Engineered Nanoparticles
- 10 CFR 851.21 Hazard identification and assessment.
- 10 CFR 851.23 Safety and health standard

## Implementing Documents

<b>Document number</b>	<b>Title</b>	<b>Type</b>
07.07.005.001	Chemical Hygiene and Safety Plan	Program
07.07.005.002	Work Process A, <i>General Requirements</i>	Process
07.07.005.003	Work Process B, <i>Chemical and Equipment Procurement</i>	Process
07.07.005.004	Work Process C, <i>Transporting Hazardous Materials</i>	Process
07.07.005.005	Work Process D, <i>Berkeley Lab Chemical Management System (Chemical Inventory)</i>	Process
07.07.005.006	Work Process E, <i>Chemical Hazard Descriptions</i>	Process
07.07.005.007	Work Process F, <i>Chemical Hazard Assessments</i>	Process
07.07.005.008	Work Process G, <i>General Controls for Hazardous Materials</i>	Process
07.07.005.009	Work Process H, <i>Selection and Use of Engineering Controls</i>	Process
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07.07.005.027	Work Process Z, <i>Hazard Communication Requirements for Chemicals Produced in Laboratories and Shipped Off Site</i>	Process
07.07.005.028	Work Process AA, <i>Posting Area Entrances</i>	Process
07.07.005.029	Work Process BB, <i>Designated Areas</i>	Process
07.07.005.030	Work Process CC, <i>Exposure Assessments, Medical Monitoring, and Medical Consultation</i>	Process
07.07.013.001	Exposure Assessment	Program
02.13.002.000	Health Services Program	Program

# Communications on Notable Achievements, Events

Title:	Communications on Notable Achievements, Events
Publication date:	7/25/2014
Effective date:	7/7/2011

## BRIEF

### Policy Summary

Berkeley Lab's many scientific achievements, associated events, and accomplishments are an important source of news for communicating the value, identity, and visibility of the Laboratory. This information is made available to the media and to internal and external audiences, including the general public, through the Communications and Media Relations (CMR) unit.

This policy describes how news releases and other documents prepared for general audiences about or on behalf of the Laboratory should be developed in consultation with CMR to maintain accuracy and coherence in representing the Laboratory.

### Who Should Read This Policy

- Any employee who may have, or may be a part of, a newsworthy story or event, or have information he or she wants to share with the general public
- Any employee or division having information to share with primarily the Laboratory audience via Today at Berkeley Lab (TABL)

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov)

Title:	Communications on Notable Achievements, Events
Publication date:	7/25/2014
Effective date:	7/7/2011

## POLICY

### A. Purpose

This policy describes how news releases and other documents prepared for general audiences about or on behalf of Lawrence Berkeley National Laboratory (Berkeley Lab) should be developed in consultation with the Communications and Media Relations (CMR) unit to maintain accuracy

and coherence in representing the Laboratory.

## B. Persons Affected

- Any employee who may have, or may be a part of, a newsworthy story or event, or have information he or she wants to share with the general public
- Any employee or division having information to share with primarily the Laboratory audience via Today at Berkeley Lab (TABL)

## C. Exceptions

Not applicable

## D. Policy Statement

1. Berkeley Lab's scientific achievements and associated events and accomplishments are an important source of news and communicate the value, identity, and visibility of the Laboratory. This information is made available to the media and to internal and external audiences, including the general public, through the CMR unit. Public information documents (e.g., news releases) prepared for general audiences about or on behalf of the Laboratory should be developed in consultation with CMR to maintain accuracy and coherence in representing the Laboratory.
2. Laboratory divisions and employees who identify items of potential public interest should contact CMR to discuss their prospective use for news or promotional purposes. CMR will propose appropriate vehicles for dissemination and prepare the information materials accordingly. CMR disseminates news about the Laboratory to external audiences through news releases, brochures, and leaflets, as well as online sources including social media. Information for employees is furnished internally through [Today at Berkeley Lab](#) and externally via the [Berkeley Lab News Center](#). A specified approval process is followed for news releases to ensure accuracy and validity, including final approval by division directors and the Laboratory director, as needed. For more information, contact the CMR Manager at [pad@lbl.gov](mailto:pad@lbl.gov).
3. Laboratory contacts with the news media should be coordinated through CMR, which handles requests for information and interviews from print, broadcast, and online media; arranges special media events (i.e., news conferences, photography, TV/radio coverage); and originates or coordinates media-related contacts for Laboratory activities. CMR may arrange for media representatives to interview Laboratory staff directly, in which case a communications specialist may be present or may participate.
4. Laboratory staff who are independently approached by reporters should advise CMR before the interview. Questions regarding the appropriateness or content of an interview, or requests to set up such an interview, should be forwarded to the Manager of CMR. When employees give opinions as independent professionals, they must state clearly that they are speaking for themselves and not on behalf of the Laboratory or the University of California. Official statements to the media on behalf of the Laboratory as a whole should be developed in coordination with CMR. The CMR Manager serves as the Laboratory spokesperson or coordinator for official public announcements.
5. Specialists from CMR are available to assist in preparation and training for news interviews, to help develop materials for public interest and public presentations, and to review the design of general-interest publications.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/9/2012	1	J. Weiner	Rewrite for wiki	all	Minor
7/25/2014	1.1	J. Weiner	Reviewed 7/24/2014.	Next Review date	Minor

## DOCUMENT INFORMATION

Title:	Communications on Notable Achievements, Events
Document number	10.07.001.000
Revision number	1.1
Publication date:	7/25/2014
Effective date:	7/7/2011
Next review date:	7/25/2017
Policy Area:	Public Info/External Relations
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 5.01(A)
Functional Division	Public Affairs
Prior reference information (optional)	RPM, Chapter 5, Section 5.01(A)

## Source Requirements Documents

Contract 31, Clause I.64, DEAR 952.204-75, *Public Affairs*

## Implementing Documents

None



# Compensation

## Brief

Title:	Compensation
Publication date:	7/17/2013
Effective date:	7/17/2013

## BRIEF

### Policy Summary

Berkeley Lab's compensation program is designed to provide a level of compensation that, within available funds, attracts, and retains a quality workforce necessary for the achievement of Laboratory goals.

### Who Should Read This Policy

- This policy applies to the following employee classifications: [Career](#), [Term](#), [Limited](#), [Faculty](#), [Postdoctoral Fellow](#), [Visiting Researcher](#), [Rehired Retiree](#), [Graduate Student Research Assistant \(GSRA\)](#), and [Student Assistant](#).
  - Faculty and GSRA pay is in accordance with the University of California pay policies.
  - [Postdoctoral Fellow pay](#), at a minimum, is based on years of relevant experience.
  - [Student Assistant pay](#) is dependent on academic progress.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Compensation
Publication date:	7/17/2013
Effective date:	7/17/2013

## POLICY

### A. Purpose

The Compensation policy establishes, maintains, and administers a compensation plan for positions covered by this policy. This policy provides information about the compensation philosophy and policy surrounding various salary actions at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Exceptions

Requests for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Compensation Manager and the Chief Human Resources and Diversity Officer (CHRO).

### C. Persons Affected



- This policy applies to the following employee classifications: [Career](#), [Term](#), [Limited](#), [Faculty](#), [Postdoctoral Fellow](#), [Visiting Researcher](#), [Rehired Retiree](#), [Graduate Student Research Assistant \(GSRA\)](#), and [Student Assistant](#).
  - Faculty and GSRA pay is in accordance with the University of California pay policies.
  - [Postdoctoral Fellow pay](#), at a minimum, is based on years of relevant experience.
  - [Student Assistant pay](#) is dependent on academic progress.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

## D. Policy Statement

1. **Pay Within the Salary Range.** An individual salary must be within the salary range that is assigned to the position's job code/job title, based on the position's duties and responsibilities. Exceptions to this policy are noted in Section D.7, [Promotional Increases](#), below.
2. **Adjustment of Salary Ranges.** Salary ranges may be adjusted periodically. Adjustments of salary ranges do not increase the salary paid to an employee but provide increased potential for within-range salary adjustments.
3. **Classification of Positions.** Positions are classified in job classifications on the basis of the level of duties and responsibilities assigned to and performed by employees, as documented in individual position descriptions. As duties and responsibilities undergo significant changes, positions may be reviewed for reclassification.
4. **Salary Actions**
  - a. **Start Salary for New Employees.** In developing a start salary for new employees, consideration will be given to the candidate's background and skill level, current competitiveness of the market for the particular job, and internal equity within the department or unit.
5. **Merit Increases.** Employees holding [Career](#) and [Term](#) appointments are eligible for merit increases annually.
6. **Salary Adjustments for Non-Career and Non-Term Employees**
  - a. Employees holding [Limited](#) and [Rehired Retiree](#) appointments are eligible for salary increases to the minimum of the salary range for their job classification.
  - b. Salary increases for employees holding [Postdoctoral Fellow](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Visiting Researcher](#), [Limited](#), and [Rehired Retiree](#) positions are described in the appointment information for those employee classes.
7. **Promotional Increases**
  - a. The change of an employee from one position to another in a classification having a higher salary-range maximum is termed a promotion.
  - b. When an employee accepts an offer of the posted position at a higher salary-range maximum, it is a posted promotion.
  - c. When an employee's duties and responsibilities have evolved to the extent that another classification is more appropriate, and the new classification is at a higher salary-range maximum, the change is a promotion.
  - d. A salary increase may be granted for promotions.
8. **Posted Downgrade.** When an employee applies for and accepts an offer of a posted position at a lower salary-range maximum, it is a posted downgrade. If the posted downgrade results in the employee's salary being above the maximum of the new range or it is not internally equitable, the current salary may be maintained ("red-circled") or reduced.
9. **Job Classification Restructuring**
  - a. As a result of a Compensation review, a job classification may be restructured without a change in the duties of the incumbent employees. The salary-range maximum of the new job classification structure may be either higher or lower than the previous salary-range maximum.
  - b. If an employee's salary is above the maximum of the new salary range, the current salary may be maintained ("red-circled") or reduced.
  - c. If the employee's salary is below the minimum of the new salary range, the salary will be increased to the new minimum.
  - d. If the employee's salary falls within the new salary range, no salary change will be made.
  - e. **Adjustments on Movement to a Job in a Lower Salary Range**
    - i. Moving an individual employee from one position to another position within the same classification functional area, resulting in a lower salary-range maximum, is termed a "demotion." This action may be the result of disciplinary action, the significant reduction in job duties and responsibilities, or the request of an employee that can be accommodated by the work unit.
    - ii. The effect of a Compensation-initiated review resulting in changes to a job- classification structure with a lower salary-range maximum is not a demotion (see Section D.9, [Job Classification Restructuring](#), above).
    - iii. Reclassification to a position with a lower salary-range maximum must be approved by the Human Resources Department and discussed with the employee.
    - iv. If, as a result of a Compensation-initiated classification restructuring, demotion, or other career change that results in an employee's salary being above the maximum of the new range, the current salary may be maintained ("red-circled") or reduced.
10. **Lateral Transfers**
  - a. The change of an employee from one position to another in the same classification or in another classification with the same salary-range maximum is termed a "lateral transfer."
  - b. Employees do not generally receive a salary increase when they accept a position with the same salary range as the position previously held, including when an employee accepts a position in the new appointment type (e.g., moving from a Limited appointment to a Career appointment, moving from a Term appointment to a Career appointment with the same salary range).
11. **Equity Increases.** Increases in salary to remedy salary inequities may be granted on a targeted basis to address internal or market alignment.

12. **Completion of Probation.** Satisfactory completion of the probationary period by an employee does not automatically require a salary increase. A recommendation for a salary increase may be made, however, if the final probationary performance review justifies an increase, the employee was not eligible for an October merit increase, and merit guidelines and salary relationships within the division or department support an increase.
13. **Transfers from Other University of California Locations.** Career employees transferring from another University of California (UC) location, who are not subject to a probationary period, may be considered for an increase if a completed six-month performance evaluation justifies a salary increase, the employee was not eligible for an October merit increase, and merit guidelines and salary relationships within the division or department support an increase.
14. **Multiple Increases in a Single Fiscal Year**
  - a. An employee's total base salary increase in a single fiscal year (including, for example, merit, promotional, and equity increases) must not exceed 25% unless an exception is granted by the Compensation Manager. Compensation Manager approval is not required for employees who were promoted from a trainee position (e.g., Student Assistant, Graduate Student Research Assistant (GSRA), or Postdoctoral Fellow) to a non-trainee position, resulting in a total base salary increase greater than 25% in a single fiscal year.
  - b. If more than one salary adjustment takes place on the same date, actions occur in the following order:
    - i. Salary-range adjustment (if applicable)
    - ii. Merit increase
    - iii. Salary action resulting from posted promotion, reclassification, or equity adjustment
15. **Administrative Stipend for Temporary Assignments.** A temporary assignment (TA) occurs when an employee is temporarily assigned responsibilities of a higher-level position on a full-time basis, or assigned other significant higher-level duties in addition to his or her regular duties. An employee in a TA may be paid a stipend. The TA stipend can be the greater of **(1) the amount needed to bring the total compensation (base salary + stipend) to the minimum of the higher level job, or (2) 15% of the employee's base pay.** The base pay plus stipend cannot exceed the maximum of the rate range of the employee's temporary job classification. The stipend is removed at the end of the temporary assignment or two years from the stipend's inception, whichever comes first.
  - a. For UC employees hired into a Berkeley Lab Faculty Appointment **who assume scientific scientific management responsibilities** (see the [Faculty Appointments policy](#)), the stipend may exceed two years but may not exceed the duration of the Faculty employee's assignment.
16. **Restrictions**
  - a. Appointments of employees holding positions at more than one UC location may not total more than 100% time.
  - b. An employee who is appointed at 100% time cannot receive additional compensation from UC for any work or services related to the employee's appointment, regardless of source or type of payments. Exceptions to this policy are any ancillary pay components as defined by the [Overtime and Extended Workweeks](#) and [Shift Differentials & Call-in Pay](#) policies; payments for teaching regularly scheduled UC Extension courses, whether or not they are related to the employee's appointment and outside the employee's normally scheduled hours; and administrative stipends payable under Section D.15, [Administrative Stipend for Temporary Assignments](#), above.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy
Compensation Department	Has the responsibility to advise management, divisional HR Centers, and employees on how to comply with this policy. Compensation also has the responsibility to review and approve actions in accordance with this policy as necessary.
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures. See Section H, [Implementing Documents](#), below.

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources and Diversity Officer
Demotion	The change of an individual employee from one position to another position within the same classification functional area, resulting in a lower salary-range maximum
GSRA	Graduate Student Research Assistant
Lateral Transfer	The change of an employee from one position to another in the same classification or in another classification with the same salary-range maximum
Posted Downgrade	When an employee applies for and accepts an offer of a posted position at a lower salary-range maximum, it is a posted downgrade. If the posted downgrade results in the employee's salary being above the maximum of the new range, the current salary may be maintained ("red-circled") or reduced.
Posted Promotion	When an employee accepts an offer of a posted position at a higher salary-range maximum
Promotion	The change of an employee from one position to another in a classification having a higher salary range maximum.
Temporary Assignment (TA)	A temporary assignment (TA) occurs when an employee is temporarily assigned responsibilities of a higher-level position on a full-time basis or assigned other significant higher-level duties in addition to their regular duties.

## G. Recordkeeping Requirements

Role	Responsibility
Human Resources Department	Is responsible for maintaining all employee records

## H. Implementing Documents

Audience	Document Number	Document Title	Type
HR	02.06.001.005	Administrative Stipends for Temporary Assignments	Process
HR	02.06.001.003	FLSA Exemption Test (Non-Posted Positions)	Form
HR	02.06.001.007	FLSA Exemption Test (Taleo-Posted Positions)	Form
Lab Staff	02.06.001.009	Position Description questionnaire	Form
Lab Staff	02.06.001.001	Position Description Template	Form
HR	02.06.001.008	Recalled Employee Skills Assessment	Form
HR	02.06.001.006	Salary Range Notification Template	Form
Lab Staff	02.06.001.010	Salary Ranges and Classification Description Index	Process
Public	02.06.001.011	Total Rewards at Berkeley Lab	Brochure
Public	MW-2007	Official Notice of the California Minimum Wage	Poster

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki (brief)	all	Minor
9/24/2012	1	M. Bello	Re-write for wiki (policy)	all	Minor
7/17/2013	2	M. Bello	Revised Administrative Stipend for Temporary Assignments	Policy (D)(15)	Major + 30 days

#### Document Information

## DOCUMENT INFORMATION

Title:	Compensation
Document number	02.06.001.000
Revision number	2
Publication date:	7/17/2013
Effective date:	7/17/2013
Next review date:	7/17/2016
Policy Area:	Compensation and Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	None
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.06 (A)

## Source Requirements Documents

Source	Document Number & Effective Date	Document Title
California	AB 1835	Assembly Bill 1835, <i>Minimum Wage</i>
California	CLC 515	California Labor Code: Exempt Versus Non-Exempt Status
California	CLC 500	California Labor Code: Overtime
California		Industrial Wage Commission (IWC) Wage Orders
Department of Energy (DOE)	DE-AC02-05CH11231, Mod No. M046, Sec. J, App. A	<a href="#">Advanced Understandings on Human Resources</a>
Department of Energy (DOE)	Contract 31 (H.21)	Workforce Transition, Contractor Compensation, Benefits and Pension
Department of Energy (DOE)	I.22	FAR 52.222-11, <i>Contract Work Hours and Safety Standards Act – Overtime Compensation</i>
Department of Energy (DOE)	I.85	DEAR 970.5222-2, <i>Overtime Management</i>
Department of Energy (DOE)	I.21	FAR 52.222-4, <i>Contract Work Hours and Safety Standards Act – Overtime Compensation</i>
Federal		Equal Pay Act
Federal		Fair Labor Standards Act (FLSA)
Federal		Fair Minimum Wage Act of 2007
UC	PPSM 30	Salary

## Implementing Documents

Audience	Document Number	Document Title	Type
HR	02.06.001.005	<a href="#">Administrative Stipends</a> for Temporary Assignments	Process
HR	02.06.001.012	<a href="#">Classification Change Notification Template</a>	Form
HR	02.06.001.003	<a href="#">FLSA Exemption Test (Non-Posted Positions)</a>	Form
HR	02.06.001.007	<a href="#">FLSA Exemption Test (Taleo-Posted Positions)</a>	Form
Lab Staff	02.06.001.009	<a href="#">Position Description questionnaire</a>	Form
Lab Staff	02.06.001.001	<a href="#">Position Description Template</a>	Form
HR	02.06.001.008	<a href="#">Recalled Employee Skills Assessment [Contact Employee and Labor Relations]</a>	Form
Lab Staff	02.06.001.010	<a href="#">Salary Ranges and Classification Description Index</a>	Process
Public	02.06.001.011	<a href="#">Total Rewards at Berkeley Lab</a>	Brochure
Public	MW-2007	<a href="#">Official Notice of the California Minimum Wage</a>	Poster

# Conduct of Radiological Work

## Brief

Title:	Conduct of Radiological Work
Publication date:	11/4/2013
Effective date:	11/4/2013

## BRIEF

### Policy Summary

Berkeley Lab applies controls to ensure properly qualified and authorized individuals are permitted to enter Radiological Areas and perform work safely. These controls include:

- Planning radiological work
- Work preparation
- Entry and exit provisions
- Radiological work controls
- Evaluation and performance measurement
- Special operations (accelerators)
- Accidents and emergencies

Berkeley Lab's Radiation Protection Group (RPG) has responsibility for establishing programs and procedures that address these requirements. All personnel at the Laboratory have responsibility for complying with RPG's programs.

### Who Should Read This Policy

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH21.html>

## Contact Information

David Kestell  
Radiological Control Manager  
Environment/Health/Safety Division  
Environment, Waste, and Radiation Protection Department  
[djkestell@lbl.gov](mailto:djkestell@lbl.gov)

## Policy

Title:	Conduct of Radiological Work
Publication date:	11/4/2013
Effective date:	11/4/2013

## POLICY

### A. Purpose

This policy describes the control standards for the conduct of radiological work at the Lawrence Berkeley National Laboratory (Berkeley Lab).

## B. Persons Affected

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

## C. Exceptions

Not applicable

## D. Policy Statement

Berkeley Lab applies work controls to ensure properly qualified and authorized individuals are permitted to enter Radiological Areas and perform work safely. These controls include:

- Planning radiological work
- Work preparation
- Entry and exit provisions
- Radiological work controls
- Evaluation and performance measurement
- Special operations (accelerators)
- Accidents and emergencies

Berkeley Lab's Radiation Protection Group (RPG) has responsibility for establishing programs and procedures that address these requirements. All personnel at the Laboratory have responsibility for complying with RPG's programs.

### D.1 Planning Radiological Work

For areas of continuous occupancy (potentially 2,000 hours per year), the design objective is to maintain the average exposure level as low as reasonably achievable (ALARA) and below 0.5 millirem per hour. If occupancy is not continuous, the design objective is to maintain doses ALARA and below 20% of the annual occupational dose limits, currently 5 rem for the whole body, 15 rem for the eyes, and 50 rem for the skin and extremities. Facility and equipment design features are utilized wherever practical. When permanently installed design features are inadequate, engineering controls (temporary shielding, containment devices, and filtered ventilation systems) must be used, as appropriate, to control individual exposures. When physical design features, including engineering controls, are impractical or inadequate, they are augmented by administrative controls, such as access restriction and the use of specific work practices. Berkeley Lab requires an approved written authorization — a Radiological Work Authorization (RWA) or an X-Ray Authorization (XA) — to control the use of radioactive materials and radiation-generating devices.

### D.2 Work Preparation

The RWA is an administrative mechanism used to establish radiological controls, and includes a work scope, specific precautions, limitations, and ALARA practices. General RWAs are used for repetitive work in areas with known and stable radiological conditions. Job-specific RWAs remain in effect only for the duration of the jobs. Principal investigators (PIs) are ultimately responsible for ensuring adequate work planning and control.

### D.3 Entry and Exit Provisions

Posted Radiologically Controlled Areas are required to have approved entry and exit control provisions. These provisions may include:

- Prox Key control
- Training commensurate with the hazards and required control
- Controls implemented as necessary to prevent the spread of removable contamination outside of Radiological Areas under normal operating conditions
- Individual monitoring, as appropriate, for the presence of surface contamination when exiting Contamination Areas, High Contamination Areas, and Airborne Radioactivity Areas and
- Other controls deemed appropriate, such as dosimetry, pre-job briefing, survey and proper doffing procedures, and Radiological Control Technician (RCT) coverage

### D.4 Radiological Work Controls

1. Radiological work controls are conducted as specified in the written authorization. RPG and work supervisors periodically review prescribed radiological controls for adequacy and implementation as part of their normal work reviews.
2. Berkeley Lab personnel have the authority and responsibility to stop radiological work activities if radiological controls are inadequate or are not being implemented.

## D.5 Evaluation and Performance

During the conduct of radiological work and handling radioactive materials, abnormal events may occur that could indicate weaknesses or areas of programmatic breakdown of radiological controls. When this occurs, RPG conducts a critique or post-job review with those involved to establish a record of facts. Corrective actions and Lessons Learned are then developed and approved by the Radiological Control Manager (RCM) or designee. Applicable Berkeley Lab management must be informed by the RCM of all performance evaluations during routine oversight activities.

## D.6 Special Applications

Work with accelerators requires special considerations.

Special considerations associated with accelerator facilities include the presence of extremely high dose rates, the generation of activation products, and the detection and monitoring difficulties associated with pulsed or high-energy radiation. The radiological safety of accelerators is ensured through appropriate, formal RPG work authorization. Additionally, facilities that meet the definition of accelerators in DOE Order 420.2C, *Safety of Accelerator Facilities*, must meet all the requirements of this Order.

Experimenters and operations personnel must consult with the RPG when planning new facilities or accelerator operations. Failure to consult with the RPG in the planning stage may result in delays.

## D.7 Accidents and Emergencies Involving Radioactive Material

During an emergency, the following order of priorities shall be followed:

1. Life safety/employee health
2. Protection of the environment
3. Property

All employees must be familiar with their workplace emergency plan, know their evacuation route, and note the locations of emergency showers, eyewashes, and equipment.

Supervisors must ensure that emergency shutdown procedures for hazardous operations are posted in a safe and conspicuous location; post and maintain a current emergency call list; conduct pre-work reviews, including emergency responses; and address emergency issues in planning and design processes.

## E. Roles and Responsibilities

Role	Responsibility
Radiation Protection Group (RPG)	<ul style="list-style-type: none"><li>• Develops and provides work authorizations (RWAs and XAs) as needed</li><li>• Conducts critiques and post-job reviews, as appropriate</li><li>• Responds to accidents and emergencies involving radioactive materials</li></ul>
Radiological Control Manager (RCM)	<ul style="list-style-type: none"><li>• Approves corrective actions and Lessons Learned</li></ul>
Supervisors, leads, managers, principal investigators	<ul style="list-style-type: none"><li>• Ensure that emergency shutdown procedures for hazardous operations are posted in a safe and conspicuous location</li><li>• Post and maintain a current emergency call list</li><li>• Conduct pre-work reviews, including emergency responses</li><li>• Address emergency issues in planning and design processes</li><li>• Are ultimately responsible for ensuring adequate work planning and control</li></ul>
Workers	<ul style="list-style-type: none"><li>• Exercise <a href="#">Stop Work</a> authority if radiological controls are inadequate or are not being implemented</li><li>• Must be familiar with their workplace emergency plan</li><li>• Know their evacuation route</li><li>• Note the locations of emergency showers, eyewashes, and equipment</li><li>• Comply with RPG programs and work authorizations</li></ul>

## F. Definitions/Acronyms



Term	Definition
Airborne Radioactivity Area	Any area that is accessible to individuals and where (1) the concentration of airborne radioactivity is above natural background levels and exceeds or is likely to exceed the derived air concentration (DAC) values listed in Appendix A or Appendix C of 10 CFR 835, or where (2) an individual present in the area without respiratory protection could receive an intake exceeding 12 DAC hours in a week.
As low as reasonably achievable (ALARA)	An approach to radiological management and control that aims to keep exposures (individual and collective) of the workforce and of the general public at levels as low as reasonably achievable, taking into account social, technical, economic, practical, and public policy considerations.
DOE	Department of Energy
Radiologically Controlled Area (RCA)	Any area to which access is managed to protect individuals from exposure to radiation or radioactive materials. Individuals who enter Controlled Areas without entering Radiological Areas are not expected to receive a total effective dose equivalent of more than 0.1 rem (0.001 sievert) in a year.
Radiological Control Technician (RCT)	A qualified individual, per RPG procedures, who performs radiological surveys to ensure compliance with applicable Berkeley Lab policies and procedures.
RCM	Radiological Control Manager
RPG	Radiation Protection Group
Radiological Work Authorization (RWA)	An authorization for use of radiation-producing machines and/or radioactive materials. Precautions, limits of use, and requirements are specified.
XA	X-Ray Authorization

## G. Recordkeeping Requirements

The care, maintenance, and disposition of RPG records will be done in accordance with Berkeley Lab records management policies and procedures, as listed in the *Requirements and Policies Manual* (PUB-201).

## H. Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
EHS 700	Emergency Response to Radiological Incidents	Procedure
EHS 704	Establishing the Need for Personnel and Area Radiation Monitoring	Procedure
EHS 706	Radiological Protective Clothing Requirements for the Radiation Protection Group	Procedure
EHS 707	Radiological Work Authorization Program	Procedure
EHS 708	Survey of Potentially Contaminated Materials and Equipment for Unrestricted Release	Procedure
EHS 709	Radiation Protection Posting, Labeling, and Access Control	Procedure
EHS 710	Radiological Survey Program	Procedure
EHS 718.1	Radiological Hazards Review, Materials	Procedure
EHS 718.2	Radiological Hazards Reviews for Radiation Generating Devices	Procedure
EHS 718.3	Radiation Shielding Design Optimization	Procedure
EHS 730	Radiation Generating Device Program	Program
EHS 731	RGD Interlock Program	Program
EHS 735	X-ray Machine Authorization Program	Procedure
EHS 790	Radiation Safety Training Program	Program

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/4/2013	0	Q. Le	Re-write for wiki	all	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Conduct of Radiological Work
Document number	07.08.003.000
Revision number	0
Publication date:	11/4/2013
Effective date:	11/4/2013
Next review date:	11/4/2016
Policy Area:	Radiation Protection
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	

## Source Requirements Documents

- DOE Order 420.2C, *Safety of Accelerator Facilities*
- 10 CFR 830, *Nuclear Safety*
- 10 CFR 835, *Occupational Radiation Protection*

## Related Berkeley Lab Policies

07.08.001.000 Radiological Control – Overview  
07.08.002.000 Radiological Control Standards  
07.08.004.000 Radioactive Materials  
07.08.005.000 Radiological Health Support Operations  
07.08.006.000 Radiological Training  
01.02.004.000 Continuity of Operations

## Implementing Documents

<b>Document number</b>	<b>Title</b>	<b>Type</b>
07.08.001.001	Radiation Protection Program	Program
EHS 700	Emergency Response to Radiological Incidents	Procedure
EHS 704	Establishing the Need for Personnel and Area Radiation Monitoring	Procedure
EHS 706	Radiological Protective Clothing Requirements for the Radiation Protection Group	Procedure
EHS 707	Radiological Work Authorization Program	Procedure
EHS 708	Survey of Potentially Contaminated Materials and Equipment for Unrestricted Release	Procedure
EHS 709	Radiation Protection Posting, Labeling, and Access Control	Procedure
EHS 710	Radiological Survey Program	Procedure
EHS 718.1	Radiological Hazards Review, Materials	Procedure
EHS 718.2	Radiological Hazards Reviews for Radiation Generating Devices	Procedure
EHS 718.3	Radiation Shielding Design Optimization	Procedure
EHS 730	Radiation Generating Device Program	Program
EHS 731	RGD Interlock Program	Program
EHS 735	X-ray Machine Authorization Program	Procedure
EHS 790	Radiation Safety Training Program	Program

# Confined Space Hazards and Controls

Title:	Confined Space Hazards and Controls
Publication date:	1/2/2012
Effective date:	3/29/2011

## BRIEF

### Policy Summary

The Confined Space Program at Berkeley Lab ensures that employees who work in Confined Spaces, including Permit-Required Confined Spaces, are able to perform work safely.

A Confined Space is a space that:

- Is large enough and so configured that an employee can bodily enter and perform assigned work and
- Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry) and
- Is not designed for continuous employee occupancy

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who could be performing work that may include entry into a space that has been evaluated for classification as a Permit-Required Confined Space, or that may be a Permit-Required Confined Space.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH34.html>

## Contact Information

Confined Space Program Manager  
EH&S Division

Title:	Confined Space Hazards and Controls
Publication date:	1/2/2012
Effective date:	3/29/2011

## POLICY

## A. Purpose

The Confined Space Program at Berkeley Lab ensures that employees who work in Confined Spaces, including Permit-Required Confined Spaces, are able to perform work safely.

A Confined Space is a space that:

- Is large enough and so configured that an employee can bodily enter and perform assigned work and
- Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry) and
- Is not designed for continuous employee occupancy

## B. Persons Affected

This policy applies to Berkeley Lab employees, visitors, affiliates, and subcontractors who could be performing work that may include entry into a space that has been evaluated for classification as a Permit-Required Confined Space, or that may be a Permit-Required Confined Space.

## C. Exceptions

Pits, excavations, trenches, and Confined Spaces entered by subcontractors under the subcontractor's approved Permit-Required Confined Space Program may be managed by [Berkeley Lab's Construction Safety Program](#) under the requirements of Title 8, California Code of Regulations, *Construction Safety Orders*; and *General Industry Safety Orders*, Article 108, *Confined Spaces*, Section 5157, which is the functional equivalent to 29 CFR 1910.146.

## D. Policy Statement

1. A Confined Space is a space that:
  - a. Is large enough and so configured that an employee can bodily enter and perform assigned work
  - b. Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry) and
  - c. Is not designed for continuous employee occupancy
2. During work planning, Activity Leads must review the work area for potential Confined Spaces. Any potential Confined Space must be checked against the Confined Space inventory to determine classification of the space ([Work Process A](#)). The classifications will be:
  - a. Not a Confined Space (NCS)
  - b. Non-permit Confined Space (NPCS)
  - c. Permit-Required Confined Space (PRCS)
3. If the space is **not listed in the inventory**, the space must be classified by the Confined Space Manager ([Work Process B](#)).
4. If the space is classified as **Not a Confined Space (NCS)**, work proceeds according to the Safe Work Authorization process ([Work Process C](#)).
5. If the space is a **Non-permit Confined Space (NPCS)** or an Alternate Entry Procedure can be used, review training and qualifications ([Work Process D](#)).
6. If the space is a **Permit-Required Confined Space (PRCS)** and cannot be reclassified, subcontractors must perform the work ([Work Process E](#)).
7. Review all Confined Space Entry Training Procedures ([Work Process F](#))
8. **Berkeley Lab staff**, affiliates, visitors, and others who perform work at Berkeley Lab (excluding subcontractors operating under their own approved Permit-Required Confined Space Program) **may not enter any PRCS unless**:
  - a. The hazards within have been eliminated and the PRCS has been reclassified for non-permit entry per OSHA 29 CFR 1910.146(c)(7) and the procedures herein or
  - b. The only hazard in the PRCS is an actual or potential hazardous atmosphere, that condition is controlled through continuous ventilation, and the entry is performed under an Alternate Entry Procedure per OSHA 29 CFR 1910.146(c)(5) and the procedures herein

## E. Roles and Responsibilities

Role	Responsibility
Division Director	Assures that entries into Permit-Required Confined Spaces under his or her division's control are made only in accordance with this chapter
Environment, Health & Safety (EH&S) Division	<ul style="list-style-type: none"> <li>• Administers the Berkeley Lab Confined Space Program</li> <li>• Provides training (<a href="#">Work Process F</a>) to Berkeley Lab personnel involved in entry into Confined Spaces</li> <li>• Designates the Confined Space Program Manager</li> <li>• Conducts ongoing program effectiveness review and assurance (<a href="#">Work Process G</a>).</li> </ul>
Confined Space Manager	<ul style="list-style-type: none"> <li>• Classifies spaces as Not a Confined Space (NCS), a Non-permit Confined Space (NPCS), or a Permit-Required Confined Space (PRCS)</li> <li>• Maintains the <a href="#">LBNL Confined Space Inventory</a></li> <li>• Designates Entry Supervisors</li> <li>• Develops Safe Work Procedures (SWPs) for work in spaces in consultation with space owners and entrants</li> <li>• Stops work if any hazards are not adequately controlled</li> <li>• Reviews PRCS Reclassification Certifications, PRCS Alternate Entry Procedure Certifications, and Subcontractor PRCS Permits</li> <li>• Reviews Subcontractor PRCS programs and provides comments to the Activity Lead</li> </ul>
Activity Leads	<ul style="list-style-type: none"> <li>• Review the work area and determine whether spaces that must be entered are included in the <a href="#">LBNL Confined Space Inventory</a></li> <li>• Review the LBNL Confined Space Inventory and determine whether an SWP exists for work in that space</li> <li>• For activities involving Berkeley Lab employee or affiliate entry into inventoried spaces, assign a properly trained and qualified Entry Supervisor for any entry into a Permit-Required Confined Space and assure that entry proceeds only in accordance with <a href="#">Work Process B, Classification of Spaces</a>.</li> <li>• For activities involving subcontractor entry into inventoried spaces: <ul style="list-style-type: none"> <li>• Obtain review and approval from the Confined Space Program Manager</li> <li>• Approve Subcontractor Permit-Required Confined Space programs and procedures</li> <li>• Co-approve (with the Construction Safety Entry Supervisor) documentation prepared by subcontractors for entry into PRCSs. Documentation includes but is not limited to Reclassification or Alternate Entry Procedure Certification, entry permit, coordination procedures, and authorizations. Assure that entry proceeds only in accordance with <a href="#">Work Process D, Entry into Inventoried Spaces by LBNL Employees or Affiliates (Does Not Include Subcontractors)</a>, and <a href="#">Work Process E, Entry into Inventoried Spaces by Subcontractors</a></li> </ul> </li> <li>• Immediately report to the Confined Space Program Manager: <ul style="list-style-type: none"> <li>• Any unauthorized entry into a PRCS</li> <li>• Detection of any hazard in a PRCS that is not covered in the permit</li> <li>• Detection of a condition prohibited by the permit</li> <li>• Occurrence of an injury or near-miss during entry</li> <li>• Change in use or configuration of the permit space</li> <li>• Employee complaints about the effectiveness of the program</li> </ul> </li> <li>• Activity Leads are NOT Entry Supervisors unless they have been separately so designated by the Confined Space Program Manager.</li> </ul>

Entry Supervisors	<ul style="list-style-type: none"> <li>Operate only in PRCSS within their specific area of technical expertise</li> <li>Assure that entries into PRCSS at Berkeley Lab are made only as provided in this document and applicable regulations. See <a href="#">Work Process B, Classification of Spaces</a></li> <li>Reclassify PRCSS to NPCSS and authorize entry thereto, or authorize entry into PRCSS via an Alternate Entry Procedure, as permitted by this program</li> <li>Remove all entrants from the space whenever conditions change to create a hazard</li> <li>Forward completed [PRCS Reclassification Certification (Appendix C) and <a href="#">PRCS Alternate Entry Procedure Certification</a> (Appendix D) to the Confined Space Program Manager after expiration of the certification</li> <li>Immediately report to the Confined Space Program Manager <ul style="list-style-type: none"> <li>Any unauthorized entry of a PRCSS</li> <li>Detection of any hazard in a PRCSS that is not covered in the permit</li> <li>Detection of a condition prohibited by the permit</li> <li>Occurrence of an injury or near-miss during entry</li> <li>Change in use or configuration of the permit space</li> <li>Employee complaints about the effectiveness of the program</li> </ul> </li> </ul>
Construction Safety Entry Supervisors	<ul style="list-style-type: none"> <li>Review, concur on adequacy, and co-approve (with the Activity Lead) documentation prepared by the subcontractor for entry into PRCSS <ul style="list-style-type: none"> <li>Documentation includes but is not limited to Reclassification or Alternate Entry Procedure Certification, entry permit, coordination procedures, and authorizations.</li> </ul> </li> <li>Fulfill roles and responsibilities of "Entry Supervisor" above</li> </ul>
Subcontractors	<ul style="list-style-type: none"> <li>Conform to the requirements of applicable regulations and this PUB-3000 chapter</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Confined Space	<p>A space that</p> <ul style="list-style-type: none"> <li>Is large enough and so configured that an employee can bodily enter and perform assigned work and</li> <li>Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry) and</li> <li>Is not designed for continuous employee occupancy</li> </ul>
Non-permit Confined Space	<p>A Confined Space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.</p>
Permit-Required Confined Space	<p>A Confined Space that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>Contains or has a potential to contain a hazardous atmosphere</li> <li>Contains a material that has the potential for engulfing an entrant</li> <li>Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls, or by a floor that slopes downward and tapers to a smaller cross-section</li> <li>Contains any other recognized serious safety or health hazard</li> </ul>
Eliminated	<p>Removed by a means that does not require active intervention to maintain. For example, Lock Out/Tag Out of rotating machinery or physical blocking of a hydraulic ram would be considered elimination. Traffic control or continuous forced-air ventilation would not be considered elimination.</p>

## G. Recordkeeping Requirements



Role	Recordkeeping Requirement
Subject Matter Expert	LBNL Confined Space Inventory
EH&S Division	Training Records (presentations and rosters)
Subject Matter Expert	Program Effectiveness Review and Assurance documents
Subject Matter Expert	PRCS Reclassification Certificates
Subject Matter Expert	PRCS Alternate Entry Procedure Certificates
	See PUB-3000 <a href="#">Chapter 6</a> , <i>Safe Work Authorizations</i> , for records related to Safe Work Procedures.

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.006.001	Ch. 34	<a href="#">Confined Spaces</a>	Program
07.07.006.002	Ch. 34, Work Process A	<a href="#">LBNL Confined Space Inventory</a>	Work Process
07.07.006.003	Ch. 34, Work Process B	<a href="#">Classification of Spaces</a>	Work Process
07.07.006.004	Ch. 34, Work Process C	<a href="#">Safe Work Procedures</a>	Work Process
07.07.006.005	Ch. 34, Work Process D	<a href="#">Entry into Inventoried Spaces by LBNL Employees or Affiliates (Does Not Include Subcontractors)</a>	Work Process
07.07.006.006	Ch. 34, Work Process E	<a href="#">Entry into Inventoried Spaces by Subcontractors</a>	Work Process
07.07.006.007	Ch. 34, Work Process F	<a href="#">Training</a>	Work Process
07.07.006.008	Ch. 34, Work Process G	<a href="#">Program Effectiveness Review and Assurance</a>	Work Process

## I. Contact Information

[Confined Space Program Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	B. Tuse	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Confined Space Hazards and Controls
Document number	07.07.006.000
Revision number	1
Publication date:	1/2/2012
Effective date:	3/29/2011
Next review date:	1/2/2015
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	Environment, Health & Safety
Prior reference information (optional)	PUB-3000 Chapter 34

## Source Requirements Documents

- 29 CFR 191.146, *Permit-Required Confined Spaces*
- 10 CFR 851.21(a)(5), *Hazard Identification and Assessment*

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.006.001	Ch. 34	<a href="#">Confined Spaces</a>	Program

07.07.006.002	Ch. 34, Work Process A	<a href="#">LBNL Confined Space Inventory</a>	Work Process
07.07.006.003	Ch. 34, Work Process B	<a href="#">Classification of Spaces</a>	Work Process
07.07.006.004	Ch. 34, Work Process C	<a href="#">Safe Work Procedures</a>	Work Process
07.07.006.005	Ch. 34, Work Process D	<a href="#">Entry into Inventoried Spaces by LBNL Employees or Affiliates (Does Not Include Subcontractors)</a>	Work Process
07.07.006.006	Ch. 34, Work Process E	<a href="#">Entry into Inventoried Spaces by Subcontractors</a>	Work Process
07.07.006.007	Ch. 34, Work Process F	<a href="#">Training</a>	Work Process
07.07.006.008	Ch. 34, Work Process G	<a href="#">Program Effectiveness Review and Assurance</a>	Work Process

## Other References

- DOE Guide 440.1-8, Implementation Guide for use with 10 CFR Part 851, *Worker Safety and Health Program*, Section 3.3.2.1.5

# Conflict of Interest in Research – Federal (NIH, PHS)

Title:	Conflict of Interest in Research – Federal (NIH, PHS)
Publication date:	3/25/2013
Effective date:	3/25/2013

## BRIEF

### Policy Summary

This policy describes requirements for Berkeley Lab investigators who are responsible for the design, conduct, or reporting of research sponsored by the U.S. Public Health Service (PHS) and certain other sources. These investigators must disclose financial interests related to their institutional responsibilities periodically over the life cycle of the research project.

### Who Should Read This Policy

This policy applies to all researchers who are responsible for the design, conduct, or reporting of research sponsored by PHS and certain other agencies.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

Title:	Conflict of Interest in Research – Federal (NIH, PHS)
Publication date:	3/25/2013
Effective date:	3/25/2013

## POLICY

### A. Purpose

The U.S. Department of Health and Human Services (DHHS) requires that U.S. Public Health Service (PHS)-sponsored investigators be subject to specific requirements regarding the disclosure and management of conflicts of interest with regard to research in order to provide a reasonable expectation that PHS-sponsored research will be conducted free of bias resulting from investigator financial conflicts of interest.

### B. Persons Affected

This policy applies to all Lawrence Berkeley National Laboratory (Berkeley Lab) researchers who are responsible for the design, conduct, or

reporting of research sponsored by PHS (National Institutes of Health).

## C. Exceptions

Not applicable

## D. Policy Statement

### 1. Disclosure of Significant Financial Interests (SFIs)

- a. Investigators seeking PHS research funding or seeking PHS-sponsored research funding are required to disclose significant financial interests (SFIs) related to their institutional responsibilities.
  - i. These investigators must submit a disclosure of SFI in accordance with Berkeley Lab implementation procedures.
- b. The requirement that an investigator disclose an SFI under the terms of this policy does not in and of itself imply the existence of an actual or potential financial conflict of interest.
  - i. The existence of a financial conflict of interest, based upon the relationship of the investigator's SFIs to the investigators' institutional responsibilities, is determined by a designated official(s) or an Independent Substantive Review Committee (ISRC) with input from the investigator.
  - ii. If a financial conflict of interest is identified, the designated official(s) or the ISRC will recommend additional steps to manage or eliminate the conflict, to the Laboratory Deputy Director, the official who is authorized to act on that recommendation.
- c. Investigators, as defined by this policy, must disclose to Berkeley Lab all SFIs related to the investigator's institutional responsibilities, no later than at the time of application for PHS funding.
- d. This initial disclosure responsibility is separate from and in addition to an investigator's ongoing duty throughout the period of the PHS research award to disclose his or her SFIs, and those of his or her spouse or registered domestic partner and dependent children, related to the investigator's institutional responsibilities:
  - i. Within 30 days of discovering or acquiring any new SFI and
  - ii. At least annually throughout the period of the award
- e. Before joining an ongoing PHS-funded research project, new investigators must submit a disclosure of SFIs to the Laboratory.
- f. Under the terms of this policy, principal investigators must identify all investigators on the award who (that is, all individuals who will have responsibility for designing, conducting, or reporting the research to be funded by PHS) are required to disclose SFIs.
- g. Collaborators from other institutions who share responsibility for the design, conduct, or reporting of research results, and who will be conducting research under a subgrant or subcontract from the University of California, are expected to comply with the policies and procedures for disclosure and review of an SFI at the institution at which they are employed or, if their institution does not have a conflict-of-interest policy that complies with the DHHS regulations, they must comply with the University's policies and procedures for disclosure and review of an SFI related to PHS-sponsored awards.
  - i. Subawards issued by the University will ask the subrecipient institution to certify that its policy is in compliance with DHHS conflict-of-interest regulations, and unless the subrecipient does not have a DHHS-compliant policy, will indicate that the recipient organization is responsible for reviewing the disclosures submitted by its investigators and, if a financial conflict of interest is identified, for sending the University notification of the conflict and of the subrecipient institution's plan to manage, reduce, or eliminate the identified conflicts, in accordance with PHS reporting requirements.
- h. Collaborators who share responsibility for the design, conduct, and reporting of research results and who will participate in research under an independent consulting agreement issued by the Laboratory will be identified as investigators by the principal investigator and must complete the Laboratory disclosure forms.
  - i. If, upon review, the Laboratory determines that these financial interests could directly and significantly affect the design, conduct, or reporting of the research to be performed under the agreement, consultants will be expected to adhere to the plans put in place to eliminate, reduce, or manage the identified conflicts of interest.

### 2. Review of Disclosures and Management Plans

- a. With each PHS proposal, progress report, incremental funding, or extension, investigators' SFI disclosures will be reviewed by the reviewing official(s) to determine whether there are any SFIs that reasonably appear to be related to the PHS-funded research activity in which the investigator is engaged. Investigators will have an opportunity to indicate whether or not they believe the SFI(s) they reported are related to their PHS-funded research activities.
- b. In the event that the reviewing official(s) conclude that an investigator's SFI reasonably appears to directly and significantly affect the design, conduct, or reporting of the PHS-funded research; or is in an entity whose financial interest could be affected by the research, the disclosure and appropriate documentation must be forwarded to the campus or national laboratory ISRC or designated official for consideration. (At Berkeley Lab, this requirement can be delegated to the reviewing official working in concert with national laboratory management and ad hoc review committees, where appropriate).
  - i. When it is determined that there is a financial conflict of interest, the ISRC (or Laboratory equivalent) will make a final

recommendation to the Chancellor or Laboratory Director (or designee) about whether any conditions or restrictions should be placed on the project to eliminate or manage the financial conflict of interest before the support can be accepted.

- c. The management plan is to be implemented prior to the Laboratory/University's expenditure of PHS funds awarded for the research project, and must specify the actions required to manage the financial conflict of interest, and must include:
  - i. The role and principal duties of the conflicted investigator
  - ii. Conditions of the management plan
  - iii. How the plan will safeguard objectivity in the research activity
  - iv. Confirmation of the investigator's agreement to the plan and
  - v. How the plan will be monitored
- d. The same review process takes place when an investigator reports a new SFI.

### 3. Reporting to PHS

- a. Prior to the Laboratory's expenditure of any funds provided under a PHS award, the Laboratory must provide to the PHS funding agency an initial report regarding investigator financial conflict of interest. If financial conflicts of interest are eliminated before research funds are expended, the Laboratory is not required to submit a report to the PHS funding agency.
- b. During the period of the award, the University will, within 60 days of receipt of disclosure of a new or newly discovered SFI:
  - i. Review the disclosure
  - ii. Determine whether it is related to PHS-funded research
  - iii. Determine whether it constitutes a financial conflict of interest, and if so
  - iv. Implement a management plan and report the Financial Conflict of Interest to the PHS funding agency
- c. For any financial conflict of interest that the Laboratory reports to a PHS awarding agency, the Laboratory will provide to the PHS awarding agency an annual financial conflict of interest report that addresses the status of the conflict and any changes to the management plan, for the duration of the project.
  - i. The annual report must specify whether the financial conflict is still being managed or explain why it no longer exists.
  - ii. The Laboratory must provide annual reports to the PHS awarding agency for the duration of the project period (including extensions with or without funds).
- d. Within 60 days of determining that a financial conflict of interest exists for a new investigator who joins an ongoing PHS-funded research activity, the University must implement a management plan and submit a report to the PHS funding agency.
- e. In any case in which DHHS determines that a PHS-sponsored project of clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment has been designed, conducted, or reported by an investigator with a financial conflict of interest that was not managed or reported by the Laboratory as required by this policy and federal regulation, the Laboratory will require the investigator to disclose the financial conflict of interest in each public presentation of the results of the research and to request an addendum to previously published presentations.

- 4. **Monitoring.** The management plan put in place by the campus will specify the way in which the investigator's compliance with the management plan will be monitored on an ongoing basis until completion of the PHS-funded research project.

### 5. Retrospective Reviews and Mitigation Reports

- a. When during the course of an ongoing PHS-funded research project, the University identifies an SFI that was not disclosed in a timely manner by an investigator or that was not previously reviewed, the designated official will, within 60 days, review the SFI to determine whether it is related to a PHS-funded research activity, determine whether a financial conflict of interest exists, and if so, implement a management plan on at least an interim basis.
- b. In addition, whenever a financial conflict of interest is not identified or managed in a timely manner, regardless of whether the investigator did not disclose an SFI that was later determined to be a financial conflict of interest, or the Laboratory failed to review or manage the financial conflict of interest, or the investigator failed to comply with a previously implemented management plan, the Laboratory must within 120 days of the determination of noncompliance, complete a retrospective review of the investigator's activities and the PHS-funded research.
- c. The purpose of this retrospective review is to determine if the ongoing PHS-funded research was biased in its design, conduct, or reporting.
- d. The University will document the retrospective review; such documentation will include the project number, the project title, the name of investigator with the financial conflict of interest, the name of the entity with which the investigator has a financial conflict of interest, the reasons for the retrospective review, the detailed methodology used for the retrospective review, findings, and conclusions.
  - i. Based on the results of the retrospective review, if appropriate, the previously submitted financial conflict of interest report must be updated to specify the actions that the University will take to manage the identified financial conflict of interest going forward.
- e. If bias was found during the retrospective review, the Laboratory will promptly notify the PHS funding agency and will draft a mitigation report that at a minimum documents the key elements of the retrospective review, describes the impact of the bias on the research, and outlines the Laboratory's plans to eliminate or mitigate the effect of the bias.

## 6. Training

- a. Each investigator, including collaborators, consultants, or subcontractors, must complete NIH-compliant training about the PHS financial conflicts of interest policy prior to engaging in research related to any PHS-funded project and at least every four years thereafter, while receiving PHS research funding, and at other times as may be required by the University in accordance with DHHS regulations.
- b. For PHS-funded investigators who are new to the Laboratory or who are joining an ongoing PHS research activity, the Laboratory will establish a reasonable, expeditious time frame when investigators must complete training.

## 7. Public Access to Information

- a. The Laboratory must respond within five business days to any request for information about SFIs held by key personnel when the Laboratory has determined that the disclosed SFIs are related to the PHS-funded research, and constitute financial conflicts of interest.
  - i. Each campus or location will designate an address to which public requests for information should be sent.
  - ii. The five-day response time will be measured from the date that the request for information is received at the campus-designated address until the date a response is sent to the requester.
- b. Disclosure forms, disclosure update forms, and management plans, including determinations of financial conflicts of interest, under this policy are public records open to public inspection, under federal and state law.

## 8. Sanctions

- a. Failure of an individual to file a complete and truthful financial disclosure for pending proposals, or when a new interest is obtained, or failure to comply with any conditions or restrictions directed or imposed, including failure to cooperate with appointed award-monitoring bodies, will be grounds for discipline pursuant to Human Resources policy and/or other applicable employee or student disciplinary policies.
  - i. Agreements with consultants who either fail to file a complete disclosure or fail to comply with any conditions or restrictions imposed may be terminated for cause.
- b. In addition, federal regulations may require reports to the federal sponsor of any violations of federal regulations and Laboratory policy.

## E. Roles and Responsibilities

Role	Responsibilities
Investigators, as Defined by This Policy	<ul style="list-style-type: none"><li>• Must disclose to the Laboratory all significant financial interests (SFIs) related to the investigator's institutional responsibilities, no later than the time of application for PHS funding</li><li>• Throughout the period of the PHS research award, must disclose to the Laboratory their SFIs, and those of their spouse or registered domestic partner and dependent:<ul style="list-style-type: none"><li>• Within 30 days of discovering or acquiring any new SFI and</li><li>• At least annually throughout the period of the award</li></ul></li><li>• Before joining an ongoing PHS-funded research project, new investigators must submit a disclosure of SFIs to the Laboratory.</li><li>• Principal investigators must fully identify all investigators on the award who are required to disclose SFIs under the terms of this policy.</li><li>• Investigators must complete NIH-compliant training about the Laboratory's PHS financial conflict-of-interest policy prior to engaging in research related to any PHS-funded project and at least every four years thereafter, while receiving PHS research funding and at other times as may be required by the University under this policy.</li><li>• In cases where the Laboratory has identified a financial conflict of interest held by the investigator and has implemented a management plan to eliminate, reduce, or manage the conflict, must adhere to the terms of the management plan</li><li>• Where DHHS determines that a PHS-sponsored project of clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment has been designed, conducted, or reported by an investigator with a financial conflict of interest that was not managed or reported by the University as required by this policy and federal regulation, the Laboratory will require the investigator to disclose the financial conflict of interest in each public presentation of the results of the research and to request an addendum to previously published presentations.</li></ul>

<p>Non-UC Collaborators, Consultants or Subcontractors Who Share Responsibility for the Design, Conduct or Reporting of Research Results, and Who Will Be Conducting Research under a Subgrant or Subcontract from the Laboratory</p>	<ul style="list-style-type: none"> <li>• Must comply with the policies and procedures for disclosure and review of significant financial interests (SFIs) at the institution at which they are employed, or, if their institution does not have a conflict-of-interest policy that is compliant with the DHHS regulations, they must comply with this policy and Laboratory procedures for disclosure and review of SFIs related to PHS-sponsored awards.</li> <li>• Must comply with all requirements of their institution's (or this) policy that pertain to investigators, including completing NIH-compliant training about the PHS financial conflicts-of-interest policy prior to engaging in research related to any PHS-funded contract and at least every four years thereafter, while receiving PHS research funding</li> </ul>
<p>Institutions That Receive Subawards Issued by the University for PHS-Funded Research</p>	<p>In cases where the agreement between the University and the subrecipient specifies that the subrecipient's conflict-of-interest policy will apply:</p> <ul style="list-style-type: none"> <li>• Must certify that the subrecipient's conflict-of-interest policy complies with the requirements of the DHHS regulations</li> <li>• Must review financial disclosures made by investigators at the subrecipient institution and, if any financial conflicts of interest are identified, send the University notification of the conflict and of the subrecipient institution's plan to manage, reduce, or eliminate the identified conflicts, in accordance with PHS reporting requirements</li> <li>• In cases where the agreement between the University and the subrecipient specifies that the University's conflict-of-interest policy applies, must submit to the University, within the time period specified in its subrecipient agreement with the University, all disclosures by subrecipient investigators of significant financial interests, for the University's review</li> </ul>



Responsible Official	<ul style="list-style-type: none"> <li>• Must solicit and review investigators' significant financial interest (SFI) disclosures for each PHS proposal, progress report, incremental funding or extension, to determine whether there are any SFIs that reasonably appear to be related to the PHS-funded research activity in which the investigator is engaged</li> <li>• If an SFI reasonably appears to directly and significantly affect the design, conduct, or reporting of the PHS-funded research activity, must forward the disclosure and appropriate documentation to the Laboratory ISRC for consideration</li> <li>• Upon the ISRC's determination of a financial conflict of interest (see below), must develop a management plan specifying actions required to manage the financial conflict of and safeguard objectivity in the research activity, confirm the investigator's agreement to the plan, and specify the way in which the investigator's compliance with the management plan will be monitored</li> <li>• Must respond within five business days to any request for information submitted in accordance with this policy about SFIs held by key personnel when the Laboratory has determined that the disclosed SFIs are related to the PHS-funded research, and constitute financial conflicts of interest</li> <li>• Prior to the Laboratory's expenditure of any funds provided under a PHS award (and within 60 days of any subsequently identified financial conflict of interest), must provide to the PHS funding agency an initial report regarding investigator financial conflict of interest, including financial conflicts of interest of subrecipient investigators in cases where the agreement with the subrecipient institution specifies that they will follow the University of California's financial conflict-of-interest policy</li> <li>• During the period of the award, within 60 days of receipt of a disclosure of a new or newly discovered SFI, must review the disclosure, determine whether it constitutes a financial conflict of interest, and if so, report the financial conflict of interest to the PHS-funding agency. If a financial conflict of interest ceases to exist during the course of the award, updated information about the status of that financial conflict of interest must be reported to the PHS funding agency.</li> <li>• Must provide an annual financial conflict-of-interest report to the PHS awarding agency addressing the status of the conflict and any changes to the management plan, for the duration of the project period, including extensions with or without funds</li> <li>• Must submit a report to the PHS-funding agency within 60 days of determining that a financial conflict of interest exists for a new investigator who joins an ongoing PHS-funded research activity</li> <li>• If the Laboratory is a subrecipient of a PHS award from another institution, must report to that institution any financial conflict of interests that the Laboratory identifies for Laboratory investigators</li> </ul>
Independent Substantive Review Committee (ISRC) or National Laboratory Equivalent	Must determine whether, based on documentation from the responsible official, there is a financial conflict of interest, and makes a final recommendation to the Chancellor or Laboratory Director (or designee) about whether any conditions or restrictions will be placed on the project to eliminate or manage the financial conflict of interest
Procurement and Property Management Department	If the PHS award is to be conducted through a subaward, the Laboratory's Procurement and Property Management Department must incorporate, as part of a written agreement with subrecipients, terms that establish whether the University of California PHS conflict-of-interest policy or the policy of the subrecipient (which must be compliant with DHHS regulations) will apply to the subrecipient's investigators
Chancellor or National Laboratory Director (or Designee)	Must determine, based on final recommendation of the Independent Substantive Review Committee, the conditions or restrictions that should be placed on the project to eliminate or manage the financial conflict of interest

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Responsible Official(s)	An official or officials (typically the campus academic conflict-of-interest administrator) designated by the Laboratory Director or designee to solicit and review investigators' completed Disclosure of Financial Interest forms and assess whether any reported significant financial interest could reasonably appear to be related to the sponsored project
Financial Conflict of Interest	A significant financial interest related to the Public Health Service (PHS)-funded research activity in which the investigator is engaged, and that could directly and significantly affect the design, conduct, or reporting of the PHS-funded research activity
Independent Substantive Review Committee (ISRC)	A committee appointed by the Laboratory Director (or designee) to review investigators' interests related to Public Health Service-funded research, and to determine whether the significant financial interests constitute a financial conflict of interest. At Berkeley Lab, this role is filled by the Conflict of Interest Advisory Committee.
Institutional Responsibilities	Teaching/education, research, outreach, clinical service, and Laboratory/University or public service carried out on behalf of the Laboratory and/or University of California, and that is within the course and scope of the investigator's Laboratory/University of California appointment/employment
Investigator	Any individual responsible for the design, conduct, or reporting of the results of work performed or to be performed under the PHS-sponsored project. This includes the principal investigator, co-investigators, collaborators, consultants, and any other individual who is responsible for designing, conducting, or reporting of research funded by PHS or proposed for such funding.
Principal Investigator	An investigator who has primary responsibility for the scientific and technical conduct, reporting, and fiscal and programmatic administration of a sponsored project.
Key Personnel	A PHS research project director, principal investigator, and any other personnel considered essential to work performance and identified as key personnel in the contract proposal and award
Research	As used in this policy, any activity for which research funding is available from a PHS-awarding agency, including but not limited to research grants, cooperative agreements, career-development awards, center grants, individual fellowship awards, infrastructure awards, institutional training grants, program projects or research resources awards, conference grants, and Phase II Small Business Innovative Research (SBIR) and Phase II Small Business Technology Transfer Research (STTR) awards. Excluded from this policy, consistent with the underlying federal regulations, are Phase I SBIR and Phase I STTR awards.

Significant Financial Interest (SFI)	<p>Consistent with federal regulations (42 CFR Part 50.603 and 45 CFR Part 94.3), Significant Financial Interest means a financial interest consisting of one or more of the following interests of the investigator or the investigator's spouse or registered domestic partner* and dependent children for the following categories, except in the case of travel:</p> <ol style="list-style-type: none"> <li>1. With regard to any publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000. Included are consulting fees, honoraria, and the equity interest value at the date of disclosure as determined by public prices or other reasonable measures of fair market value.</li> <li>2. With regard to any non-publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$5,000, or when the investigator holds any equity interest.</li> <li>3. Intellectual property rights and interests, upon receipt of income, exceeding \$5,000 during the twelve months preceding disclosure from such rights and interests. However, significant financial interests do not include royalties received from the University of California Regents</li> <li>4. In the case of travel, sponsored travel or reimbursements made to or on behalf of the investigator that exceed \$5,000 by a for-profit or non-profit entity related to the investigator's institutional responsibilities. However, significant financial interests do not include travel reimbursed or paid by a federal, state, or local government agency, a U.S. institution of higher education, or a research institute, academic medical center, or hospital affiliated with an institution of higher education.</li> </ol> <p>*The inclusion of "registered domestic partner" is consistent with California State law (Family Code, section 297 et seq.).</p> <p>The term "significant financial interest" does not include the following types of financial interests:</p> <ul style="list-style-type: none"> <li>• Salary, royalties, or other payments paid by the University of California Regents to a University or Laboratory investigator who is currently employed or otherwise appointed by the Laboratory or University</li> <li>• Income from seminars, lectures, teaching engagements, or service on advisory committees or review panels sponsored by a federal, state, or local government; an agency; a U.S. institution of higher education; or a research institute, academic medical center, or hospital affiliated with an institution of higher education</li> <li>• Income from investment vehicles, such as mutual funds and retirement funds, in which the investigator does not directly control investment decisions</li> </ul>
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## G. Recordkeeping Requirements

- Records of financial disclosures and the Laboratory's review of, or response to, such disclosures, must be maintained for at least three years from the date of submission of the final expenditure report or, for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report.
- Records must be maintained whether or not a disclosure resulted in the Laboratory's determination of a financial conflict of interest.
- Records pertaining to pending litigation and audits, where real property and equipment purchased under the award are retained beyond three years, or as otherwise required under 45 CFR 74.53(b) and 92.42(b), must be retained beyond that time frame.
- Records relating to unfunded awards need not be retained.

## H. Implementing Documents

Document number	Title	Type
Form DFI-1 PHS	LBNL Declaration – Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest (for PHS/NIH proposals submitted on or after August 24, 2012)	Form

Form DFI-2 PHS	LBNL Disclosure of Financial Interests in PHS-Funded Research	Form
Form DFI-3 PHS	LBNL Positive Disclosure of Financial Interests in PHS-Funded Research	Form

## I. Contact Information

Research and Institutional Integrity Office  
 RIIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/21/2012	0	M. Stoufer	Re-write for wiki	All	Major
3/25/2013	0.1	M. Stoufer	Update definition of SFI	F. Definitions	Minor

## DOCUMENT INFORMATION

Title:	Conflict of Interest in Research – Federal (NIH, PHS)
Document number	05.02.006.000
Revision number	0.1
Publication date:	3/25/2013
Effective date:	3/25/2013
Next review date:	3/25/2015
Policy Area:	COI in Research
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	none
Functional Division	Operations
Prior reference information (optional)	RPM Chapter 10.06

## Source Requirements Documents

- 42 CFR Part 50 Subpart F, *Public Health Service Regulation on Responsibility of Applicants for Promoting Objectivity in Research for*

*Which PHS Funding Is Sought*

- 45 CFR Part 94, *Department of Health and Human Services Regulation on Responsible Prospective Contractors*
- University of California Policy on [Disclosure of Financial Interests & Management of Conflicts of Interest](#), [Public Health Service Research Awards](#)

## Implementing Documents

Document number	Title	Type
<a href="#">Form DFI-1 PHS</a>	LBNL Declaration – Principal Investigator’s List of Participants Who Must File Disclosures of Financial Interest (for PHS/NIH proposals submitted on or after August 24, 2012)	Form
<a href="#">Form DFI-2 PHS</a>	LBNL Disclosure of Financial Interests in PHS-Funded Research	Form
<a href="#">Form DFI-3 PHS</a>	LBNL Positive Disclosure of Financial Interests in PHS-Funded Research	Form

# Conflict of Interest in Research – Human Subjects

## Brief

Title:	Conflict of Interest in Research – Human Subjects
Publication date:	5/31/2013
Effective date:	12/16/2010

## BRIEF

### Policy Summary

All protocol applications for research involving human subjects must be submitted to and approved by the Berkeley Lab Human Subjects Committee (HSC), which is the Berkeley Lab Institutional Review Board. All protocol applications must include disclosure of any financial or other personal considerations that may compromise, or have the appearance of compromising, the researchers' professional judgment in conducting or reporting research so as to adversely affect the rights and welfare of subjects.

### Who Should Read This Policy

- Employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves human participants, including the Protocol Lead Investigator(s) and any individuals having direct contact with human subjects
- The Institutional Official for human research; members of the Institutional Review Board, known at Berkeley Lab as the Human Subjects Committee (HSC); and the staff of the Human and Animal Regulatory Committees (HARC) Office

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Human and Animal Regulatory Committees Office  
HARC@lbl.gov  
(510) 486-5399

Research and Institutional Integrity Office  
RIIO@lbl.gov

## Policy

Title:	Conflict of Interest in Research – Human Subjects
Publication date:	5/31/2013
Effective date:	12/16/2010

## POLICY

### A. Purpose

All protocol applications for research involving human participants at Lawrence Berkeley National Laboratory (Berkeley Lab) must include disclosure of any financial or other personal considerations that may compromise, or have the appearance of compromising, the researchers' professional judgment in conducting or reporting research so as to adversely affect the rights and welfare of subjects.

### B. Persons Affected

- Employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves human participants, including the Protocol Lead Investigator(s) and any individuals having direct contact with human subjects.
- The Institutional Official for human research; members of the Institutional Review Board, known at Berkeley Lab as the Human Subjects Committee (HSC); and the staff of the Human and Animal Regulatory Committees (HARC) Office

## C. Exceptions

Not applicable

## D. Policy Statement

### 1. General

- In the protection of human subjects at Berkeley Lab, "conflict of interest in research" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, a researcher's professional judgment in conducting or reporting research so as to adversely affect the rights and welfare of subjects. Additionally, a conflict of interest in research depends on the situation, and not on the actions or character of an individual investigator.
- The U.S. Department of Health and Human Services, from which Berkeley Lab holds its approval to conduct research involving human subjects, has issued *Financial Relationships and Interests in Research Involving Human Subjects: Guidance for Human Subjects Protection*, which can be found at: <http://www.hhs.gov/ohrp/policy/fguid.pdf>.

- Human Subjects Research.** At Berkeley Lab, all protocol applications for research involving human subjects must be submitted to and approved by the Berkeley Lab Human Subjects Committee (HSC), which is the Berkeley Lab Institutional Review Board. The Human and Animal Regulatory Committees (HARC) Office provides support for HSC.

## E. Roles and Responsibilities

Role	Responsibility
Institutional Official for Human Subjects Protection	The Berkeley Lab official who signs the Federal-wide Assurance of Compliance committing the institution to following the regulations laid out in 45 CFR 46 (known as the Common Rule) and Subparts B, C, and D
Protocol Lead Investigator	<ul style="list-style-type: none"> <li>• Identifies in all Human/Animal Research Protocol Management System (HARP) applications for human subjects research those personnel responsible for the design, conduct, and or the reporting of the study</li> <li>• Discusses with personnel whether or not they have reportable financial interest(s)</li> <li>• Completes the HARP application IRB Conflict of Interest page</li> <li>• Uploads financial disclosure documents into HARP as needed</li> </ul> Responds promptly to requests for additional information from the Research and Institutional Integrity Office (RIIO)
Responsible Personnel	<ul style="list-style-type: none"> <li>• Disclose financial interests to the Protocol Lead Investigator</li> <li>• Complete financial disclosure documents as needed</li> <li>• Respond promptly to requests for additional information from the Research and Institutional Integrity Office (RIIO)</li> </ul>
Human Subjects Committee (HSC)	<ul style="list-style-type: none"> <li>• Reviews positive disclosures</li> <li>• Determines appropriate representation of the relationship in the protocol and consent forms</li> </ul>
Research and Institutional Integrity Office (RIIO)	<ul style="list-style-type: none"> <li>• Reviews disclosures, and routes to review as appropriate</li> <li>• Reviews financial interests related to research, and facilitates conflict of interest reviews</li> <li>• Contacts the individuals filing the disclosure for additional information as needed</li> <li>• Informs the HARC Office, the individual filing the disclosure, and the Protocol Lead Investigator of the outcome of the conflict of interest review</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Human subject	A living person about whom a researcher obtains (1) data through intervention or interaction or (2) identifiable private information
Institutional Review Board	A board or committee authorized by a federal assurance to review research with human participants. The Human Subjects Committee is the Berkeley Lab Institutional Review Board.
IO	Institutional Official for Human Subjects Protection
Human/Animal Research Protocol Management System (HARP)	The system housing online "smart" forms that lead researchers through protocol application, renewal, amendment, and adverse/unexpected event reporting processes
RIIO	Research and Institutional Integrity Office

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Document Title	Type
N/A	<i>Human/Animal Research Protocol (HARP) system</i> (online "smart" protocol form)	Web site
N/A	<i>Financial Relationships and Interests in Research Involving Human Subjects: Guidance for Human Subjects Protection</i>	Web site
Form DFI-3	LBNL Positive Disclosure of Financial Interests	Form

## I. Contact Information

Human and Animal Regulatory Committees Office  
HARC@lbl.gov  
(510) 486-5399

Research and Institutional Integrity Office  
RIIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2013	0	Stoufer	Rewrite for wiki (brief)	All	Minor
5/31/2013	1	C. Byrne	Full policy reformatted	All	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	Conflict of Interest in Research – Human Subjects
Document number	05.02.004.000
Revision number	1
Publication date:	5/31/2013
Effective date:	12/16/2010
Next review date:	5/31/2016
Policy Area:	COI in Research
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	10.09
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM Section 10.09

## Source Requirements Documents

- The U.S. Department of Health and Human Services, *Financial Relationships and Interests in Research Involving Human Subjects: Guidance for Human Subjects Protection*

## Implementing Documents

Document Number	Document Title	Type
N/A	<a href="#">Human/Animal Research Protocol (HARP) system</a> (online "smart" protocol form)	Web site
N/A	<a href="#">Financial Relationships and Interests in Research Involving Human Subjects: Guidance for Human Subjects Protection</a>	Web site
Form DFI-3	LBNL Positive Disclosure of Financial Interests	Form

# Conflict of Interest in Research - Other Federal (Non-DOE) Sponsors

## Brief

Title:	Conflict of Interest in Research – Other Federal (Non-DOE) Sponsors
Publication date:	4/9/2013
Effective date:	3/1/2011

## BRIEF

### Policy Summary

Berkeley Lab employees responsible for the design, conduct, or reporting of research sponsored by certain federal (non-DOE) sources must disclose financial interests related to their institutional responsibilities periodically over the life cycle of the research project.

### Who Should Read This Policy

All researchers responsible for the design, conduct, or reporting of research sponsored by certain public agencies

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## Policy

Title:	Conflict of Interest in Research – Other Federal (Non-DOE) Sponsors
Publication date:	4/9/2013
Effective date:	3/1/2011

## POLICY

### A. Purpose

Investigators conducting research sponsored by certain public agencies are subject to specific requirements regarding the disclosure and management of financial conflicts of interest to ensure a reasonable expectation that such research will be conducted free of bias.

### B. Persons Affected

All Lawrence Berkeley National Laboratory (Berkeley Lab) researchers who are responsible for the design, conduct, or reporting of research sponsored by the National Science Foundation (NSF), UC Discovery Grants and University of California Office of the President Special Programs, and research sponsored by other public agencies that have adopted these requirements

### C. Exceptions

Not applicable

## D. Policy Statement

1. **Introduction.** The [National Science Foundation \(NSF\)](#) published regulations in the [Federal Register](#), effective October 1, 1995, requiring principal investigators and participants who are responsible for the design, conduct, or reporting of the research to disclose project-related significant financial interests at the time of proposal submission. Other agencies that have also adopted the federal requirement are UC Discovery Grants and University of California Office of the President (UCOP) Special Programs (which include the California Breast Cancer Research Program and the Tobacco-Related Disease Research Program).
2. **Process**
  - a. Principal investigators (PIs) and other researchers who are responsible for the design, conduct, or reporting of the research must complete financial disclosures for all new, amendment, non-competing continuation, and renewal proposals.
  - b. The principal investigator must identify individuals responsible for the design, conduct, and reporting of the proposed research.
    - i. The PI, and those researchers identified by the PI, must disclose whether or not they have Significant Financial Interests (SFIs) related to the research project. If so, each researcher including the PI as applicable will complete an addendum (a "positive disclosure") providing further information about the SFI and its relationship to the research.
  - c. The [Research and Institutional Integrity Office \(RIIO\)](#) will review positive disclosures, and the Deputy Laboratory Director will make a determination.
  - d. For research involving human subjects, see the RPM policy, *Conflict of Interest in Research – Human Subjects*.
3. **Work for Others from NSF Flow-Through Funding.** Disclosure is required when Berkeley Lab is proposing a Work for Others agreement with an entity that is receiving its funding from NSF (except for Phase I SBIR/ STTR) or the other agencies mentioned above. In such cases, federal and state forms are to be completed as in the following examples:
  - a. Berkeley Lab receives funding from Chiron. Chiron receives its funding for the project from NSF. Berkeley Lab must collect both the state disclosure (Form 700-U) from the Berkeley Lab PI, and federal disclosures of financial interest from the PI and all participants. Chiron is a nongovernmental entity and is not exempt.
  - b. Berkeley Lab receives funding from the University of Texas, which receives its funding from NSF. Berkeley Lab must collect the disclosures of financial interest (Principal Investigator's List of Participants, Individual Certification, and Positive Disclosure, if applicable). The University of Texas is a governmental institution, so the state disclosure (Form 700-U) does not need to be completed.

## E. Roles and Responsibilities

Role	Responsibilities
Investigators	<ul style="list-style-type: none"> <li>• Investigators – including the principal investigator, co-investigators, collaborators, consultants, and any other individual who is responsible for designing, conducting, or reporting research funded by NSF or proposed for such funding – are responsible for the design, conduct, or reporting of the results of work performed or to be performed under the NSF-sponsored project.</li> <li>• Must disclose to the Laboratory all SFIs related to the proposed research no later than the time of application for NSF funding</li> </ul>
Principal investigators	<ul style="list-style-type: none"> <li>• Principal investigators – as well as co-investigators, collaborators, consultants, and any other individual who is responsible for designing, conducting, or reporting research funded by NSF or proposed for such funding – are responsible for the design, conduct, or reporting of the results of work performed or to be performed under the NSF-sponsored project.</li> <li>• Have primary responsibility for the scientific and technical conduct, reporting, and fiscal and programmatic administration of a sponsored project</li> <li>• Must fully identify all investigators on the award who are required to disclose SFIs under the terms of this policy</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Financial conflict of interest	A Significant Financial Interest related to the NSF-funded research activity in which the investigator is engaged, and that could directly and significantly affect the design, conduct, or reporting of the NSF-funded research activity
Key personnel	An NSF research project director, principal investigator, and any other personnel considered essential to work performance and identified as key personnel in the contract proposal and award
Research	As used in this policy, any activity for which research funding is available from a NSF-awarding agency, including but not limited to research grants, cooperative agreements, career-development awards, center grants, individual fellowship awards, infrastructure awards, institutional training grants, program projects or research resources awards, conference grants, Phase II Small Business Innovative Research (SBIR), and Phase II Small Business Technology Transfer Research (STTR) awards. Excluded from this policy, consistent with the underlying federal regulations, are Phase I SBIR and Phase I STTR awards.
Significant Financial Interest (SFI) for Other Federal (Non-DOE) Sponsors	<p>Consistent with federal regulations (42 CFR Part 50.603 and 45 CFR Part 94.3), Significant Financial Interest (SFI) means a financial interest consisting of one or more of the following interests of the investigator or the investigator's spouse or registered domestic partner* and dependent children for the following categories, except in the case of travel:</p> <ul style="list-style-type: none"> <li>• With regard to any income or compensation, a financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure exceeds \$10,000. Included are consulting fees, honoraria, and the equity interest value at the date of disclosure as determined by public prices or other reasonable measures of fair market value.</li> <li>• With regard to equity, a financial interest exists if the value of any stock or stock options received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$10,000.</li> <li>• Intellectual property rights and interests, upon receipt of income, exceeding \$10,000 during the twelve months preceding disclosure from such rights and interests. However, SFIs do not include royalties received from the University of California Regents.</li> </ul> <p>*The inclusion of "registered domestic partner" is consistent with California state law (Family Code, section 297 et seq.).</p> <p>The term "financial interest" does not include the following types of financial interests:</p> <ul style="list-style-type: none"> <li>• Salary, royalties, or other payments paid by the University of California Regents to a University or Laboratory investigator who is currently employed or otherwise appointed by the Laboratory or University</li> <li>• Income from investment vehicles, such as mutual funds and retirement funds, in which the investigator does not directly control investment decisions</li> </ul>

## G. Recordkeeping Requirements

- Records of financial disclosures and the Laboratory's review of, or response to, such disclosures, must be maintained for at least three years from the date of submission of the final expenditure report or, for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report.
- Records must be maintained whether or not a disclosure resulted in the Laboratory's determination of a financial conflict of interest.
- Records pertaining to pending litigation and audits, where real property and equipment purchased under the award are retained beyond three years, or as otherwise required under 45 CFR 74.53(b) and 92.42(b), must be retained beyond that time frame.
- Records relating to unfunded awards need not be retained.

## H. Implementing Documents

Document Number	Title	Type
Form DFI-1	<i>Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest</i>	Form
Form DFI-2	<i>Disclosure of Financial Interests</i>	Form
Form DFI-3	<i>Positive Disclosure of Financial Interests</i>	Form

## I. Contact Information

Research and Institutional Integrity Office  
 RIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Stoufer	Rewrite for wiki (brief)	All	Minor
4/9/2013	1	Stoufer	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Conflict of Interest in Research – Other Federal (Non-DOE) Sponsors
Document number	05.02.001.000
Revision number	1
Publication date:	4/9/2013
Effective date:	3/1/2011
Next review date:	4/9/2016
Policy Area:	COI in Research
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.06
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM Section 10.06

## Source Requirements Documents

- 42 CFR Part 50, *Responsibility of Applicants for Promoting Objectivity in Research for Which PHS Funding Is Sought*
- 45 CFR Part 94, *Responsible Prospective Contractors*
- University of California Policy on Disclosure of Financial Interests and Management of Conflicts of Interest Related to Sponsored Projects

## Implementing Documents

Document Number	Title	Type
Form DFI-1	<i>Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest</i>	Form
Form DFI-2	<i>Disclosure of Financial Interests</i>	Form
Form DFI-3	<i>Positive Disclosure of Financial Interests</i>	Form

# Conflict of Interest in Research – CRADAs

## Brief

Title:	Conflict of Interest in Research – CRADAs
Publication date:	9/25/2012
Effective date:	11/30/2009

## BRIEF

### Policy Summary

Each Berkeley Lab employee participating in the conception, preparation, negotiation, approval, or execution of a Cooperative Research and Development Agreement (CRADA) must disclose a financial interest in any entity, other than the University of California, that has an interest in the CRADA.

### Who Should Read This Policy

This policy primarily affects employees who have any involvement in CRADAs.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## Policy

Title:	Conflict of Interest in Research – CRADAs
Publication date:	9/25/2012
Effective date:	11/30/2009

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) must ensure that the financial interests of its employees do not present a conflict of interest in the preparation, negotiation, or approval of a CRADA.

### B. Persons Affected

This policy applies to employees involved in the preparation, negotiation, or approval of a CRADA.

### C. Exceptions

The DOE contracting officer may approve exceptions.

### D. Policy Statement

1. Each employee who has a substantial role in the preparation, negotiation, or approval of a CRADA (typically the principal investigator, division director or designee, OSPIP Manager, OSPIP Contracts Officer, Licensing Manager, Patent Department reviewer, and Laboratory Director) must disclose financial interests in any entity that has a substantial role in the CRADA. If an employee holds any financial interest in an entity related to the CRADA, Berkeley Lab must ensure that the employee does not have a substantial role (including an advisory role) in the preparation, negotiation, or approval of the CRADA.
2. Disclosures are required for all new and amendment CRADA proposals.
3. The Research and Institutional Integrity Office will review all disclosures of financial interest in a CRADA.
4. For CRADAs in which the partner is providing funds to Berkeley Lab, the Political Reform Act of 1974 also applies. In such cases, the principal investigator must also complete the Statement of Economic Interests for Principal Investigators (California Form 700-U). Additional financial disclosure rules may apply, depending on the origin of the partner's funding.

## E. Roles and Responsibilities

Each employee who has a substantial role in the preparation, negotiation, or approval of a CRADA is required to disclose financial interests in any entity that has a substantial role in the CRADA by completing an [LBNL Cooperative Research and Development Agreement Statement of Economic Interest](#) form.

The Research and Institutional Integrity Office manages the review process for disclosures of financial interest related to CRADAs, and coordinates review by the DOE contracting officer of any such disclosures.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
	<a href="#">LBNL Cooperative Research and Development Agreement Statement of Economic Interest</a>	Form
California Form 700-U	<a href="#">Statement of Economic Interests for Principal Investigators</a>	Form
	<a href="#">Addendum to Statement of Economic Interests for Principal Investigators</a>	Form

## I. Contact Information

Research and Institutional Integrity Office  
 RIIO@lbl.gov

## Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	Stoufer	Rewrite for wiki (brief)	All	Minor
9/25/2012	1	Stoufer	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Conflict of Interest in Research – CRADAs
Document number	05.02.003.000
Revision number	1
Publication date:	9/25/2012
Effective date:	11/30/2009
Next review date:	9/25/2015
Policy Area:	COI in Research
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.08
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	Section 10.08

## Source Requirements Documents

Contract 31, [Clause I.92](#) – DEAR 970.5227-3, *Technology Transfer Mission*

## Implementing Documents

Document number	Title	Type
	<a href="#">LBNL Cooperative Research and Development Agreement Statement of Economic Interest</a>	Form
California Form 700-U	<a href="#">Statement of Economic Interests for Principal Investigators</a>	Form
	<a href="#">Addendum to Statement of Economic Interests for Principal Investigators</a>	Form



# Conflict of Interest - Disqualification

Title:	Conflict of Interest – Disqualification
Publication date:	10/7/2013
Effective date:	8/2/2010

## BRIEF

### Policy Summary

All Berkeley Lab employees must disqualify themselves from making or participating in decisions in which they have a personal financial interest.

### Who Should Read This Policy

This policy applies to all employees.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

Title:	Conflict of Interest – Disqualification
Publication date:	10/7/2013
Effective date:	8/2/2010

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) requires all employees to disqualify themselves from making or participating in decisions in which they have a personal financial interest.

### B. Persons Affected

This policy applies to all employees.

### C. Exceptions

Contact the Research and Institutional Integrity Office for information about very limited exceptions available under state law.

## D. Policy Statement

California's Political Reform Act of 1974, embodied in the University of California (UC) Conflict of Interest Code, requires all state employees and officials to disqualify themselves from making or participating in certain decisions when a financial conflict of interest is present. The Act also prohibits UC employees from making, participating in, making, or influencing a governmental decision that directly relates to a prospective employer (Section 87407, Regulation 18747.) As UC employees, all Berkeley Lab employees are covered by the provisions of the Act.

## E. Roles and Responsibilities

All employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/7/2013	1.1	M. Stoufer	Reviewed 10/3/13, no changes	Next Review date	Minor
6/26/2012	1	M. Stoufer	Re-write for wiki (policy)	All	Minor
1/2/2012	0	M. Stoufer	Re-write for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Conflict of Interest – Disqualification
Document number	05.07.004.000
Revision number	1.1

Publication date:	10/7/2013
Effective date:	8/2/2010
Next review date:	10/7/2016
Policy Area:	Restrictions on Outside Activities
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	10.03
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM Section 10.03

## Source Requirements Documents

- University of California Conflict of Interest Code
- California Fair Political Practices Commission (FPPC)
- California Political Reform Act (PRA)

## Implementing Documents

None

# Conflict of Interest - General

## Brief

Title:	Conflict of Interest – General
Publication date:	7/18/2014
Effective date:	1/5/2010

## BRIEF

### Policy Summary

This policy describes Berkeley Lab conflict-of-interest policies. Individual policies provide further detail on specific aspects of conflict of interest.

### Who Should Read This Policy

This policy applies to all employees, including rehired retirees and faculty.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[riio@lbl.gov](mailto:riio@lbl.gov)

## Policy

Title:	Conflict of Interest – General
Publication date:	7/18/2014
Effective date:	1/5/2010

## POLICY

### A. Purpose

This policy provides an overview of Berkeley Lab conflict-of-interest policies.

### B. Persons Affected

This policy applies to all employees, including rehired retirees and faculty.

### C. Exceptions

Not applicable

### D. Policy Statement

1. **General.** The Laboratory is bound by a variety of conflict-of-interest policies, some of which emanate from the U.S. Department of Energy (DOE) contractual requirements (DOE Contract No. DE-AC02-05CH11231, also known as Contract 31) and some of which are founded on [University policies](#), [California law](#), and [federal regulations](#). These policies pertain to a broad range of employee activities, including compensated outside business and professional activities, hiring procedures, sponsored research, human subjects research, licensing, and technology transfer. An employee who fails to comply with Laboratory conflict-of-interest policies may incur disciplinary action by the Laboratory and prosecution under state law. These policies apply to all Laboratory employees regardless of percent time of appointment at the Laboratory, including rehired retirees and University of California faculty associated with the Laboratory.
2. **Laboratory Requirements**
  - a. Contract 31 contains [Clause I.66, Organizational Conflicts of Interest](#), whose purpose is to ensure that the Regents of the University of California (and its employees) are not biased because of financial, contractual, organizational, or other interests that relate to the work under the Contract, and that there is no unfair competitive advantage over other parties due to the performance under the Contract. Employees who obtain access to information (such as DOE financial plans or data) that has not been released to the general public must not use such information for any non-Laboratory purpose.
  - b. [Clause I.78, Contractor's Organization](#), cites the Department of Energy Acquisition Regulation that addresses gratuities, the use of privileged information, incompatibility between an employee's regular duties and private interests, and outside employment of employees.
  - c. [Clause I.109, Federally Funded Research and Development Center \(FFRDC\) Sponsoring Agreement](#), contains prohibitions about using privileged information to compete with the private sector. Additionally, for employees who receive information that may be sensitive or proprietary to the government, care must be taken to ensure the Laboratory is operated in the public interest with objectivity and independence, free from organizational conflict of interest.
  - d. [Clause I.92, Technology Transfer Mission](#), implements the National Competitiveness Technology Transfer Act of 1989, as amended, and states that the contractor shall conduct federally funded technology-transfer activities that benefit the competitiveness of U.S. industry. The conflict-of-interest portion of this clause is reflected in Berkeley Lab's [Conflict of Interest in Research — CRADAs](#), [Technology Transfer Ombudsman](#), and [Conflict of Interest in Licensing](#) policies.
  - e. The University of California has a compendium of Conflict of Interest policies that can be found [here](#). These policies should be adhered to in concert with the specific requirements under Contract 31.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Conflict of Interest	A set of circumstances in which the private interests of an individual are in conflict with his or her official responsibilities

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office  
[riio@lbl.gov](mailto:riio@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/12/2013	0	M. Stoufer	Re-write for wiki	All	Minor
7/18/2014	0.1	M. Stoufer	Regular review. No updates.	Change "Next Review" date	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Conflict of Interest – General
Document number	05.07.005.000
Revision number	0.1
Publication date:	7/18/2014
Effective date:	1/5/2010
Next review date:	8/1/2017
Policy Area:	Conflict of Interest – General
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	none
Functional Division	Research and Institutional Integrity
Prior reference information (optional)	RPM Chapter 10.01

### Source Requirements Documents

- Contract 31, Clause I.66, *Organizational Conflicts of Interest*
- Contract 31, Clause I.78, *Contractor's Organization*
- Contract 31, Clause I.92, *Technology Transfer Mission*
- Contract 31, Clause I.109, *Federally Funded Research and Development Center (FFRDC) Sponsoring Agreement*

### Other Related Berkeley Lab Policies

- See the RPM Section [Conflict of Interest](#)
- See the RPM Section [Conduct of Research and Development](#)

### Implementing Documents

None

# Conflict of Interest in Licensing

Title:	Conflict of Interest in Licensing
Publication date:	9/14/2012
Effective date:	8/8/2006

## BRIEF

### Policy Summary

This policy describes the handling of potential conflicts of interest in licensing decisions. Berkeley Lab inventors and licensing staff must not allow their personal financial interests to influence or appear to influence their or others' licensing decisions. Inventors and employees who have a role in licensing decisions must disclose their financial interest in companies with which Berkeley Lab is negotiating a license.

### Who Should Read This Policy

This policy applies to all Berkeley Lab inventors and other Laboratory employees who have a role in technology licensing agreements, including those who work part time or who have faculty appointments.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Conflict of Interest in Licensing
Publication date:	9/14/2012
Effective date:	8/8/2006

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) manages the intellectual property created by its employees in support of its research and technology transfer goals. The transfer of technology can include the licensing of inventions and other intellectual property (e.g., through licenses, options, bailments), and constitutes a business decision on the part of the University of California (UC). Berkeley Lab manages conflict of interest and the appearance of conflict of interest in licensing per California law and the UC-DOE Prime Contract for the Laboratory. Berkeley Lab reviews many attributes, including conflict of interest, of every license, and hence meets the UC requirement for a Licensing Decision Review.

## B. Persons Affected

- Berkeley Lab inventors
- Other Berkeley Lab employees who have a financial interest in a potential licensee
- Licensing staff and other staff who review or approve licensing agreements

## C. Exceptions

The economic disclosure will not be required in the cases of multiple non-exclusive licenses offered on identical terms to all licensees. A typical example of this is software licensed under a standard agreement to anyone or any company.

## D. Policy Statement

1. Inventors must disclose their financial interest in companies with which the licensing professional is negotiating a license because the inventor may have the opportunity to influence licensing decisions in ways that could lead to personal gain or give advantage to companies in which they have a financial interest.
2. The Technology Transfer and Intellectual Property Management Department's licensing staff will provide the inventor with a copy of the [Inventor's Statement of Economic Interest in Candidate Licensees \(Form TT-100\)](#) when negotiations begin with a company interested in licensing the invention. The inventor must complete and return this form in a timely manner, as the licensing review and approval is dependent upon it.
3. Berkeley Lab has developed a process to address federal, state, and UC requirements regarding conflicts of interest in the licensing context. See the [Process for Conflict of Interest Review for Licensing](http://www.lbl.gov/Tech-Transfer/researchers/policy/coi_review.html) for details on how the Laboratory manages potential conflicts of interest in licensing.

## E. Roles and Responsibilities

Role	Responsibility
Inventor	Discloses any financial interests in potential licensee on Form TT-100
Other Employees with a Financial Interest in a Potential Licensee	Disclose any financial interests in a potential licensee on Form TT-100 if they are aware of the licensing transaction or were requested to do so by TTIPM
Licensing Staff	<ul style="list-style-type: none"><li>• Disclose financial interest and recusal from licensing decisions if necessary</li><li>• Obtain DOE approvals for exclusive licensing or assignment to an employee or a former employee or an entity in which such an individual is a principal</li></ul>
Staff Who Review and Approve Licensing Agreements	Disclose financial interest and recusal from licensing decisions if necessary

## F. Definitions/Acronyms

Term	Definition
Conflict of Interest	Contract 31, Clause 1.66, Organizational Conflicts of Interest, ensures that the UC Regents (and its employees) are not biased because of financial, contractual, organizational, or other interests that relate to the work under the Contract, and that there is no unfair competitive advantage over other parties due to the performance under the Contract.
License	Agreement to authorize a use (such as copying software or using a patented invention) to a licensee



Licensing Agreement	As used in this policy, a license or a related contract granting rights in intellectual property such as an option to license or a bailment of tangible research material
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
TT-100	Inventor's Statement of Economic Interest in Candidate Licensees (Form TT-100)	Form

## I. Contact Information

Licensing Manager  
Technology Transfer  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Stoufer	Reformat for wiki (brief)	All	Minor
9/14/2012	1	Wolinsky	Reformat for wiki (policy)	All	Minor

## DOCUMENT INFORMATION

Title:	Conflict of Interest in Licensing
Document number	05.02.005.000
Revision number	1
Publication date:	9/14/2012
Effective date:	8/8/2006

Next review date:	1/2/2015
Policy Area:	COI in Research
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.11
Functional Division	Operations
Prior reference information (optional)	RPM Section 10.11

## Source Requirements Documents

- [Contract 31, Clause I.92 — DEAR 970.5227-3, \*Technology Transfer Mission\*](#)
- [University of California \*Conflict of Interest Policy and Compendium of Specialized University Policies, Guidelines, and Regulations Regulated to Conflict of Interest\*](#)
- [Political Reform Act of 1974, \(Gov. Code, § 81001, subd. \(b\)\)](#)

## Implementing Documents

Document number	Title	Type
TT-100	<a href="#">Inventor's Statement of Economic Interest in Candidate Licensees (Form TT-100)</a>	Form

# Conflict of Interest in Research - Private Sponsors

## Brief

Title:	Conflict of Interest in Research – Private Sponsors
Publication date:	9/20/2012
Effective date:	1/22/2010

## BRIEF

### Policy Summary

Berkeley Lab requires principal investigators (PIs) to disclose financial interests in nongovernmental entities that sponsor the PI's research or provide research gifts to the PI.

### Who Should Read This Policy

This policy applies to all principal investigators who propose or conduct research or receive research gifts funded by a nongovernmental entity.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## Policy

Title:	Conflict of Interest in Research – Private Sponsors
Publication date:	9/20/2012
Effective date:	1/22/2010

## POLICY

### A. Purpose

This policy ensures that Lawrence Berkeley National Laboratory (Berkeley Lab) research sponsored by nongovernmental entities is not biased by the principal investigator's financial interests.

### B. Persons Affected

This policy applies to all principal investigators who propose research or receive research gifts funded by a nongovernmental entity.

### C. Exceptions

None

### D. Policy Statement

## 1. General

- a. The California Political Reform Act of 1974 and UC Policy require a principal investigator who proposes or conducts a research project or who receives a gift funded by a nongovernmental agency to disclose financial interests in the sponsor at the time of proposal submission or receipt of the gift.
- b. When Berkeley Lab proposes a Work for Others agreement with an entity that is receiving its funding from another organization, additional financial disclosure rules may apply.

## 2. Process

- a. Principal investigators must submit the original Statement of Economic Interests for Principal Investigators (California Form 700-U) at the time of proposal submission or receipt of the gift.
- b. When Berkeley Lab proposes a Work for Others agreement with an entity that is receiving its funding from another organization, federal and state forms must be completed as in the following examples:
  - i. Berkeley Lab receives funding from Chiron. Chiron receives its funding from the National Institutes of Health (NIH). Berkeley Lab must collect both the state disclosure (California Form 700-U) from the principal investigator at Berkeley Lab, and disclosures of financial interest (Forms DFI-1-PHS, DFI-2-PHS, and DFI-3-PHS, if applicable) from the principal investigator and all participants. Chiron is a nongovernmental entity, and is not exempt from state of California disclosure requirements.
  - ii. Berkeley Lab receives funding from the American Heart Association (AHA). The AHA receives its funding from NIH. Berkeley Lab must collect disclosures of financial interest (Forms DFI-1-PHS, DFI-2-PHS, and DFI-3-PHS, if applicable). The AHA is on the state of California [exempt list](#), so the state disclosure (California Form 700-U) does not need to be completed.
  - iii. Berkeley Lab receives funding from the Parkinson's Disease Foundation (PDF). PDF receives its funding from the NIH. PDF is a nonprofit entity, but is not on the state of California [exempt list](#). Berkeley Lab must collect both the state disclosure (California Form 700-U) and disclosures of financial interest (Forms DFI-1-PHS, DFI-2-PHS, and DFI-3-PHS, if applicable).
- c. Financial disclosures are required for all new, amendment, noncompeting continuation, and renewal proposals.
- d. The Research and Institutional Integrity Office will review all disclosures of financial interest related to sponsored research.

## E. Roles and Responsibilities

Principal investigators must disclose financial interests in any nongovernmental sponsor of research by completing a Statement of Economic Interests for Principal Investigators (California [Form 700-U](#)).

The Research and Institutional Integrity Office must review all disclosures of financial interest related to sponsored research.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

Not applicable

## H. Implementing Documents

Document Number	Title	Type
California Form 700-U	Statement of Economic Interests for Principal Investigators	Form
	<a href="#">Addendum</a> to Statement of Economic Interests for Principal Investigators	Form
Form DFI-1	Lawrence Berkeley National Laboratory Declaration – Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest	Form
Form DFI-2	Lawrence Berkeley National Laboratory Disclosure of Financial Interests	Form
Form DFI-3	Lawrence Berkeley National Laboratory Positive Disclosure of Financial Interests	Form
Form DFI-1 PHS	Lawrence Berkeley National Laboratory Declaration – Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest (for PHS/NIH proposals submitted on or after August 24, 2012)	Form
Form DFI-2 PHS	Lawrence Berkeley National Laboratory Disclosure of Financial Interests in PHS-Funded Research	Form
Form DFI-3 PHS	Lawrence Berkeley National Laboratory Positive Disclosure of Financial Interests in PHS-Funded Research	Form

## I. Contact Information

Research and Institutional Integrity Office  
 RIO@lbl.gov

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	Stoufer	Rewrite for wiki (brief)	all	Minor
9/20/2012	1	Stoufer	Rewrite for wiki (policy)	all	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Conflict of Interest in Research – Private Sponsors
Document number	05.02.002.000
Revision number	1
Publication date:	9/20/2012
Effective date:	1/22/2010
Next review date:	9/20/2015
Policy Area:	COI in Research
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.07
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	Section 10.07

## Source Requirements Documents

- University of California [Conflict of Interest Code](#)
- California [Fair Political Practices Commission](#)
- [Political Reform Act of 1974](#)

## Implementing Documents

Document Number	Title	Type
California <a href="#">Form 700-U</a>	Statement of Economic Interests for Principal Investigators	Form
	<a href="#">Addendum</a> to Statement of Economic Interests for Principal Investigators	Form
<a href="#">Form DFI-1</a>	Lawrence Berkeley National Laboratory Declaration – Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest	Form
<a href="#">Form DFI-2</a>	Lawrence Berkeley National Laboratory Disclosure of Financial Interests	Form
<a href="#">Form DFI-3</a>	Lawrence Berkeley National Laboratory Positive Disclosure of Financial Interests	Form
<a href="#">Form DFI-1 PHS</a>	Lawrence Berkeley National Laboratory Declaration – Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest (for PHS/NIH proposals submitted on or after August 24, 2012)	Form
<a href="#">Form DFI-2 PHS</a>	Lawrence Berkeley National Laboratory Disclosure of Financial Interests in PHS-Funded Research	Form
<a href="#">Form DFI-3 PHS</a>	Lawrence Berkeley National Laboratory Positive Disclosure of Financial Interests in PHS-Funded Research	Form

# Construction Health & Safety

## Brief

Title:	Construction Health & Safety
Publication date:	1/8/2013
Effective date:	1/4/2013

## BRIEF

### Policy Summary

The Construction Health & Safety Program ensures the safety of Berkeley Lab employees, visitors, and subcontractors during construction activities at the Laboratory by flowing down Integrated Safety Management (ISM), 10 CFR 851, and other requirements to subcontractors.

### Who Should Read This Policy

All construction subcontractors working at Berkeley Lab and all Laboratory employees who provide supervision or direction to construction subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Construction Safety](#)  
EHSS Division

## Policy

Title:	Construction Health & Safety
Publication date:	1/8/2013
Effective date:	1/4/2013

## POLICY

### A. Purpose

The Construction Health & Safety Program ensures the safety of Lawrence Berkeley National Laboratory (Berkeley Lab) employees, visitors, and subcontractors during construction activities at the Laboratory by flowing down Integrated Safety Management (ISM), 10 CFR 851, and other requirements to subcontractors. This is achieved by:

- Providing construction leadership (project managers, construction managers, superintendents, foremen, etc.) with construction safety support and oversight
- Selecting qualified subcontractors
  - Reviewing all subcontractor safety performance, programs, and qualifications
- Ensuring proper Environment, Safety & Health (ES&H) documentation is submitted for the work to be performed
  - Ensuring that subcontractors adequately evaluate hazards and implement safety controls
- Ensuring key safety personnel are available and on site when necessary
- Ensuring that subcontractors train their employees and visitors on safety program elements
- Ensuring emergency procedures are in place
- Ensuring incidents are properly reported
- Ensuring subcontractor employees understand the stop-work order
- Ensuring construction site visitors are controlled
- Ensuring Berkeley Lab ES&H requirements are understood and followed
- Notifying subcontractors of noncompliance, and taking appropriate action
- Implementing subcontractor inspections by EHSS Construction Safety personnel to ensure compliance with Berkeley Lab ES&H requirements

## B. Persons Affected

All construction subcontractors working at Berkeley Lab and all Laboratory employees who provide supervision or direction to construction subcontractors

## C. Exceptions

Work funded and managed by the University of California

## D. Policy Statement

The Construction Health & Safety Program ensures the safety of Berkeley Lab employees, visitors, and subcontractors during construction activities at the Laboratory by flowing down ISM, 10 CFR 851, and other requirements to subcontractors. This is achieved by:

- Providing construction leadership (project managers, construction managers, superintendents, foremen, etc.) with construction safety support and oversight ([Work Process A](#))
- Selecting qualified subcontractors ([Work Process B](#))
  - Reviewing all subcontractor safety performance, programs, and qualifications
- Ensuring proper Environment, Safety & Health (ES&H) documentation is submitted for the work to be performed ([Work Process C](#))
  - Ensuring that subcontractors adequately evaluate hazards and implement safety controls
- Ensuring key safety personnel are available and on site when necessary ([Work Process D](#))
- Ensuring that subcontractors train their employees on the safety program elements ([Work Process E](#))
- Ensuring emergency procedures are in place ([Work Process F](#))
- Ensuring incidents are properly reported ([Work Process G](#))
- Ensuring subcontractor employees understand the stop-work order ([Work Process H](#))
- Ensuring construction site visitors are controlled ([Work Process I](#))
- Ensuring Berkeley Lab ES&H requirements are understood and followed ([Work Process J](#))
- Notifying subcontractors of noncompliance, and taking appropriate action ([Work Process K](#))
- Implementing subcontractor inspections by EHSS Construction Safety personnel to ensure compliance with Berkeley Lab ES&H requirements ([Work Process L](#))

## E. Roles and Responsibilities



<b>Role</b>	<b>Responsibilities</b>
Project management and supervisory personnel	<ul style="list-style-type: none"> <li>• Implement and maintain an effective safety program</li> <li>• Ensure workers under their supervision maintain safe work areas and perform their tasks in a safe manner</li> </ul>
Construction workers	Follow every precaution and Berkeley Lab safety rule and policy to protect themselves and their fellow workers
Subcontractor employers	<ul style="list-style-type: none"> <li>• Oversee the safety of their employees and/or visitors as required by the rules and regulations of this chapter; Code of Federal Regulations 10 CFR 851, <i>Worker Safety and Health Program</i>; the California Code of Regulations, Title 8, <i>Construction Safety Orders</i>; 29 CFR 1926, <i>Safety and Health Regulations for Construction</i>, all other local, state, and federally recognized current standards and codes</li> <li>• Understand and follow the contents of this chapter</li> <li>• Train/educate their employees and/or visitors as to the contents of this chapter and requirements for conduct of work under the Berkeley Lab ISM Plan</li> <li>• Document all employee training</li> </ul>
Subcontractor employees	The same safety rights and obligations as those of Laboratory employees (See ES&H Manual, <a href="#">Section 1.4, Roles and Responsibilities</a> )
Subcontractor On-site Health and Safety Representative	<ul style="list-style-type: none"> <li>• Conducts regular inspections of the construction work site to identify and correct any instances of noncompliance with the project health and safety requirements</li> <li>• Assists in the development of the subcontractor's safety plan and job-site management system</li> <li>• Supports training of subcontractor personnel</li> <li>• Continuously evaluates the subcontractor safety process</li> <li>• Responds to questions regarding the subcontractor safety process</li> <li>• Attends pre-job meetings to discuss their (subcontractor's) site-specific safety plan</li> <li>• Conducts and documents job-site safety audits</li> <li>• Assists in the identification of jobs requiring an Activity-Based Job Hazards Analysis</li> </ul>
Competent Persons	Identify existing and predictable hazards in the surrounding or working conditions that are unsanitary, hazardous, or dangerous to employees. Have the authorization to take prompt corrective measures to eliminate them.
Qualified Persons	Solve or resolve problems relating to the subject matter, work, or project based on skills and knowledge (possess recognized degree, certification, or professional standing, or have extensive knowledge, training, and experience in the subject matter)
Environment, Health, Safety, and Security (EHSS) Construction Safety Engineer	<ul style="list-style-type: none"> <li>• Coordinates, tracks, and provides quality assurance for the EHSS document package review for Berkeley Lab construction projects</li> <li>• Conducts routine observations of construction work sites to identify and correct unsafe workplace conditions and behaviors</li> </ul>
Berkeley Lab Construction and Project Managers	<ul style="list-style-type: none"> <li>• Approve EHSS document packages submitted by subcontractors</li> <li>• Conduct routine observations of construction work sites to identify and correct unsafe workplace conditions and behaviors</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
ANSI	American National Standards Institute
Authorized Person	A person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the job site
Construction Work	Work for construction, alteration, and/or repair, including painting and decorating
Controlled Access Zone	An area in which certain work (e.g., overhand bricklaying) may take place without the use of guardrail systems, personal fall-arrest systems, or safety net systems. Access to the zone is controlled.
ISM	Integrated Safety Management. The Department of Energy's systematic approach to analyzing work and hazards and implementing controls.
Imminent Danger	Any condition or practice that, unless immediate actions are taken, could reasonably be expected to cause death or serious physical harm (permanent or prolonged impairment of the body or temporary disablement requiring hospitalization) to employees or the public
Project Inspector	The Facilities Division's representative responsible for monitoring construction quality and verifying compliance with the terms and conditions of the design documents
Subcontractor	A firm that has sole contractual responsibility for execution of the construction work related to a project, and for compliance with all safety, health, and environmental codes, standards, and regulations

## G. Recordkeeping Requirements

- Subcontractor Submittal Packages
- Construction Project Work Observations – Database

## H. Implementing Documents

<b>Document number</b>	<b>Title</b>	<b>Type</b>
07.07.007.001	ES&H Manual <i>Construction Health &amp; Safety Program</i>	Program
07.07.007.002	Work Process A. General Requirements	Process
07.07.007.003	Work Process B. Review Safety Performance of Bidding Subcontractors	Process
07.07.007.004	Work Process C. Review Selected Subcontractors' EHSS Submittal Package(s)	Process
07.07.007.005	Work Process D. Review of Subcontractors' Key Safety Personnel	Process
07.07.007.006	Work Process E. Required Safety Training	Process
07.07.007.007	Work Process F. Emergency Procedures	Process
07.07.007.008	Work Process G. Incident Site Control and Reporting	Process
07.07.007.009	Work Process H. Stop Work Order	Process
07.07.007.010	Work Process I. Visitors	Process
07.07.007.011	Work Process J. Specific ES&H Requirements: Cranes	Process
07.07.007.012	Work Process K. Specific ES&H Requirements: Demolition	Process
07.07.007.013	Work Process L. Specific ES&H Requirements: Electrical Work	Process
07.07.007.014	Work Process M. Specific ES&H Requirements: Control of Hazardous Energies (Lockout/Tagout)	Process
07.07.007.015	Work Process N. Specific ES&H Requirements: Excavation and Trenching	Process
07.07.007.016	Work Process O. Specific ES&H Requirements: Fall Protection	Process
07.07.007.017	Work Process P. Specific ES&H Requirements: Confined Spaces	Process

07.07.007.018	Work Process Q. Specific ES&H Requirements: Fire Hazards and Prevention	Process
07.07.007.019	Work Process R. Specific ES&H Requirements: Hand and Power Tools	Process
07.07.007.020	Work Process S. Specific ES&H Requirements: Industrial Hygiene	Process
07.07.007.021	Work Process T. Specific ES&H Requirements: Walking and Working Surfaces	Process
07.07.007.022	Work Process U. Specific ES&H Requirements: Personal Protective Equipment	Process
07.07.007.023	Work Process V. Specific ES&H Requirements: Traffic Control	Process
07.07.007.024	Work Process W. Specific ES&H Requirements: Permits	Process
07.07.007.025	Work Process X. Specific ES&H Requirements: Forklift Trucks (Powered Industrial Trucks and Heavy Equipment)	Process
07.07.007.026	Work Process Y. Specific ES&H Requirements: Accident and Injury Information	Process
07.07.007.027	Work Process Z. Specific ES&H Requirements: Hazard Communication	Process
07.07.007.028	Work Process AA. Specific ES&H Requirements: Procurement of Hazardous Materials	Process
07.07.007.029	Work Process BB. Specific ES&H Requirements: Radiation Areas	Process
07.07.007.030	Work Process CC. Specific ES&H Requirements: Return to Work	Process
07.07.007.031	Work Process DD. Noncompliance	Process
07.07.007.032	Work Process EE. Work-site ES&H Observations	Process
07.07.011.001	ES&H Manual <i>Electrical Safety Program</i>	Program
07.07.020.001	ES&H Manual <i>Lockout/Tagout and Verification</i>	Program
Various	ES&H Manual <i>Fire Prevention and Protection</i>	Program
07.07.024.001	ES&H Manual <i>Personal Protective Equipment Program</i>	Program
07.07.008.001	ES&H Manual <i>Cranes, Hoists, and Rigging Program</i>	Program
07.07.025.001	ES&H Manual <i>Forklifts and Other Powered Industrial Trucks</i>	Program
07.07.014.001	ES&H Manual <i>Fall Protection Program</i>	Program
07.07.006.001	ES&H Manual <i>Confined Spaces</i>	Program
07.07.002.001	ES&H Manual <i>Asbestos Hazards and Controls Program</i>	Program
07.07.019.001	ES&H Manual <i>Lead Hazards and Controls Program</i>	Program
07.07.001.001	ES&H Manual <i>Elevated Work – Aerial Lifts, Ladders and Scaffolds Program</i>	Program

## I. Contact Information

Construction Safety  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Zude	Rewrite for wiki (brief)	All	Minor
1/8/2013	1	Thomas	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Construction Health & Safety
Document number	07.07.007.000
Revision number	1
Publication date:	1/8/2013
Effective date:	1/4/2013
Next review date:	1/4/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	
Functional Division	EHSS
Prior reference information (optional)	PUB-3000, Chapter 10

## Source Requirements Documents

- 10 CFR 851, Worker Safety and Health Program
- 29 CFR 1926, Occupational Safety and Health Standards for Construction
- 29 CFR 1910, Occupational Safety and Health Standards for General Industry
- California Code of Regulations (CCR), Title 8, Construction Safety Orders
- National Electrical Safety Code, ANSI C2
- National Fire Protection Association (NFPA) 70E 2005, Standards for Electrical Safety in the Workplace
- California Code of Regulations Title 17, Air Resources
- California Code of Regulations Title 22, Division 4.5, Ch. 10, Section 66260.1 et. seq., Environmental Health Standards for the Management of Hazardous Waste
- California Code of Regulations Title 23, Division 3, Ch. 9 Water - Waste Discharge Reports and Requirements and Ch. 9.2 Water - reportable Quantities and Reporting Requirements
- NFPA 51B, *Fire Prevention During Welding, Cutting, and Other Hot Work* (2003 edition)
- NFPA 241, *Safeguarding Construction, Alteration, and Demolition Operations* (2004 edition)

## Other Driving Requirements

- California Fire Code (CFC)
- California Code of Regulations Title 19 Public Safety
- Material hoists shall conform to the regulations of ANSI A10.5 and Cal/OSHA, Construction Safety Orders, sections 1605.1 to 1605.21 and personnel hoists to ANSI A10.4 and Cal/OSHA, Construction Safety Orders, section 1604.1, 1604.30
- Tools shall meet requirements of the latest edition of ANSI A10.3
- Signaling directions by flagmen shall conform to American National Institute D6.1-1971
- ANSI Z88.2 – 1992 Respiratory Protection
- ANSI (Z 308.1) First aid kit on this job site
- ACGIH TLV 2005
- ANSI Z49 Section 4.3 and E4.3

## Implementing Documents

Document number	Title	Type
07.07.007.001	ES&H Manual <i>Construction Health &amp; Safety Program</i>	Program
07.07.007.002	Work Process A. General Requirements	Process
07.07.007.003	Work Process B. Review Safety Performance of Bidding Subcontractors	Process
07.07.007.004	Work Process C. Review Selected Subcontractors' EHSS Submittal Package(s)	Process
07.07.007.005	Work Process D. Review of Subcontractors' Key Safety Personnel	Process
07.07.007.006	Work Process E. Required Safety Training	Process

07.07.007.007	Work Process F. Emergency Procedures	Process
07.07.007.008	Work Process G. Incident Site Control and Reporting	Process
07.07.007.009	Work Process H. Stop Work Order	Process
07.07.007.010	Work Process I. Visitors	Process
07.07.007.011	Work Process J. Specific ES&H Requirements: Cranes	Process
07.07.007.012	Work Process K. Specific ES&H Requirements: Demolition	Process
07.07.007.013	Work Process L. Specific ES&H Requirements: Electrical Work	Process
07.07.007.014	Work Process M. Specific ES&H Requirements: Control of Hazardous Energies (Lockout/Tagout)	Process
07.07.007.015	Work Process N. Specific ES&H Requirements: Excavation and Trenching	Process
07.07.007.016	Work Process O. Specific ES&H Requirements: Fall Protection	Process
07.07.007.017	Work Process P. Specific ES&H Requirements: Confined Spaces	Process
07.07.007.018	Work Process Q. Specific ES&H Requirements: Fire Hazards and Prevention	Process
07.07.007.019	Work Process R. Specific ES&H Requirements: Hand and Power Tools	Process
07.07.007.020	Work Process S. Specific ES&H Requirements: Industrial Hygiene	Process
07.07.007.021	Work Process T. Specific ES&H Requirements: Walking and Working Surfaces	Process
07.07.007.022	Work Process U. Specific ES&H Requirements: Personal Protective Equipment	Process
07.07.007.023	Work Process V. Specific ES&H Requirements: Traffic Control	Process
07.07.007.024	Work Process W. Specific ES&H Requirements: Permits	Process
07.07.007.025	Work Process X. Specific ES&H Requirements: Forklift Trucks (Powered Industrial Trucks and Heavy Equipment)	Process
07.07.007.026	Work Process Y. Specific ES&H Requirements: Accident and Injury Information	Process
07.07.007.027	Work Process Z. Specific ES&H Requirements: Hazard Communication	Process
07.07.007.028	Work Process AA. Specific ES&H Requirements: Procurement of Hazardous Materials	Process
07.07.007.029	Work Process BB. Specific ES&H Requirements: Radiation Areas	Process
07.07.007.030	Work Process CC. Specific ES&H Requirements: Return to Work	Process
07.07.007.031	Work Process DD. Noncompliance	Process
07.07.007.032	Work Process EE. Work-site ES&H Observations	Process
07.07.011.001	ES&H Manual <i>Electrical Safety Program</i>	Program
07.07.020.001	ES&H Manual <i>Lockout/Tagout and Verification</i>	Program
Various	ES&H Manual <i>Fire Prevention and Protection</i>	Program
07.07.024.001	ES&H Manual <i>Personal Protective Equipment Program</i>	Program
07.07.008.001	ES&H Manual <i>Cranes, Hoists, and Rigging Program</i>	Program
07.07.025.001	ES&H Manual <i>Forklifts and Other Powered Industrial Trucks</i>	Program
07.07.014.001	ES&H Manual <i>Fall Protection Program</i>	Program
07.07.006.001	ES&H Manual <i>Confined Spaces</i>	Program
07.07.002.001	ES&H Manual <i>Asbestos Hazards and Controls Program</i>	Program
07.07.019.001	ES&H Manual <i>Lead Hazards and Controls Program</i>	Program
07.07.001.001	ES&H Manual <i>Elevated Work – Aerial Lifts, Ladders and Scaffolds Program</i>	Program



# Construction, Seismic Safety Design

Title:	Construction, Seismic Safety Design
Publication date:	6/26/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab requires design and construction of new buildings and other facilities on Laboratory or University of California premises to comply with current seismic provisions of the California Code of Regulations (CCR), Title 24, *California Building Standards Code*, or local seismic requirements, whichever requirements are more stringent.

### Who Should Read This Policy

Architects and structural engineers who work for the Capital Projects Department of the Facilities Division

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Structural Engineer](#)  
Facilities Division

Title:	Construction, Seismic Safety Design
Publication date:	6/26/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

To provide an acceptable level of seismic safety for Lawrence Berkeley National Laboratory (Berkeley Lab) employees and affiliates who occupy buildings and other facilities on Laboratory or University of California premises to the maximum extent feasible by current structural engineering practice

### B. Persons Affected

This policy applies to Laboratory project managers and subcontracted architects and structural engineers who work for the Facilities Division.

## C. Exceptions

This policy is optional and at the discretion of the Laboratory Building Official for one- and two-story wood-framed buildings of less than 3,000 square feet, buildings not intended for human occupancy, hospitals under the jurisdiction of the State of California Office of Statewide Health Planning & Development, and small projects that the Laboratory Building Official determines do not involve structural work requiring design by a consulting engineer.

## D. Policy Statement

1. **Code Compliance:** Berkeley Lab requires design and construction of capital projects for new buildings and other facilities and major modifications of existing buildings on Laboratory or University of California premises to comply with current seismic provisions of the California Code of Regulations (CCR), Title 24, *California Building Standards Code*, or local seismic requirements, whichever requirements are more stringent.
2. **Consulting Structural Engineer Review**
  - a. **Preliminary plans** for new major capital improvement projects (except pre-engineered buildings, wood-framed buildings of less than 3,000 square feet, and buildings not intended for human occupancy other than hospitals) proposed for construction must be examined by the consulting structural engineer, who will prepare recommendations regarding any special criteria that should be recognized in providing adequate resistance to seismic forces to minimize the risk of injury to persons and of damage to property.
  - b. **Final plans** and structural calculations must be reviewed by the consulting structural engineer for completeness, general accuracy, structural details, and compliance with any special criteria previously established. Should seismic design standards be revised during the period between completion of final plans and the date of advertisement for bids, the consulting structural engineer will again review the plans and structural calculations before advertising for bids. The design structural engineer will incorporate all comments into the plans prior to bidding.
3. **New Building Location:** New Laboratory buildings must not be constructed on the trace of an active geologic fault.
4. **Approval of Variations from Policy:** Unless this policy explicitly and specifically authorizes an action, the action is considered to be a variation from the policy and must be approved in advance by the Laboratory Director.

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Project Manager	Retains the services of a consulting structural engineer to perform peer reviews of the preliminary and final plans and structural calculations
Design Structural Engineer	Resolves and/or incorporates all comments into the plans and calculations prior to bidding

## F. Definitions/Acronyms

Term	Definition
Design Structural Engineer	The Structural Engineer-of-Record for a capital improvement project
Major Modifications	Repairs, modifications, and retrofits that exceed the limits set forth in Chapter 34, Section 3417.3 of the California Building Code

## G. Recordkeeping Requirements



Project documents related to compliance with this policy shall be retained in the project files and archived.

## H. Implementing Documents

Document Number	Title	Type
PUB-3193	<a href="#">Capital Projects Procedures Manual</a>	Manual
09.01.003.001	<a href="#">Capital Projects Construction Details and Design Guidelines</a>	Guidelines
	<a href="#">University of California Policy on Seismic Safety</a>	Policy

## I. Contact Information

Structural Engineer  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
6/26/2012	1	E. Tucker	Reformat for the wiki	All	Minor
1/2/2012	0	E. Tucker	New	All	Major

## DOCUMENT INFORMATION

Title:	Construction, Seismic Safety Design
Document number	09.01.003.000
Revision number	1
Publication date:	6/26/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Major Construction
RPM Section (home)	Facilities Management (9)

RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- U.S. Department of Energy (DOE) Order 413.3B, *Program and Project Management for the Acquisition of Capital Assets*.
- DOE Order 420.1B, Chg. 1, *Facility Safety*, CRD, Chapter IV, Section 3, *Natural Phenomena Hazard Mitigation*

## Other Driving Requirements

- Executive Order 12941, *Seismic Safety of Existing Federally Owned or Leased Buildings*
- [University of California Policy on Seismic Safety](#)

## Implementing Documents

Document Number	Title	Type
PUB-3193	<a href="#">Capital Projects Procedures Manual</a>	Manual
09.01.003.001	<a href="#">Capital Projects Construction Details and Design Guidelines</a>	Guidelines
	<a href="#">University of California Policy on Seismic Safety</a>	Policy

# Consultants to Berkeley Lab, Hiring

Title:	Consultants to Berkeley Lab, Hiring
Publication date:	1/2/2012
Effective date:	6/14/2011

## BRIEF

### Policy Summary

This policy provides guidelines and requirements for requesting and using the services of a consultant at Berkeley Lab.

### Who Should Read This Policy

Any person involved with engaging the services of a consultant

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Procurement and Property Manager](#)

Title:	Consultants to Berkeley Lab, Hiring
Publication date:	1/2/2012
Effective date:	6/14/2011

#### [D. Policy Statement](#)

##### [D.1 General](#)

##### [D.2 Policies Governing Use of Consultants](#)

##### [D.3 Policies Governing Consultant Relationship](#)

##### [D.4 Procedures for Securing Consulting Services](#)

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) may engage the services of a consultant on a short-term or intermittent basis if the consultant contributes to the Laboratory's mission and those services cannot be provided as effectively by a Laboratory employee.

### B. Persons Affected

## C. Exceptions

Not applicable

## D. Policy Statement

### D.1 General

1. Consultants work independently and are not under Laboratory supervision. Consultants may *not* perform work of a policy-making, decision-making, managerial, or supervisory nature; nor may they approve or disapprove actions that commit or expend Laboratory funds. Consulting services may not be obtained for unauthorized purposes, such as to bypass or undermine Human Resources (HR) policies or pay limitations.
2. Consultants are prohibited from making any appearances on behalf of the Laboratory at a congressional office or federal agency, including military organizations, without a Laboratory employee present. The Office of Laboratory Counsel must approve in writing proposed exceptions to this requirement. Under no circumstances may a consultant be used to specifically aid in influencing or enacting legislation.
3. Consultants are required to refrain from activities on behalf of the Laboratory and the Department of Energy (DOE) that could be interpreted as creating a conflict of interest for the consultant. Accordingly, consultant agreements and Personal Services Agreements (PSAs) impose certain conflict-of-interest requirements and restrictions on the consultants.

### D.2 Policies Governing Use of Consultants

1. **Selection Process**
  - a. Consultants are selected on the basis of professional qualifications, resources, experience, cost, and ability to meet Laboratory needs, as determined by the division requiring the particular service and approved by Procurement. Neither agencies nor other organizations will be paid a fee for locating a consultant.
2. **Duration of Agreement/Number of Service Days**
  - a. Agreements for consulting services are established for a period for which there is a foreseeable need, normally for one year or less. Consultant agreements must specify an anticipated number of service days per agreement year. A consultant may not receive fees for more than 90 consultant service days in a 12-month period without written approval from the HR Center Manager or designee. When the need is expected to exceed these time requirements, regular part-time employment or contract labor should be considered and, if appropriate, arranged in accordance with existing employment practices. There are no restrictions on the number of service days within the agreement period for PSAs.
  - b. Agreements may be written for a period of up to five years with appropriate justification from the requester to support the long-term need for the consultant's services. Agreements are renewed only when there is a verified continuing need.
3. **Foreign Nationals**
  - a. Foreign nationals who are not permanent residents of the United States must have an appropriate visa number and an Internal Revenue Service (IRS) Individual Taxpayer Identification Number (TIN) in order to provide consulting services to the Laboratory. To determine whether a consultant may receive payments as a foreign national, the Laboratory's International Researchers and Scholars Office (IRSO) should be notified of that consultant's proposed services as early as possible.
4. **Current UC Faculty as Consultants**
  - a. Current University of California (UC) faculty may not be Laboratory consultants unless: The employee occupies a teaching or research position; Procurement has determined that the expertise is not otherwise available; and the employee's management has approved it. UC staff personnel normally may not be retained as consultants. The alternative of acquiring the services of UC personnel through an Intra-University Transaction (IUT) should be considered and discussed with Procurement.
  - b. The Chancellor of a UC faculty member's home campus must approve faculty consultant arrangements, and the compensation rate must be in accordance with UC academic personnel policies. Accordingly, consultant agreements and PSAs:
    - i. Require consultants to disclose any actual or proposed employment or other compensatory arrangement with any other activity of the University
    - ii. Permit the terms governing amounts payable to the consultant or firm under the agreement to be modified as necessary to avoid dual compensation
5. **Former Laboratory Employees**

- a. When the services of former employees are required, the Laboratory's practice is to rehire them as Laboratory employees through the HR Department. In exceptional cases, the use of a consultant agreement or PSA may be appropriate for the services of former employees. Written approval from the HR Center Manager or designee is required in these cases. Care must be taken to ensure that the selection of former employees as consultants to the Laboratory will best serve the Laboratory's interests.
- 6. Retired Faculty and Staff**
- a. A retired employee may work as a consultant if he or she is either employed by a consulting firm or owns his or her own consulting business. A retired employee may be a consultant for the Laboratory if he or she has not worked as a UC employee during the previous rolling 12-month period.
  - b. Laws and regulations affecting the UC Retirement Plan (UCRP) permit retired members to work at the Laboratory. The HR Department should be contacted regarding the employment of retired faculty and staff (see [RPM Section 2.01, Employment](#)).
- 7. DOE Contractor Employees**
- a. An employee of a DOE contractor performing work on a full- or part-time basis under a management and operating (M&O), facilities-management, site-integrating, or other major DOE contract may provide consulting services to the Laboratory if the services are performed outside the official hours of duty of, or while on leave from, the DOE contract. Such consulting services must not:
    - i. In any manner interfere with the proper and effective performance of the duties of the position
    - ii. Appear to create a conflict of interest
    - iii. Appear to subject DOE, the University, or the other DOE contractor to public criticism or embarrassment
  - b. An alternative to acquiring the consulting services of DOE contractor personnel through a DOE Contractor Order should be considered and discussed with Procurement.

## D.3 Policies Governing Consultant Relationship

### 1. Time and Place of Performance

- a. Consultants, as independent contractors or employees of independent contractors, may adopt (subject to technical contact approval) arrangements suitable to the consultant concerning performance details, such as times and places for rendering the agreed-upon services.

### 2. Results of Performance

- a. Consultants may be required to furnish reports or other data documenting the services rendered, as requested by the technical contact and in accordance with the terms of the agreement. When this is impractical, the technical contact is expected to maintain records adequate for this purpose.

### 3. Compensation

- a. Consultants are normally paid agreed-upon compensation, with either daily rates or fees for each full day the consultant renders services. In addition, consultants may be reimbursed for certain costs and expenses, such as travel and clerical support, if indicated in the consultant's proposal and approved by the technical contact and authorized by Procurement in the consultant agreement or PSA.
- b. The reasonableness of a consultant's fee should be based on the individual's established market value and the market value of the services to be provided. Fee rates based on salary should be substantiated by a copy of a current paycheck stub, the prior year's W-2 form, a letter of agreement with the employer, a statement of substantiation from the employer, or a comparison of rates for similar consulting services. Fee rates based on contractual arrangements with other clients may be substantiated by copies of client agreements or other suitable documentation.
- c. Consulting agreements may be awarded by Procurement on a no-fee basis, allowing reimbursement of expenses only. Expenses must be reimbursed in accordance with Laboratory requirements. If no fee is paid, consultants may serve an unlimited number of days per year.
- d. As discussed above, certain restrictions pertain to consultant fees paid to UC faculty, consultants receiving compensation from multiple University sources, and compensation to individuals for consulting services who also perform work on a full-time basis under another DOE contract.

### 4. Taxes

- a. Fee income is subject to federal and state income tax. Laboratory Accounts Payable will issue appropriate 1099 tax forms covering total fees paid during each calendar year to consultants providing services under a consultant agreement.

### 5. Property

- a. Acquisition of property, including controlled property (equipment and sensitive property) or use of government-furnished property, by a consultant is generally not allowed. Deviating from this requirement requires a memorandum substantiating the necessity of such action, approval by Procurement, and inclusion of appropriate property provisions in the consultant agreement or PSA.

### 6. Travel

- a. Consultants normally are reimbursed for travel and travel-related expenses in accordance with the Laboratory's requirements. Foreign travel requires DOE approval in advance.

- b. Only travel expenses for travel required in performance of the consultant services are reimbursable. Expenses for local commuting to and from the Laboratory and the consultant's place of business normally are not reimbursable.

#### **7. Conduct of Consultant**

- a. University and government policies form the basis for rules of conduct to which consultants agree to be bound through the agreements for consultant services. These rules specifically prohibit the following:
  - i. Accepting any gratuity or special favor from individuals or organizations with whom the Laboratory is doing business, or proposes to do business, under circumstances that might reasonably be interpreted as an attempt to influence the consultant in accomplishing the agreed-upon work
  - ii. Using for personal gain or making other improper use of privileged information acquired in connection with the consultant's work for the Laboratory. The term "privileged information" includes, but is not limited to, unpublished information relating to technological and scientific developments; anticipated materials requirements or pricing actions; possible new sites for DOE program operations; knowledge of selection of contractors or subcontractors in advance of official announcement; and medical, personnel, or security records of individuals.
  - iii. Making or influencing any decision on behalf of the Laboratory that directly or indirectly affects the interest of the Laboratory or the government if the consultant's personal concern in the matter may be incompatible with the interest of the government
  - iv. Using the name of the University, the Laboratory, or the government in any publications, news releases, advertising, speeches, technical papers, photographs, and other releases of information regarding the consultant's work for the Laboratory, except with prior written approval of the Associate Laboratory Director for Operations or designee
- b. Technical contacts are responsible for guarding against such situations by reminding consultants of their obligations in these matters and advising them when and from whom to obtain further guidance in questionable cases.

#### **8. Patents, Data, and Copyrights**

- a. Under the [UC-DOE Prime Contract](#), the Laboratory is required to protect the government's interests in inventions and technical data by including the appropriate and related clauses in its consultant agreements and PSAs. These clauses basically concern such matters as patent rights; rights to data, including copyrights; and patent and copyright infringement.
- b. Technical contacts are expected to ensure that the consultant's obligations in these matters (e.g., reporting inventions, reporting notices or claims of infringement, and securing required DOE approvals) are fulfilled. If the consultant does not meet these obligations, the technical contact is expected to notify Procurement immediately so that appropriate and timely action may be taken (see [Intellectual Property policies](#)).

#### **9. Subcontracts and Assignment**

- a. Consultants must secure prior written approval from the Laboratory to subcontract with, assign to, or otherwise employ anyone to perform any of the consultant services, except incidental clerical or similar support work specified in the agreement with the Laboratory. This approval is provided by/through Procurement.

#### **10. Environment, Safety, and Health Fire Protection Requirements**

- a. Agreements for consultant services specify that consultants are required to take all reasonable precautions at Laboratory sites to protect the environment, safety, and health of employees and members of the public in the performance of the work; minimize danger from all hazards to life and property; and comply with all applicable environmental, safety, fire protection, and health regulations and requirements of the Laboratory and DOE. The Laboratory may stop the particular work any time a consultant fails to comply.

#### **11. Insurance and Indemnification**

- a. Normally, consultants are not required to maintain liability insurance, but may be required to indemnify the University from liability for injury or damages related to the consulting services. The Laboratory may require a consultant to maintain liability insurance if:
  - i. The services are performed on Laboratory, government, or third-party premises
  - ii. Government-furnished property is provided to a consultant or a consultant's employer
  - iii. The nature of the services poses a significant potential risk to the University and the government
- b. No consultant may be indemnified unless prior approval is obtained from DOE-HQ and the Regents of the University of California. Laboratory Counsel should be consulted on any request by a consultant for indemnification.

## **D.4 Procedures for Securing Consulting Services**

### **1. Request to Establish an Agreement**

- a. Requests for consultant services are initiated by the technical contact (requester). The request may be for a new agreement, the renewal of an existing consultant agreement, additional service days or other changes to an existing agreement, or consultant services under an agreement already in place for another Laboratory organization. Requests for services of a consultant should be submitted using the [Request for Consultant/Personal Services Agreement and Renewal form](#), available from the Procurement Web site, and be accompanied by a memorandum providing various information, as identified in the request form.
- b. The completed request form and memorandum should be sent to Procurement with an approved e-Procurement (ePro) purchase

requisition for processing. If the package is not complete or the information is inadequate, the request package may be returned to the requester with a memorandum explaining the reasons and requesting the additional information.

- c. In addition, an [Organizational Conflicts of Interest \(OCI\) Pre-Procurement Fact Sheet](#) must be completed and accompany each request greater than \$150,000. This fact sheet is available on the Procurement Web site. If there appears to be a reasonable possibility that an OCI may exist or arise, steps must be taken to avoid or neutralize it. If the OCI can only be mitigated, an award may not be made until DOE approval of the mitigation plan has been obtained.

## 2. Solicitations and Proposals

- a. Formal, written solicitations for consultant agreements or PSAs are normally not required, and written proposals are not required for consultant agreements or PSAs under the small-purchase threshold (currently \$150,000).

## 3. Negotiating the Agreement

- a. Only Procurement may negotiate the terms and conditions of the agreement and issue either a consultant agreement or a PSA. Understandings are established and confirmed in the agreement concerning the nature and extent of services to be rendered, where and when services will be performed, the fee to be paid, expenses to be reimbursed, and other appropriate details, as discussed in above paragraphs.
- b. Care must be taken to ensure that the consultant's obligations and the role of the technical contact relative to these obligations are clearly understood. The consultant should be cautioned that any changes in services or other terms of the agreement will be recognized by the Laboratory only if authorized in writing by Procurement. Both the consultant and technical contact should also be cautioned not to incur any costs until the agreement has been fully executed.

## 4. Securing Approvals

- a. The [UC-DOE Prime Contract](#) establishes the right of DOE to approve or disapprove all Laboratory subcontracts, including consultant agreements and PSAs. Prior DOE approval is required for the following:
  - i. An organizational conflict of interest that can only be mitigated
  - ii. Foreign travel
- b. Changes, deletions, or additions to the Laboratory standard terms and conditions (General Provisions) of a consultant agreement or PSA that may require prior written approval of the Laboratory Counsel and DOE. This approval is secured through Procurement.

## 5. Initiating Consulting Services

- a. The technical contact normally contacts the consultant to arrange for the start of consultant services. Performance should not begin until the agreement has been executed. The technical contact will direct the consultant to the Site Access Office, where the appropriate badges and parking permits are obtained, and will ensure that the consultant is directed to the person or group for whom the services will be rendered.

## 6. Attendance at Off-Site Conferences

- a. The Laboratory may pay fees and reimburse travel costs to permit a consultant to attend meetings away from the Laboratory. Written justification must be provided to Procurement and approval obtained in advance for such attendance. Generally, approval is granted only when it can be shown that attendance by a regular employee cannot accomplish the same purpose.

## 7. Claim for Consulting Services

- a. Invoices for consulting services are submitted with supporting documentation to the Accounts Payable Office via e-mail at [APInvo@lbl.gov](mailto:APInvo@lbl.gov). The Invoice for Consulting Services form is available from Procurement for this purpose. The technical contact reviews and signs off on the invoices to verify that the consultant has rendered services as claimed, that the period of time claimed is correct, and that the quality of services performed is acceptable to the Laboratory. After verification by the technical contact, Accounts Payable reviews each invoice to ensure it is consistent with the terms of the agreement. The invoice is then processed for payment.

## 8. Termination and Renewal

- a. Most agreements have a term of about one year and vary according to what is administratively the most practical termination date. Renewal of an agreement may be appropriate if consultant services are needed for longer periods. Agreements that are not renewed simply expire without further obligation.
- b. The PeopleSoft Purchasing System sends consultant agreement/PSA expiration notices to the technical contact in 30-, 60-, or 90-day intervals. Renewal is usually accomplished through a modification to the agreement, based on terms negotiated in the manner of the original agreement. Procurement initiates this action after receiving the Request for Consultant/Personal Services Agreement and Renewal form from the technical contact with the additional information required for the renewal. An ePro requisition may also be required for the renewal.

## 9. Personal Services Agreements

- a. PSAs are treated in essentially the same manner as agreements for consultant services, except as follows:
  - i. Solicitations are sent, and agreements awarded to, the individual's company rather than the individual.
  - ii. Payments are made to the company instead of the individual.

# E. Roles and Responsibilities

Managers, supervisors, and employees must adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Consultant	An individual acting on his or her own behalf who personally provides expert advisory and/or assistance services of a technical or professional nature. Consultants provide technical, scientific, engineering, and/or administrative expertise not otherwise available to the Laboratory.
Consulting Services	Services that are "hands-off" in nature and are limited to expert advisory and/or assistance services consisting of information, advice, opinions, alternatives, conclusions, or recommendations to Laboratory personnel, including studies, analyses, and evaluations, that are personally provided by a technical or professional consultant
Consulting Agreement	An agreement between the Laboratory and an individual consultant with special knowledge or expertise for the performance of consulting services
Personal Services Agreement (PSA)	An agreement between the Laboratory and an established company that makes available by name one or more of its employees as consultants for the performance of consulting services

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
12.01.001.001	<a href="#">Request for Consultant/Personal Services Agreement and Renewal form</a>	Form
12.01.001.002	<a href="#">Organizational Conflicts of Interest (OCI) Pre-Procurement Fact Sheet</a>	Reference Guide
02.03.009.000	<a href="#">Retired Employees, Re-employing</a>	Policy

## I. Contact Information

[Procurement and Property Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor



## DOCUMENT INFORMATION

Title:	Consultants to Berkeley Lab, Hiring
Document number	12.01.001.000
Revision number	1
Publication date:	1/2/2012
Effective date:	6/14/2011
Next review date:	6/14/2014
Policy Area:	Procurement
RPM Section (home)	Asset Management
RPM Section (cross-reference)	Section 11.04
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.04

## Source Requirements Documents

- *Laboratory Procurement Standard Practices Manual, Standard Practice 37.1, Consultants and Personal Services*

## Implementing Documents

Document Number	Title	Type
12.01.001.001	<a href="#">Request for Consultant/Personal Services Agreement and Renewal form</a>	Form
12.01.001.002	<a href="#">Organizational Conflicts of Interest (OCI) Pre-Procurement Fact Sheet</a>	Reference Guide
02.03.009.000	<a href="#">Retired Employees, Re-employing</a>	Policy

## Other References

- [Intellectual Property \(Patents\) Policies](#)

# Contact with State or Federal Officials

Title:	Contact with State or Federal Officials
Publication date:	10/7/2013
Effective date:	7/29/2009

## BRIEF

### Policy Summary

Employees may not act or give the appearance of acting on behalf of Berkeley Lab or the University of California when communicating with state or federal officials unless they are authorized to do so. When employees give opinions as independent professionals, they must state clearly that they are speaking for themselves and not on behalf of Berkeley Lab or the University.

### Who Should Read This Policy

This policy applies to all employees, including those who work part-time or have faculty appointments.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

Title:	Contact with State or Federal Officials
Publication date:	10/7/2013
Effective date:	7/29/2009

## POLICY

### A. Purpose

This policy minimizes the appearance of a conflict of interest by prohibiting employees from acting or giving the appearance of acting on behalf of Lawrence Berkeley National Laboratory (Berkeley Lab) or the University of California when communicating with state or federal officials without authorization.

### B. Persons Affected

This policy applies to all employees.

## C. Exceptions

Not applicable

## D. Policy Statement

1. Employees may not act or give the appearance of acting on behalf of Berkeley Lab or the University of California when communicating with state or federal officials unless they are authorized to do so. To act or give the appearance of acting on behalf of Berkeley Lab or the University in such instances without authorization may be construed as a conflict of interest.
2. When corresponding with state and federal officials, a writer may use Berkeley Lab letterhead only when authorized to represent Berkeley Lab or the University. Letters expressing personal views must be written on personal stationery. If Berkeley Lab letterhead is used for corresponding with principal state and federal officials, including executive branch appointees, members of Congress, the state legislature, and their staffs, copies of the correspondence must be sent to the appropriate division director and to the Head of the Public Affairs Department.
3. When employees give opinions as independent professionals, they must state clearly that they are speaking for themselves and not on behalf of Berkeley Lab or the University of California.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/7/2013	1.1	M. Stoufer	Reviewed 10/3/13, no changes	Next Review date	Minor
6/11/2012	1	M. Stoufer	Re-write for wiki (policy)	All	Minor
1/2/2012	0	M. Stoufer	Re-write for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Contact with State and Federal Officials
Document number	05.07.003.000
Revision number	1.1
Publication date:	10/7/2013
Effective date:	7/29/2009
Next review date:	10/7/2016
Policy Area:	Conflict of Interest – General
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	None
Functional Division	Operations
Prior reference information (optional)	RPM Section 10.13

## Source Requirements Documents

- University of California *Policy on Relations of University Staff Members with State and Federal Officials*
- Contract 31, Clause I.8 FAR52.203-12, *Limitations on Payments to Influence Certain Federal Transactions*

## Implementing Documents

None

# Continuity of Operations

## Brief

Title:	Continuity of Operations
Publication date:	6/17/2013
Effective date:	6/17/2013

## BRIEF

### Policy Summary

Berkeley Lab maintains a Continuity of Operations (COOP) program that is part of a comprehensive emergency management system required under DOE Order 150.1. The program covers the Laboratory's method for continuing operations in the event of an emergency, and is administered through detailed planning to establish progressive operational continuity after an emergency.

### Who Should Read This Policy

All Berkeley Lab employees, affiliates, and contractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Continuity of Operations Program Manager](#), Protective Services

[Chief of Protective Services](#)

## Policy

Title:	Continuity of Operations
Publication date:	6/17/2013
Effective date:	6/17/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) maintains a Continuity of Operations (COOP) program that is part of a comprehensive emergency management system. The program covers Berkeley Lab's method for continuity of operations in the event of an emergency, and is administered through detailed planning to establish progressive operations continuity after an emergency.

### B. Persons Affected

All Berkeley Lab employees, affiliates, and contractors

### C. Exceptions

Not applicable

### D. Policy Statement

### 1. Continuity Planning

- a. The Berkeley Lab COOP program focuses on planning for and sustaining Berkeley Lab's research and operations during and after an adverse event. It includes proactive planning and preparation necessary to rapidly resume research and operations following a disruption of any size or type.
- b. Through continuity planning, Berkeley Lab is able to provide guidance to individual divisions and departments in the concepts and process of continuity planning.
- c. Regardless of a particular event, Berkeley Lab's goal is to be adequately prepared to continue research and operations with minimal interruption.

### 2. COOP Implementation Plan. The Berkeley Lab COOP program is integrated with the Berkeley Lab Emergency Management program. A Berkeley Lab COOP Implementation Plan has been established to:

- a. Identify Berkeley Lab Mission Essential Functions (MEFs) and Essential Support Activities (ESAs)
- b. Ensure performance of MEFs and ESAs
- c. Plan for infectious disease, epidemic, and pandemic threats
- d. Identify primary and backup COOP coordinators to administer the COOP program and to serve as the COOP point-of-contact
- e. Provide internal procedures for executing MEFs and ESAs that have devolved from DOE Headquarters or field elements, if applicable
- f. Identify and train Continuity Emergency Response Group (CERG) members
- g. Predetermine delegations of authority for policy determinations and decisions that can take effect when normal channels of direction are disrupted
- h. Develop orders of succession to key positions within the organization
- i. Identify and provide alternate operating facilities capable of performing MEFs and ESAs
- j. Provide necessary interoperable communications to perform ESAs
- k. Notify DOE of a continuity event
- l. Identify vital records necessary to perform ESAs and ensure those vital records are available at the alternate operating facility
- m. Define methods and provide capabilities for notification of and communication with employees during a continuity event
- n. Establish a Personnel Accountability Program to use during a continuity event
- o. Train employees to carry out MEFs and ESAs in the event of an emergency
- p. Test and exercise the COOP program to ensure MEFs can be accomplished in a continuity event
- q. Conduct an annual COOP awareness briefing for Berkeley Lab personnel, and ensure briefings include training on COOP alert, notification, and deployment procedures
- r. Adhere to the Berkeley Lab Issues Management Program
- s. Conduct annual self-assessment of COOP plans

### 3. Division Requirements

- a. Establish and maintain an effective continuity plan, which includes identifying essential functions and how the division can prepare to maintain or resume those functions during a continuity event, as appropriate.
- b. Use the COOP Implementation Plan as guidance for division documentation of continuity planning, as applicable.
- c. Have representation on the Continuity Advisory Board (CAB), which develops the continuity policy for Berkeley Lab and will be responsible for prioritizing essential functions for the purposes of reconstitution after a continuity event.
- d. Participate in the Continuity Working Group, which executes the policies developed by the CAB.

## E. Roles and Responsibilities

<b>Role</b>	<b>Responsibility</b>
Continuity Emergency Response Group (CERG)	<ul style="list-style-type: none"> <li>• Approves leadership</li> <li>• Coordinates emergency response activities</li> <li>• Performs mission-essential functions and supporting activities and</li> <li>• Provides logistics and other support</li> </ul>
Continuity Advisory Board (CAB)	<ul style="list-style-type: none"> <li>• Coordinates information and actions in a continuity event</li> <li>• Is the DOE Berkeley Site Office's primary information hub and source for situational updates</li> <li>• Helps prioritize allocation of resources for continuity planning and preparation as well as recovery during a continuity event</li> </ul>
Continuity Working Group (CWG)	Component of the CERG responsible for facilitating the execution of policy and decisions made by the CAB
Laboratory Executive Duty Officer (LEDO)	<ul style="list-style-type: none"> <li>• Provides policy direction and authority as required in support of the Berkeley Lab Continuity of Operations program</li> <li>• Establishes communication with the Berkeley Lab Emergency Operations Center (EOC)</li> <li>• Transmits a formal declaration of continuity to appropriate agencies as needed, which can include DOE, University of California Office of the President, University of California at Berkeley, Alameda County, and the cities of Berkeley and Oakland</li> </ul>
Continuity of Operations Program Manager	<ul style="list-style-type: none"> <li>• Manages the Berkeley Lab continuity program</li> <li>• Assists individual divisions with their continuity planning</li> </ul>
Employees, affiliates, and contractors	<ul style="list-style-type: none"> <li>• Know the processes to be prepared for an emergency</li> <li>• Must understand and be ready to take action during an emergency</li> <li>• Follow all procedures and instructions post-emergency</li> </ul>
Subject matter experts	<ul style="list-style-type: none"> <li>• Provide technical expertise as needed by the Laboratory Director or the Emergency Operations Center (EOC) Director to effectively respond to an emergency</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Continuity of Operations Program Implementation Plan	Ensures that mission-essential functions and activities continue to be performed during continuity events, including localized acts of nature, accidents, and technological or attack-related emergencies. The plan also provides the planning and direction for what needs to be done in a continuity event.
COOP	Continuity of Operations
CRD	Contractor Requirements Document
Continuity Event	An emergency caused by natural disasters, accidents, military or terrorist attacks, technological emergencies, and pandemic/epidemic threats that requires Berkeley Lab to relocate operations, if possible, to an alternate site to ensure continuing operations.
DOC	Division/Departmental Operation Center
EOC	Emergency Operations Center
ESA	Essential Support Activity
MEF	Mission Essential Function
MEPP	Master Emergency Program Plan

## G. Recordkeeping Requirements

Record Required	Group Responsible
After Action Reports	Protective Services
Continuity Readiness Assurance Reports	Protective Services
Continuity Assessment Reports	Protective Services
Continuity of Operations Implementation Plan	Protective Services
Pandemic, Epidemic and Infectious Disease Plan	Protective Services

## H. Implementing Documents

Document Number	Title	Type
01.02.004.001	Continuity of Operations Program	Program
01.02.004.002	Continuity of Operations Plan(s)	Procedure
07.06.001.001	<a href="#">Emergency Management</a>	Program

## I. Contact Information

Continuity of Operations Program Manager, Protective Services

Chief of Protective Services

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
5/27/2009	0		RPM html site (pre-wiki version)	RPM Section 8.02 (pre-wiki version)	
6/17/2013	1	H. Nelkie	Revised to conform with DOE O 150.1; formatted for the wiki	All	Major

### Document Information



## DOCUMENT INFORMATION

Title:	Continuity of Operations
Document number	01.02.004.000
Revision number	1
Publication date:	6/17/2013
Effective date:	6/17/2013
Next review date:	6/17/2016
Policy Area:	Laboratory General Information
RPM Section (home)	Laboratory General Policy & Information
RPM Section (cross-reference)	Section 8.02
Functional Division	EHSS
Prior reference information (optional)	RPM Section 8.02, PUB-3000 Chapter 9

## Source Requirements Documents

- NFPA 1600, *Standard on Disaster/ Emergency Management and Business Continuity Programs*
- DOE Order 150.1, *Continuity Programs*

## Implementing Documents

Document Number	Title	Type
01.02.004.001	Continuity of Operations Program	Program
01.02.004.002	Continuity of Operations Plan(s)	Procedure
07.06.001.001	<a href="#">Emergency Management</a>	Program

# Contractor Supporting Research (CSR) Program - Financial Management

Title:	Contractor Supporting Research (CSR) Program — Financial Management
Publication date:	2/28/2014
Effective date:	9/1/2011

## BRIEF

### Policy Summary

This policy defines the guidelines and procedures for administering Contractor Supporting Research (CSR) funds; requesting and establishing projects; and tracking allocations, project costs, and project closeouts.

### Who Should Read This Policy

All Berkeley Lab employees with financial responsibilities for administering and tracking CSR funds

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page:

### Contact Information:

[General Accounting Manager](#)  
[Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

Title:	Contractor Supporting Research (CSR) Program — Financial Management
Publication date:	2/28/2014
Effective date:	9/1/2011

## POLICY

### A. Purpose

This policy defines the guidelines and procedures for administering Contractor Supporting Research (CSR) funds; requesting and establishing projects; and tracking allocations, project costs, and project closeouts.

### B. Persons Affected

## C. Exceptions

Not applicable

## D. Policy Statement

In addition to and separate from the parties' rights and obligations under Department of Energy (DOE) Contract 31, Clause I.134, *Work for Others Program (Non-DOE Funded Work)*, the Contractor may, with the consent of the Contracting Officer, conduct Contractor-Funded Institutional Supporting Research and Development (Contractor Supporting Research or CSR ) at the Laboratory under DOE Contract 31, Clause H.27. The DOE Berkeley Site Office's Contracting Officer approved this program on September 22, 2005, and issued updated implementing guidance on August 17, 2011.

CSR funds are provided to Berkeley Lab by the University of California (UC). Selection of Research projects to be funded with CSR funds is made at the discretion of the Laboratory Director or designee. Consent may be given to such research provided that:

- Research is conducted on a non-interference basis with any DOE directed and funded work of the Laboratory. Per the August 17, 2011, guidance provided by the DOE Berkeley Site Office (see above), CSR funds may not be used to augment federally funded projects.
- Research is intended to enhance the capabilities of Berkeley Lab to continue to perform its mission or to create new capabilities at the Laboratory consistent with the overall needs of DOE. Per the DOE Berkeley Site Office guidance, Berkeley Lab will not knowingly use its access to Laboratory facilities under this program to compete with the private sector.
- Funds are expended under the same terms and conditions that apply to government funds provided under DOE Contract 31.
  - The use of CSR funds to pay for unallowable costs is prohibited. For cost accounting standards (CAS) purposes, such approved research shall be treated as institutional Research and Development of the Laboratory. CSR funds are exempt from general and administrative costs.

Certain uses of these funds are particularly encouraged by the University, such as collaborative research performed by UC campus professors, postdoctoral scholars, and graduate students, and any other research that could lead to the long-term growth and health of Berkeley Lab and the University.

## E. Roles and Responsibilities

Role	Responsibility
DOE Berkeley Site Office	Approves CSR Program according to DOE Contract 31, Clause H.27, Contractor-Funded Institutional Supporting Research and Development Program at the Laboratory
Office of Sponsored Projects and Industry Partnerships (OSPIP)	Notifies and coordinates with the DOE Berkeley Site Office concerning any transactional review and consent as required by DOE Berkeley Site Office approved implementation plan for <i>Contractor-Funded Institutional Supporting Research and Development at the Laboratory</i> under DOE Contract 31, Clause H.27

Division	<ul style="list-style-type: none"> <li>Prepares written request using the <a href="#">CSR Request Form</a> for approval to use (or increase) CSR funds. Written request includes: <ul style="list-style-type: none"> <li>Strong statement of justification</li> <li>Total amount of funding requested (including applicable burdens and overheads)</li> </ul> </li> <li>Forwards request to Laboratory Deputy Director or designee to obtain authorization signature</li> <li>After receiving request approval, creates project in Financial Management System under division's Project Tree based on project identification number assigned by Program Manager</li> <li>Ensures use of funds is consistent within the stated purpose</li> <li>Ensures funds are spent in accordance with the same terms and conditions as federally expended funds</li> <li>Establishes controls to ensure costs and obligations do not exceed the approved funding <ul style="list-style-type: none"> <li>Monitors costs incurred against the approved funding</li> <li>Corrects errors and resolves issues as they occur to ensure approved funding balances are in good standing</li> </ul> </li> <li>Notifies Laboratory Deputy Director's Office when to close the project</li> <li>Works with Laboratory Deputy Director's Office to resolve any over-costed CSR funds by the following month end</li> </ul>
Laboratory Deputy Director's Office	<ul style="list-style-type: none"> <li>Reviews request and funding availability, and authorizes request</li> <li>Laboratory Deputy Director's Office notifies General Accounting of approved request to add funding or close out projects</li> <li>Notifies Division Budget Analyst request has been granted</li> <li>Notifies Division Budget Analyst of assigned CSR project identification number</li> <li>Notifies Property Management of equipment expenditures</li> <li>Notifies Sponsored Projects Office of award amount</li> <li>Submits to the Berkeley Site Office periodical reports of projects undertaken</li> </ul>
Property Management (if applicable)	After equipment arrives, corrects equipment title from DOE to UC Regents based on notification from Laboratory Deputy Director's Office
General Accounting	<ul style="list-style-type: none"> <li>Opens Project IDs and establishes and maintains CSR system chart fields (i.e., account numbers, Budget and Reporting (B&amp;R) codes, resource categories, project and resource types, DOE reporting codes)</li> <li>Manages allocation of cash between various depository accounts based on previous month's actual costs plus current month's estimated costs</li> <li>Coordinates with UC to transfer funds to cover projected expenditures</li> <li>At month-end allocation process, credits project to offset costs based on actual expense</li> <li>Reconciles the CSR Liability account and the Short Term Investment Pool (STIP) CSR account</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Contractor Supporting Research (CSR)	Funds provided to the Laboratory by the University of California. For research at the Laboratory, selection of the projects funded with CSR funds is made at the discretion of the Laboratory Director or designee.
Work for Others	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

none

## I. Contact Information

General Accounting Manager  
Office of Sponsored Projects and Industry Partnerships (OSPIP) Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
2/28/2014	1.2	M. Beedle	Updates to reflect dates of current guidance and clarification of roles	Sections D, E, F, and Source Requirements	Minor
12/10/2013	1.1	T. Carlson	Reviewed 11/15/2013, no changes	Update Publication, Next Review dates	Minor
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Contractor Supporting Research (CSR) Program — Financial Management
Document number	11.01.010.000
Revision number	1.2
Publication date:	2/28/2014
Effective date:	9/1/2011
Next review date:	2/1/2016
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	none
Functional Division	OCFO

Prior reference information (optional)	RPM Section 11.25
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## Source Requirements Documents

- DOE Contract 31, Clause H.27
- DOE Berkeley Site Office Berkeley Lab Agreement: *LBNL Contractor-Funded Institutional Supporting Research and Development Program*, updated 8/17/11

## Implementing Documents

none

## Other References

Document number	Title	Type
11.01.011.000	Gifts (Monetary), Financial Management	Policy

# Contractor Assurance Policy

## Brief

Title:	Contractor Assurance Policy
Publication date:	8/13/2014
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab must establish and maintain a Contractor Assurance System (CAS) to monitor effectiveness and efficiency of programs, improve performance, and communicate vital performance information to Laboratory management and key stakeholders.

### Who Should Read This Policy

- Laboratory management, including the Laboratory Director, the Associate Laboratory Director for Operations, the Office of Institutional Assurance, division directors, and department heads
- Laboratory employees who manage programs; develop internal policies, procedures, or processes; and/ or manage issues and associated corrective actions
- Stakeholders from the Department of Energy (DOE), Berkeley Site Office (BSO), and University of California Office of the President (UCOP) who monitor performance and provide feedback

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the CAS Program Details, Go To:

[The University of California Contractor Assurance System Description for Lawrence Berkeley National Laboratory \(PUB-5520\)](#)

## Contact Information

Office of Contractor Assurance

## Policy

Title:	Contractor Assurance Policy
Publication date:	8/13/2014
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy calls for the establishment and maintenance of a Contractor Assurance System (CAS) to manage requirements, monitor effectiveness and efficiency of programs, improve performance, and communicate vital performance information to Lawrence Berkeley National Laboratory (Berkeley Lab) management and key stakeholders.

### B. Persons Affected

- Laboratory management, including the Laboratory Director, the Associate Laboratory Director for Operations, the Office of Institutional Assurance, division directors, and department heads
- Laboratory employees who manage programs; develop internal policies, procedures, or processes; and/ or manage issues and associated corrective actions
- Stakeholders from the Department of Energy (DOE), Berkeley Site Office (BSO), and University of California Office of the President (UCOP) who monitor performance and provide feedback

### C. Exceptions

Not applicable

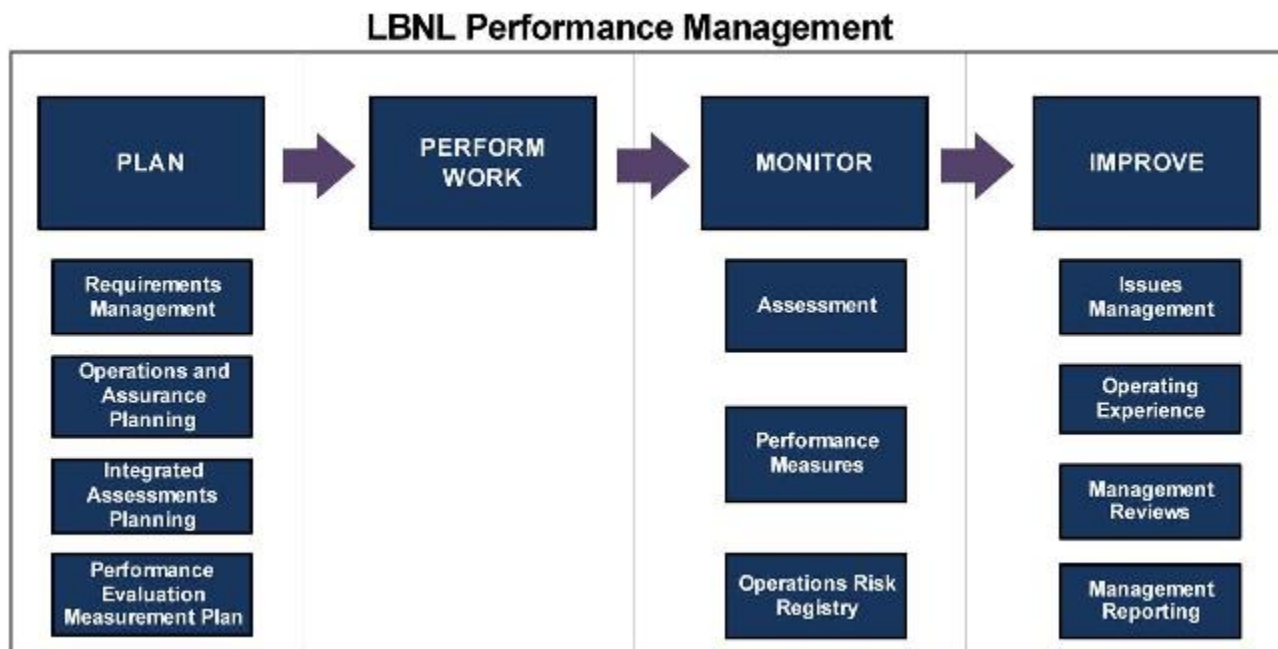
### D. Policy Statement

Berkeley Lab must establish and maintain a Contractor Assurance System (CAS) to manage requirements, monitor effectiveness and efficiency of programs, improve performance, and communicate vital performance information to Laboratory management and key stakeholders. The overall purpose of the CAS is to assure that (a) the Laboratory's management systems and process controls are working as intended to manage the Laboratory's risks while accomplishing its mission and (b) Laboratory policies and institutional procedures address Contract 31 requirements.

Berkeley Lab's CAS must include at least:

1. Processes that:
  - a. Manage contract requirements
  - b. Identify and manage inherent and emerging risks
  - c. Monitor performance through performance measures and assessments
  - d. Identify and effectively correct deficiencies
  - e. Continuously improve processes, products, and services
2. A governance system to ensure the execution of processes, and formal and timely communication of results to Laboratory management and stakeholders

The CAS, described in the *University of California Contractor Assurance System Description for Lawrence Berkeley National Laboratory (PUB-5520)*, is aligned with work processes to promote risk identification and management.



The figure above illustrates the key aspects of a CAS with several supporting elements. Berkeley Lab's CAS includes the institutional Requirements Management, Issues Management, and Operating Experience programs. The Laboratory's CAS incorporates several formal processes, including: Performance Evaluation and Measurement Plan (PEMP) development and performance monitoring, assessments and performance measures, and several management reporting mechanisms.

### E. Roles and Responsibilities



<b>Role</b>	<b>Responsibility</b>
UCOP, Laboratory Management Office	<ul style="list-style-type: none"> <li>• Guides development of and approves CAS description</li> <li>• Establishes prime contract goals and objectives for the Laboratory</li> <li>• Monitors performance and provide feedback</li> <li>• Identifies and assesses risks</li> <li>• Manages the UC-DOE Prime Contract so as to maintain updated contract terms and conditions, including formal modifications or additions to contractual requirements</li> <li>• Issues annual Assurance Letter</li> </ul>
Laboratory Senior Management	<ul style="list-style-type: none"> <li>• Guides development of and approves CAS description</li> <li>• Establishes institutional goals and objectives</li> <li>• Identifies and ensures effective management of contract requirements</li> <li>• Identifies institutional risks and ensures appropriate mitigations and/or corrective actions</li> <li>• Monitors performance and provides feedback</li> <li>• Provides input to UCOP for annual Assurance Letter</li> </ul>
Operations Division Directors	<ul style="list-style-type: none"> <li>• Establishes goals and objectives</li> <li>• Develops and implements functional area assurance mechanisms</li> <li>• Directs and monitors performance</li> <li>• Implements improvement actions/initiatives</li> </ul>
Office of Institutional Assurance	<ul style="list-style-type: none"> <li>• Develops and maintains CAS description and related institutional processes</li> <li>• Supports senior management and staff in implementing CAS</li> <li>• Develops and maintains risk registry</li> <li>• Develops assurance reports</li> </ul>
Laboratory staff	<ul style="list-style-type: none"> <li>• Identifies risks and ensures appropriate mitigations and/ or corrective actions</li> <li>• Monitors performance and provides feedback</li> <li>• Implements improvement actions/initiatives</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Contractor Assurance System	Berkeley Lab management system designed to monitor controls and inform cognizant management and stakeholders of performance
Assessment	The act of reviewing, inspecting, testing, checking, conducting surveillances, auditing, or otherwise determining and documenting whether items, processes, or services meet specified requirements
Operating Experience	System for capturing, documenting, and disseminating best practices and lessons learned from our and others' experiences.
Requirements Management	A business-management process that provides a systematic approach to ensuring that all contractually based requirements are assigned an owner, analyzed for impact, and flow down to the workforce. Requirements-management process elements include the means of governing, analyzing, implementing, and parsing of requirements.
Issues Management	The process by which issues are managed and tracked through resolution to prevent recurrence

## G. Recordkeeping Requirements

As defined in [CAS Description PUB-5520](#).

## H. Implementing Documents

Document Number	Title	Type
PUB-5519 (1)	Issues Management Program Manual	System
PUB-5519 (2)	Causal Analysis Program Manual	System
PUB-5519 (3)	Data Monitoring and Analysis Program Manual	System
PUB-5519 (4)	Lessons Learned and Best Practices Program Manual	System
04.02.002.001	Self-Assessment Guide	Process
04.02.003.000	Issues Management Policy	Policy
04.02.002.000	Organizational Self-Assessment Policy	Policy
n/a	LBNL Contractor Assurance Council Charter	Charter
04.02.001.001	COO Risk Registry System Description	System
n/a	Trimester Performance Review Guidelines	Guideline
none	Operations Dashboard	Web
none	OIA/OCA Web Pages	Web
none	Requirements Management Program	Web
none	Operating Experience Program	Web

## I. Contact Information

Office of Contractor Assurance

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Chernowski	New	All	Major
12/20/2012	1	J. Chernowski	Full policy	All	Major
8/13/2014	1.1	I.Nishibayashi	Reviewed, update to align with practice	D (diagram), E	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Contractor Assurance Policy
Document number	04.02.001.000
Revision number	1.1
Publication date:	8/13/2014
Effective date:	1/2/2012
Next review date:	8/13/2017
Policy area:	Contractor Assurance
RPM Section (home)	Contractor Performance Management
RPM Section (cross-reference)	None
Functional Division	Office of Contractor Assurance
Prior reference information (optional)	n/a

## Source Requirements Documents

- Contract 31, Section H.30, *Contractor Assurance*
- DOE Order 414.1D, *Quality Assurance*
- PUB-5520, *The University of California Contractor Assurance System Description for Lawrence Berkeley National Laboratory*

## Other References

Multiple Laboratory requirements documents call for specific assurance systems and therefore support this overall Contractor Assurance policy. The following is a representative list.

- Contract 31, Section I.76, *Management Controls*
- Contract 31, Section I.86, *Integration of Environment, Safety, and Health into Work Planning and Execution*
- DOE Order 205.1B, *Cyber Security Management*
- DOE Order 151.1C, *Comprehensive Emergency Management System*
- DOE Order 210.1A, *Operating Experience*
- PUB-3111, *Quality Assurance Program Description*
- Requirements Management policy, 04.04.001.000

## Implementing Documents

Document Number	Title	Type
PUB-5519 (1)	<a href="#">Issues Management Program Manual</a>	System
PUB-5519 (2)	<a href="#">Causal Analysis Program Manual</a>	System
PUB-5519 (3)	<a href="#">Data Monitoring and Analysis Program Manual</a>	System
PUB-5519 (4)	<a href="#">Lessons Learned and Best Practices Program Manual</a>	System
04.02.002.001	Self-Assessment Guide	Process
04.02.003.000	<a href="#">Issues Management Policy</a>	Policy
04.02.002.000	<a href="#">Organizational Self-Assessment Policy</a>	Policy
n/a	LBNL Contractor Assurance Council Charter	Charter
04.02.001.001	COO Risk Registry System Description	System
n/a	Trimester Performance Review Guidelines	Guideline
none	Operations Dashboard	Web
none	OIA/OCA Web Pages	Web
none	Requirements Management Program	Web
none	Operating Experience Program	Web

# Controlled and Prohibited Information Categories

## Brief

Title:	Controlled and Prohibited Information Categories
Publication date:	11/28/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

The general expectation is that Berkeley Lab information can be shared without restriction. However, some categories of information may affect the legal or security status of the Laboratory and require additional controls. These categories include:

- Protected Information, including Personally Identifiable Information (PII) and Personal Health Information (PHI)
- Official Use Only (OUO), Controlled Unclassified Information (CUI), and Sensitive But Unclassified (SBU) Information
- Proprietary Information (e.g., information under a Cooperative Research and Development Agreement [CRADA] or a Nondisclosure Agreement [NDA])
- Export-controlled information
- Information with foreign national restrictions (e.g., No Foreign National Access [NOFORN])
- Prudent to Protect information

This policy prohibits the following information:

- Classified information
- Unclassified Controlled Nuclear Information (UCNI)
- Naval Nuclear Propulsion Information (NNPI)

### Who Should Read This Policy

Employees and affiliates

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## Policy

Title:	Controlled and Prohibited Information Categories
Publication date:	11/28/2012
Effective date:	1/2/2012

- [D. Policy Statement](#)
- [D.1 Prohibited Information Categories](#)
- [D.2 Controlled Information Categories](#)
- [D.3 Prudent to Protect Information](#)

## POLICY

### A. Purpose

This policy describes information controls to help maintain the legal and security status of Lawrence Berkeley National Laboratory (Berkeley Lab), while facilitating its scientific mission.

## B. Persons Affected

This policy applies to employees and affiliates.

## C. Exceptions

Not applicable.

## D. Policy Statement

Employees and affiliates must adhere to policies, approvals, and controls for prohibited and controlled information categories. Policies and controls apply to both electronic and physical collections of information and may differ depending on whether the use is for research or operations.

### D.1 Prohibited Information Categories

Employees and affiliates may not create, access, or store information that is prohibited at Berkeley Lab. The existence of prohibited information at Berkeley Lab, either physically or electronically, alters the fundamental security posture of the Laboratory. If employees or affiliates encounter prohibited information, they must stop work immediately and contact Blackberry Gate at (510) 486-6999 and they will enact the [Classified and Sensitive Information Protocol](#).

Berkeley Lab prohibits the following information categories:

- Classified Information, including but not limited to: Secret (S), Top Secret (TS), National Security Information (NSI), Secret Restricted Data (SRD), Special Access Required (SAR), etc. This includes information that is classified but has entered the public domain.
- Unclassified Controlled Nuclear Information (UCNI)
- Naval Nuclear Propulsion Information (NNPI)

### D.2 Controlled Information Categories

Berkeley Lab is an unclassified, open research environment. The Laboratory's work is such that it can be freely communicated to the scientific and technical community. The Laboratory's computing environment supports research work intended for publication. Additional steps must be taken to secure information not intended for publication when it resides on Laboratory systems.

1. **Protected Information (i.e., Personally Identifiable Information [PII] and Protected Health Information [PHI])**
  - a. **Policy.** By law, Berkeley Lab must protect the privacy and security of personal information. The collection or use of Protected Information is prohibited unless approved, and should occur under limited circumstances.
  - b. **Protected Information Requirements.** Individuals involved in the collection, use, and management of collections of Protected Information must comply with the [Protected Information Requirements](#), which address approvals and required protections throughout the lifecycle of the data.
  - c. **Reporting Unapproved Use and Other Violations.** Employees and affiliates must report any unapproved use or disclosure of protected information, or for approved uses, violations of the [Protected Information Requirements](#).
2. **Official Use Only (OUO), Controlled Unclassified Information (CUI), and Sensitive But Unclassified (SBU)**
  - a. **Policy.** Berkeley Lab does not use OUO, CUI, or SBU designations. If required and under limited circumstances, employees in Operations may receive documents with these designations (for example, DOE materials that reflect pre-decisional program information or planning information). Employees should encourage collaborators at other institutions not to use this designation for collaborative research projects or operational purposes.
  - b. **Approvals.** Operations employees may receive limited amounts of OUO, CUI, or SBU materials during the course of their work. No additional approvals are required for this limited use. Researchers who receive material marked OUO, CUI, or SBU must seek guidance from the Export Control Officer at (510) 486-7096.
  - c. **Requirements**
    - i. **Creation.** Do not create CUI, OUO, or SBU Information at Berkeley Lab. Use "UC Confidential" when generating University of California records that are not publicly releasable. If under a CRADA, use "Protected CRADA Information."
    - ii. **Management and Storage.** Follow the [OUO Management and Storage Requirements](#).

3. **Proprietary Information (e.g., Information under a CRADA or NDA)**
  - a. **Policy.** Berkeley Lab permits the use of proprietary information for both research and operations.
  - b. **Approvals.** Technology Transfer and Intellectual Property Management (TTIPM) or the Office of Sponsored Projects and Industry Partnerships (OSPIP) must approve agreements regarding the use of proprietary information and should consult, if necessary, with physical and cyber security. The data-protection level for agreements must not exceed the Laboratory's approved data-protection level for unclassified research: Low for confidentiality, integrity, and availability per *Federal Information Processing Standards Publication: Standards for Security Categorization of Federal Information and Information Systems, FIPS PUB 199*.
  - c. **Controls**
    - i. **Creation.** Do not create proprietary information at Berkeley Lab unless approved by the Laboratory Director. Work with TTIPM or OSPIP to obtain approval.
    - ii. **Management and Storage.** Adhere to any disclosure requirements specified in signed agreements.
    - iii. **Additional.** OSPIP must approve proprietary use of Berkeley Lab resources, such as user facilities. The agreement language must limit Berkeley Lab commitments to protecting information or knowledge acquired from proprietary use of Laboratory resources.
  - d. **Other Applicable Policies**
    - i. [Cooperative Research & Development Agreements \(CRADAs\)](#)
    - ii. [Material Transfer Agreements](#)
    - iii. [Nondisclosure Agreements](#)
    - iv. [Designated User Facility Agreements Overview](#)
    - v. [Work for Others \(WFO\) Overview](#)
4. **Export Controlled**
  - a. **Policy.** Berkeley Lab does not create export-controlled information unless approved and only in rare circumstances. In the course of research or operations, access to export-controlled information may be necessary to provide background information. Employees may not access or use export-controlled information unless approved. Employees who take on the obligation of protecting export-controlled information expose themselves to personal civil and criminal liability for export-control violations.
  - b. **Approvals.** The Export Control Officer must approve the creation of export-controlled information. The Export Control Officer or TTIPM (for NDAs and MTAs) must approve the use of export-controlled information and ensure that its use is commensurate with Berkeley Lab requirements, including the development of a Technology Control Plan as necessary.
  - c. **Controls**
    - i. **Creation.** Do not create export-controlled information at Berkeley Lab unless approved by the Export Control Officer who will require a plan to ensure that the creation of export-controlled information complies with applicable laws and regulations.
    - ii. **Management and Storage.** Develop a plan to appropriately manage and store export-controlled information to ensure compliance with applicable laws and regulations. Coordinate with the Export Control Officer who will consult with physical or cyber security, as appropriate.
5. **Foreign National Access Restrictions (e.g., NOFORN Marking)**
  - a. **Policy.** Berkeley Lab operates under the University of California nondiscrimination policy, which prohibits discrimination based on nationality in the conduct of fundamental research; therefore, the Laboratory prohibits information with foreign national access restrictions unless approved.
  - b. **Approvals.** Senior Laboratory Management and the cyber and physical security groups may receive and store this information when necessary. The Export Control Officer, with input from cyber security and physical security as needed, must approve additional exceptions.
  - c. **Controls**
    - i. **Creation.** Do not create materials with foreign national access restrictions at Berkeley Lab.
    - ii. **Management and Storage.** Coordinate with the Export Control Officer who will consult with physical or cyber security, as appropriate.
  - d. **Additional.** Berkeley Lab prohibits employees from attending meetings where foreign nationals are prohibited without prior approval from the Export Control Officer.

### D.3 Prudent to Protect Information

During the course of research or for operational purposes, employees and affiliates may generate, use, or encounter information that is Prudent to Protect. Prudent to Protect is information that should not be publicly available but does not rise to the level of requiring specific controls. Prudent to Protect information may include materials from ethics investigations, material under attorney-client privilege, animal welfare protocols, passport numbers, etc., as well as Privileged Information.

Prudent to Protect Information is not public and may not be shared or published. Precautions must be taken to limit public exposure of this information.

Refer to [Use of Privileged Information](#) for additional policies regarding conflict of interest.

## E. Roles and Responsibilities

Employees and affiliates are responsible for adhering to this policy.

## F. Definitions/Acronyms

Term	Definition
Protected Information	Protected Information includes Personally Identifiable Information (PII) and Personal Health Information (PHI). Berkeley Lab defines the following data, alone or in combination, as Protected Information: <ul style="list-style-type: none"> <li>• Social Security numbers</li> <li>• Personal financial account information</li> <li>• Driver's license numbers</li> <li>• Health information with personal identifiers, for example: <ul style="list-style-type: none"> <li>• Name plus insurance number</li> <li>• Employee ID plus treatment information</li> <li>• Any unique ID plus any medical information</li> </ul> </li> </ul>
Protected Health Information (PHI)	Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), information, including demographic data, that relates to: <ul style="list-style-type: none"> <li>• The individual's past, present, or future physical or mental health or condition</li> <li>• The provision of health care to the individual or</li> <li>• The past, present, or future payment for the provision of health care to the individual and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).</li> </ul>
Personally Identifiable Information (PII)	An individual's first name or first initial and last name in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted: (1) Social Security number, (2) driver's license number or California identification card number (3) account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account, (4) medical information, (5) health insurance information. See California Civil Code Section 1798.29 for additional information.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
10.08.001.001	<a href="#">Protected Information Requirements</a>	Standard
10.08.001.002	<a href="#">OUO Management and Storage Requirements</a>	Standard

## I. Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Bonaguro	Rewrite for wiki (brief)	All	Minor
11/28/2012	1	J. Bonaguro	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Controlled and Prohibited Information Categories
Document number	10.08.001.000
Revision number	1
Publication date:	11/28/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Information Categories and Controls
RPM Section (home)	Information Management
RPM Section (cross-reference)	none
Functional Division	Information Technology
Prior reference information (optional)	

## Source Requirements Documents

- Clause I.63 - DEAR 952.204-72, *Disclosure of Information* (APR 1994) Section b.
- DOE O 471.3, *Identifying and Protecting Official Use Only Information*
- DOE M 471.3-1 *Manual for Identifying and Protecting Official Use Only Information*
- DOE O 205.1B, *Department of Energy Cyber Security Management*, CRD
- DOE P 205.1, *Departmental Cyber Security Management Policy*
- UCOP IS-3, *Electronic Information Security*

## Implementing Documents

Document number	Title	Type
10.08.001.001	<a href="#">Protected Information Requirements</a>	Standard
10.08.001.002	<a href="#">OUO Management and Storage Requirements</a>	Standard



# Controlled Substances in Research and Development

## Brief

Title:	Controlled Substances in Research and Development
Publication date:	8/30/2013
Effective date:	8/30/2013

## BRIEF

### Policy Summary

Controlled-substance use in research at Berkeley Lab must comply with all federal regulations, laws, and Department of Energy (DOE) directives. Use of these substances requires implementation of best practices in procurement, accountability, security, and disposal.

No controlled substance or controlled-substance analogue may be created unless prior approval is obtained from the Program Administrator in the Environment/Health/Safety (EHS) Division. No controlled substance may be transferred to or from Berkeley Lab without approval from the Program Administrator in EHS.

### Who Should Read This Policy

Employees who work with, handle, procure, or facilitate disposal of controlled substances at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

[The Controlled Substances Program Plan](#)

### Contact Information

Controlled Substances Program Administrator  
Industrial Hygiene Group  
EHS  
[DGBest@lbl.gov](mailto:DGBest@lbl.gov)

## Policy

Title:	Controlled Substances in Research and Development
Publication date:	8/30/2013
Effective date:	8/30/2013

## POLICY

### A. Purpose

Controlled-substance use in research at Lawrence Berkeley National Laboratory (Berkeley Lab) must comply with all federal regulations, laws, and Department of Energy (DOE) directives. Use of these substances requires implementation of best practices in procurement, accountability, security, and disposal.

### B. Persons Affected

Employees who work with, handle, procure, or facilitate disposal of controlled substances at Berkeley Lab.

## C. Exceptions

Not applicable

## D. Policy Statement

### D.1 General (Work Processes A–D)

1. Controlled substances include those defined in Schedules I, II, III, IV, and V of the *Controlled Substances Act* (Title 21 USC Section 812). The [Drug Enforcement Administration](#) (DEA) is the regulatory agency for controlled substances (21 CFR 1300-1308).
2. Berkeley Lab will maintain DEA registrations ([Work Process B](#)) for each off-site location and for the Laboratory main site where controlled substances are used.
3. All personnel who have direct access to controlled substances must register with the Program Administrator ([Work Process C](#)) and pass an employee screening ([Work Process D](#); required by DEA).
4. Each authorized controlled substances custodian (authorized custodian) must provide secure storage and maintain inventory records that comply with the DEA regulations.
5. Authorized custodians are encouraged to review the *Exempt Chemical Preparations List* for substances that are not regulated. See [http://www.deadiversion.usdoj.gov/schedules/exempt/exempt\\_chemlist.pdf](http://www.deadiversion.usdoj.gov/schedules/exempt/exempt_chemlist.pdf).
6. Absolutely no controlled substance may be transported between another institution and Berkeley Lab or from Berkeley Lab to another institution (which includes transportation between Berkeley Lab locations) without prior approval from the Program Administrator. No controlled substance or controlled-substance analogue may be created at any Laboratory location unless prior approval is obtained from the Program Administrator.
7. All personnel are required to report any suspicion of illegal use or diversion of controlled substances to the Program Administrator.

### D.2 Acquisition Process (Work Process E)

Controlled substances may only be purchased through eBay vendors or a one-time purchase order. Blanket purchase orders may not be used.

### D.3 Custodianship Process (Work Processes F–G)

1. Per DEA regulation, the substances must be delivered to the address on the registration. For Berkeley Lab, the delivery address is One Cyclotron Road, Building 69, Facilities Receiving. Substances will be tracked by the use of a Chain of Custody document for all transfers between authorized custodians, authorized controlled substances workers (authorized workers), and Berkeley Lab locations ([Work Process F](#)).
2. The authorized custodian or worker must notify the Program Administrator of any significant loss of material within one business day of discovery.
3. The authorized custodian must update the Berkeley Lab registration information for:
  - a. Changes in the storage location or configuration ([Work Process G](#))
  - b. Changes in the quantity or specific substance to be used
  - c. Changes to the list of persons having direct access to the controlled substances

### D.4 Disposal Process (Work Process H)

1. The authorized custodian notifies the Program Administrator of the need to dispose of excess controlled substance.
2. The authorized custodian follows instructions for Schedule I or II substances here: [http://www.lbl.gov/ehs/ih/programs/csp/assets/CsdisposalInstrux1\\_2.pdf](http://www.lbl.gov/ehs/ih/programs/csp/assets/CsdisposalInstrux1_2.pdf).
3. The authorized custodian follows instructions for Schedule III, IV, or V substances here: [http://www.lbl.gov/ehs/ih/programs/csp/assets/CsdisposalInstrux3\\_5.pdf](http://www.lbl.gov/ehs/ih/programs/csp/assets/CsdisposalInstrux3_5.pdf)

## E. Roles and Responsibilities

Managers, supervisors, and employees must adhere to the provisions of this policy.

Role	Responsibility
EHS Division Director	Obtains and maintains appropriate DEA research registrations

<p>Authorized controlled-substances custodian</p> <p>(Authorized custodian)</p>	<ul style="list-style-type: none"> <li>• Initiates controlled-substance acquisition process for research use</li> <li>• Reports any suspicions of illegal use or diversion of a controlled substance</li> <li>• Obtains prior approval from the Program Administrator for transfers of controlled substances from another institution to Berkeley Lab</li> <li>• Obtains prior approval from the receiving institution and the Berkeley Lab Program Administrator for transfers of controlled substances to another institution</li> <li>• Obtains specific authorization from the Program Administrator prior to synthesizing a controlled substance or controlled-substance analogue</li> <li>• Maintains an up-to-date Berkeley Lab registration form for the project and passes an employee screening</li> <li>• Maintains proper security controls</li> <li>• Completes Controlled Substances training</li> <li>• Reviews the <a href="#">Exempt Chemical Preparations List</a> for substances not subject to DEA regulation</li> <li>• Reports any loss of a controlled substance to the Program Administrator within 24 hours of discovery</li> <li>• Maintains accountability for all assigned controlled substances, including purchasing and disposal records and inventory use logs</li> <li>• Understands and maintains awareness of all activities with controlled substances for which he/she is accountable</li> <li>• Enters chemicals into the Chemical Management System</li> <li>• Participates in the initial, annual, and terminal Property Management inventory</li> <li>• Provides an appropriate storage configuration for controlled substances</li> <li>• Reports any changes to the Program Administrator of: <ul style="list-style-type: none"> <li>• Storage configuration or location</li> <li>• Quantity or substance required for research</li> <li>• Personnel having direct access to the controlled substance</li> </ul> </li> </ul>
<p>Authorized controlled substances worker</p> <p>(Authorized worker)</p>	<ul style="list-style-type: none"> <li>• Reports any suspicions of illegal use or diversion of a controlled substance</li> <li>• Passes the employee screening process</li> <li>• Never transfers a controlled substance from another institution or location to Berkeley Lab without prior approval from the Program Administrator</li> <li>• Never transfers controlled substances from Berkeley Lab to another institution without prior approval from the receiving institution</li> <li>• Never synthesizes a controlled substance or controlled-substance analogue without specific authorization from the Program Administrator</li> <li>• Maintains proper security controls</li> <li>• Makes accurate entries on the inventory/use log for any controlled substance used</li> <li>• Completes Controlled Substances training</li> </ul>
Subcontract Administrator	<ul style="list-style-type: none"> <li>• Maintains Procurement records</li> <li>• Processes one-time purchase requisitions</li> </ul>
Accounts Payable	<ul style="list-style-type: none"> <li>• Maintains invoice and payment records to vendors of controlled substances</li> </ul>
Receiving	<ul style="list-style-type: none"> <li>• Receives and secures controlled substances for all locations</li> <li>• Initiates Chain of Custody and maintains a copy</li> <li>• Completes Controlled Substances training</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Receives controlled substances for delivery to the research location</li> <li>• Signs chain of custody as receiver and relinquisher</li> <li>• Completes Controlled Substances training</li> </ul>
Program Administrator or designee	<ul style="list-style-type: none"> <li>• Administers and directs the Controlled Substances program</li> <li>• Receives, reviews, and maintains a file of all Berkeley Lab controlled-substances registration forms</li> <li>• Notifies the Berkeley Lab Security Manager of a theft or loss of a controlled substance</li> <li>• Supports the disposal of controlled substances</li> <li>• Authorizes the synthesis of a controlled substance for research purposes</li> <li>• Authorizes the transfer of controlled substances to or from Berkeley Lab</li> <li>• Provides Controlled Substances training</li> <li>• Approves/disapproves purchase of controlled substances</li> <li>• Maintains records</li> </ul>
Human Resources	<ul style="list-style-type: none"> <li>• Performs employee screenings for those noted above</li> <li>• Communicates with the Program Administrator about the results of employee screenings</li> </ul>
Property Management	<ul style="list-style-type: none"> <li>• Performs initial and annual physical inventory and conducts inventories for transfers and disposal</li> <li>• Submits inventory reports to DOE per DOE Order 580.1A</li> <li>• Maintains appropriate inventory records per DOE Order 580.1A</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Authorized custodian	A Berkeley Lab employee responsible for overall possession of the controlled substance for a research project
Authorized worker	A Berkeley Lab employee authorized to receive, handle, access, or manipulate controlled substances for research purposes
Chain of Custody Form	Laboratory documentation showing the transfer of a substance from one person to another. The form is initiated primarily when the substance has been delivered to Building 69 Receiving prior to delivery to the research location. It must also be used if transferring a controlled substance to an authorized worker in another location.
Chain of Custody (COC)	Chronological documentation showing the custody, control, transfer, analysis, and disposition of a controlled substance. An identifiable person must always have physical custody of a controlled substance used for research purposes.
Direct access	Individuals who have the combination or key to the storage location or who directly handle, receive, manipulate, transfer, or take similar action with the material or container. (Persons who are in the same room at the time the materials are handled but who do not participate in the above activities are not considered as having direct access.)
eBuy	E-commerce ordering system used for low-value catalog items from online catalogs for various suppliers. Catalog items that require special approvals are routed for approval when such items are selected for purchase.
One-time purchase order	A purchase order that is processed through the electronic procurement system. The item must be correctly categorized to ensure that the appropriate approval is obtained.
iBox	A software tracking system that tracks and sorts packages at Laboratory receiving
DEA registrant	The Berkeley Lab function that holds the DEA registration(s). At Berkeley Lab, this is the EHS Division Director.
Program Administrator	The Berkeley Lab employee responsible for administering the Controlled Substances program
PO	Purchase order

## G. Recordkeeping Requirements

All records will be kept in accordance with 21 CFR 1304.

## H. Implementing Documents

Document Number	Title	Type
N/A	Inventory/Use Logs	Form
N/A	Controlled Substances Program Registration	Form
N/A	Controlled Substances Program Employee Screening	Form
N/A	Chain of Custody	Form
03.06.001.001	Controlled Substances Program Plan	Program
03.06.001.002	<i>Work Process A, General Requirements</i>	Process
03.06.001.003	<i>Work Process B, DEA Registration</i>	Process
03.06.001.004	<i>Work Process C, Berkeley Lab Registration</i>	Process
03.06.001.005	<i>Work Process D, Employee Screening</i>	Process
03.06.001.006	<i>Work Process E, Purchasing Controlled Substances</i>	Process
03.06.001.007	<i>Work Process F, Receiving and Transferring Controlled Substances</i>	Process
03.06.001.008	<i>Work Process G, Storage of Controlled Substances</i>	Process
03.06.001.009	<i>Work Process H, Disposal of Controlled Substances</i>	Process

## I. Contact Information

Controlled Substances Program Administrator  
Industrial Hygiene Group  
EHS  
[DGBest@lbl.gov](mailto:DGBest@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	Lunsford	Rewrite for wiki	All	Minor
8/30/2013	2	Rothermich	Update to align with 21 CFR 1300-1321	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Controlled Substances in Research and Development
Document number	03.06.001.000
Revision number	2
Publication date:	8/30/2013
Effective date:	8/30/2013
Next review date:	8/30/2016
Policy Area:	Controlled Substances
RPM Section (home)	Conduct of Research & Development
RPM Section (cross-reference)	
Functional Division	EHS
Prior reference information (optional)	RPM Sections 2.23, 11.39, 1.06

## Source Requirements Documents

- DOE Order 580.1A, *Department of Energy Personal Property Management Program Contractor Requirements Document*
- 21 CFR 1300-1321, *Regulations for Controlled Substances*
- Title 21 USC 802(6), *Controlled Substances Act*

## Other Driving Requirements

- [BUS 50](#), University of California Business and Finance Bulletins, Controlled Substances Program Best Practices Guide, May 5, 2009

## Implementing Documents

Document Number	Title	Type
N/A	Inventory/Use Logs	Form
N/A	Controlled Substances Program Registration	Form
N/A	Controlled Substances Program Employee Screening	Form
N/A	Chain of Custody	Form
03.06.001.001	Controlled Substances Program Plan	Program
03.06.001.002	<a href="#">Work Process A, General Requirements</a>	Process
03.06.001.003	<a href="#">Work Process B, DEA Registration</a>	Process
03.06.001.004	<a href="#">Work Process C, Berkeley Lab Registration</a>	Process
03.06.001.005	<a href="#">Work Process D, Employee Screening</a>	Process
03.06.001.006	<a href="#">Work Process E, Purchasing Controlled Substances</a>	Process
03.06.001.007	<a href="#">Work Process F, Receiving and Transferring Controlled Substances</a>	Process
03.06.001.008	<a href="#">Work Process G, Storage of Controlled Substances</a>	Process
03.06.001.009	<a href="#">Work Process H, Disposal of Controlled Substances</a>	Process

# Cooperative Research & Development Agreements (CRADAs)

Title:	Cooperative Research & Development Agreements (CRADAs)
Publication date:	11/20/2012
Effective date:	10/23/2009

## BRIEF

### Policy Summary

This policy sets forth the requirements for Berkeley Lab Cooperative Research and Development Agreements (CRADAs). Specifically, the policy covers:

- Submitting, reviewing, and approving CRADA proposals by Berkeley Lab researchers
- Accepting, performing, and administering CRADA awards from non-Department of Energy (DOE) sponsors

### Who Should Read This Policy

Any Berkeley Lab employee involved with submitting, reviewing, or approving CRADA proposals and accepting, performing, or administering CRADA awards from non-DOE sponsors

### Contact Information

[Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

Title:	Cooperative Research & Development Agreements (CRADAs)
Publication date:	11/20/2012
Effective date:	10/23/2009

#### D. Policy Statement

##### D.1 General

##### D.2 JWS/CRADA Proposals

##### D.3 CRADA Analysis

##### D.4 Joint Work Statement

##### D.5 Other Important Considerations

##### D.6 Proposal and Negotiation Process

## POLICY

### A. Purpose

This policy provides the process and requirements for Lawrence Berkeley National Laboratory (Berkeley Lab) Cooperative Research and

Development Agreements (CRADAs) and covers:

- Submitting, reviewing, and approving CRADA proposals by Berkeley Lab researchers
- Accepting, performing, and administering CRADA awards from non-Department of Energy (DOE) sponsors

## B. Persons Affected

Any Berkeley Lab employee involved with submitting, reviewing, or approving CRADA proposals and accepting, performing, or administering CRADA awards from non-DOE sponsors

## C. Exceptions

None

## D. Policy Statement

### D.1 General

1. CRADAs are developed with a non-federal partner in specified research or development efforts that are consistent with the missions of the facility. The non-federal party contribution must be more than financial and/or equipment or the development of a statement of work. The University of California (UC) and DOE contract establish the rules under which UC will operate and manage Berkeley Lab. Contract Clauses [I.91 - DEAR 970.5227-2 \(Rights in Data --- Technology Transfer\)](#) and [I.92 - 970.5227-3 \(Technology Transfer Mission\)](#) are two of the primary clauses related to CRADAs.
2. The President of the University of California has delegated to the Berkeley Lab Director the authority for Laboratory contract and grant authority to solicit and accept or execute certain extramural grants and contracts that include CRADAs.
3. The Office of Sponsored Projects & Industry Partnerships (OSPIP) is the institutional organization responsible for submitting proposals and accepting awards from non-DOE sponsors. All proposals and awards for sponsored research must be processed through OSPIP. OSPIP's contract officers (COs) have been delegated authority from the Laboratory Director to submit proposals and negotiate awards in accordance with UC policy. The OSPIP Manager retains the authority to sign CRADAs.

### D.2 JWS/CRADA Proposals

OSPIP COs have the institutional review responsibility for submitting all CRADA proposals to the Laboratory's CRADA partners, and the [Joint Work Statement \(JWS\)](#) and CRADA to DOE for review and approval, which are necessary to the CRADA proposal review and submittal process.

### D.3 CRADA Analysis

1. The CO should review the JWS and the [Statement of Work](#) to ensure that the project involves a real work effort on the part of the partner.
2. The CRADA is to be used only if there is a true collaboration on behalf of the partner and Berkeley Lab.
3. If there is no DOE funding involved, consideration should be given to conducting the research as a Work for Others (WFO) contract rather than a CRADA.
4. The partner must be informed of the availability of the class waiver WFO in accordance with Contract 31, Clause I.92 n(4)(i).
5. There must be in-kind contributions to document the partner's collaborative activities to demonstrate that the partner is providing more than money (see [Valuation of In-Kind Contribution](#) form).

### D.4 Joint Work Statement

1. The CRADA process begins with the [Joint Work Statement](#). Special attention should be given to the following:
  - a. **Fairness of Opportunity.** It is important that fairness of opportunity is followed and documented. The file must describe how Berkeley Lab and the partner joined efforts for the proposed CRADA, including how the partner became aware of Berkeley Lab's capability and willingness to participate.



- b. **U.S. Competitiveness.** The JWS should indicate whether the partner will agree to the standard DOE clause on U.S. competitiveness. If not, a description of the alternative benefits to which the partner is willing to contractually agree must be described using the [U.S. Competitiveness Worksheet](#).
2. See the U.S. Competitiveness Worksheet, February 26, 1993, distributed via DOE Memorandum [Restatement of Departmental Technology Transfer Policy on U.S. Competitiveness](#).

## D.5 Other Important Considerations

1. **Use of Students.** See the OSPIP Policy Manual on the [Use of Students in CRADAs](#). The use of students is allowed, as long as there is no protected generated information (standard Berkeley Lab language).
2. **Advance Invoice.** If the CRADA partner is providing funds, an advance must be obtained prior to starting the CRADA (see [OSPIP Process/RAPID Manual](#) for the process to obtain an advance invoice).
3. **EH&S Human and Animal Use Approvals.** A new CRADA requires approval by the Environment, Health & Safety (EH&S) Division via e-mail (see [Human and Animal Subjects Process](#)).
4. **Conflict of (COI) Review.** Compliance with COI policies must be ensured (see [Conflict of Interest in Research — CRADAs](#)). No award can be initiated unless approved by the Berkeley Lab COI Coordinator, and then DOE. If a positive COI exists, the OSPIP CO sends a [CRADA Positive Financial Interest Disclosure letter](#) to DOE/Berkeley Site Office (BSO) requesting its review and approval of a positive financial disclosure prior to the start of the research. This is accomplished after the Berkeley Lab COI Coordinator has approved the affected employees' participation in the CRADA.
5. **U.S. Trade Representative (USTR) (for Foreign CRADA Partners).** [DOE Order 483.1-1](#), [DOE Cooperative Research and Development Agreements Manual](#), Appendix B, page 67, requires consultation with either the USTR directly or by accessing information on the [USTR Web site](#) to satisfy the requirements that the foreign country has favorable reciprocal partnership policies. Document this in the JWS and create a memo (see [CRADA memo sample](#)) to retain as documentation.
6. **Option to Exclusive License.** The Morella Bill requires that a CRADA partner have the opportunity to receive an option to an exclusive license for a prenegotiated field of use license to Berkeley Lab's subject inventions. Contact [Technology Transfer and Intellectual Property Management \(TTIPM\)](#) and provide the Licensing Manager with the JWS and contact information. Request that TTIPM contact the CRADA partner to offer the partner the option agreement.

## D.6 Proposal and Negotiation Process

1. **CRADA Proposal Package to Partner.** The OSPIP CO prepares the CRADA partner proposal transmittal letter, attaches the following, and sends the complete package to the proposed CRADA partner contact:
  - a. CRADA
  - b. Scope of Work
  - c. Budget
2. **CRADA Proposal Approval – OSPIP Manager.** The OSPIP CO prepares a DOE/BSO CRADA transmittal letter and attaches the following for review and approval by the OSPIP Manager:
  - a. Joint Work Statement
  - b. Proposed CRADA
  - c. Exception to Full Cost Recovery form, if applicable
3. **CRADA Proposal Approval – DOE/BSO.** Upon approval, the CO submits the package to DOE/BSO for review and approval. Approximately **10 days** after submitting the proposal to DOE/BSO, the OSPIP CO follows up with DOE/BSO on approval status of the JWS and the CRADA, responding to any DOE/BSO questions on the approval package.
4. **Partner Negotiations / DOE Approval to Changes in Terms and Conditions.** The OSPIP CO contacts the partner's contracts office to determine whether the partner has questions or issues on the proposed CRADA. If the proposed CRADA terms are acceptable, the OSPIP CO requests that the partner sign both copies of the CRADA and return them to the OSPIP CO for signature.
5. **Changes in Terms and Conditions.** If negotiations on the CRADA terms are necessary, the OSPIP CO should not agree to changes to terms and conditions that DOE would be unlikely to approve. The OSPIP CO should only agree to changes that have a reasonable chance of obtaining DOE approval.
6. **DOE/BSO Approval of Changes to Terms and Conditions.** Once contract negotiations are complete, the OSPIP CO should prepare a [DOE/BSO CRADA transmittal letter](#) explaining the basis for each change. The letter and negotiated CRADA are then submitted to the DOE/BSO Contracting Officer for approval.
7. **Renegotiations.** The OSPIP CO should follow up with the DOE/BSO CO to determine if the negotiated contract terms are acceptable. If not, the DOE changes to the negotiated CRADA are renegotiated with the partner until partner, DOE, and Berkeley Lab agree on the negotiated contract terms. Signatures are then obtained from the partner and the OSPIP Manager on the negotiated CRADA, and partner advance payment is obtained, if required.

## E. Roles and Responsibilities

None

## F. Definitions/Acronyms

Term	Definition
Cooperative Research and Development Agreement (CRADA)	An agreement between the University of California and one or more non-Federal participants under which the government (through Berkeley Lab) provides personnel services, facilities, equipment, intellectual property, or other resources (with or without reimbursement) and the non-Federal parties provide funds, personnel, services, facilities, equipment, intellectual property, or other resources (with or without reimbursement) towards the conduct of specified research or development efforts that are consistent with the mission of the Laboratory
JWS	Joint Work Statement
WFO	Work for Others

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
06.01.006.001	<a href="#">Joint Work Statement (JWS)</a>	Form
06.01.006.002	<a href="#">Statement of Work</a>	Form
06.01.006.003	<a href="#">Valuation of In-Kind Contribution</a>	Form
06.01.006.004	<a href="#">U.S. Competitiveness Worksheet</a>	Standard
06.01.006.005	<a href="#">Restatement of Departmental Technology Transfer Policy on U.S. Competitiveness</a>	Standard
06.01.006.006	<a href="#">Use of Students in CRADAs</a>	Manual Excerpt
06.01.006.007	<a href="#">OSPIP Process/RAPID Manual</a>	Manual
06.01.006.008	<a href="#">Human and Animal Subjects Process</a>	Process

## I. Contact Information

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Mock	Reformat for wiki (Brief)	All	Minor
4/16/2012	1	M. Mock	Reformat for wiki (Policy)	All	Minor
11/11/2012	1.1	R.Inada	Periodic review completed 10/23/12; no changes	Pub & rev dates	Minor
11/11/2012	1.2	L. Nowell	New link for the the U.S. Competitiveness Worksheet	Section D.4 and Implementing Documents	Editorial

## DOCUMENT INFORMATION

Title:	Cooperative Research & Development Agreements (CRADAs)
Document number	06.01.006.000
Revision number	1.2
Publication date:	11/20/2012
Effective date:	10/23/2009
Next review date:	10/23/2015
Policy Area:	Non-DOE Funded Research Mechanisms
RPM Section (home)	Non-DOE Funded Research
RPM Section (cross-reference)	None
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [U.S. Department of Energy \(DOE\) Contract No. DE-AC02-05CH11231, Clause 1.91, DEAR 970.5227-2 \(Rights in Data – Technology Transfer\)](#)
- [U.S. Department of Energy \(DOE\) Contract No. DE-AC02-05CH11231, Clause 1.92 - 970.5227-3 \(Technology Transfer Mission\)](#) .

- DOE Order 483.1 - CRADAs. Establishes DOE policy, requirements, and responsibilities for the oversight, management, and administration of CRADA activities at DOE facilities.
- [National Competitiveness Technology Transfer Act of 1989](#). The law that created the CRADA mechanism for use by government-owned contractor-operated (GOCO) laboratories such as Berkeley Lab. It is part of DOE Order 483.1.
- [Class Waiver – Patent Rights](#), DOE 2/25/91 letter. A class waiver of the government's U.S. and foreign patent rights for inventions made in the performance of CRADAs entered into by The Regents of the University of California under Contract 31 between the DOE and UC (W[C]-91-001; SAN 587). This provides the waiver of the government's rights in participant CRADA inventions.
- [Cost Sharing of CRADAs](#), DOE 3/14/94 memorandum. Reiterates DOE policy that prior work cannot be counted as in-kind CRADA contributions.

## Other Driving Requirements

Document Number	Title	Type
05.02.003.000	<a href="#">Conflict of Interest in Research - CRADAs</a>	Policy

## Implementing Documents

Document Number	Title	Type
06.01.006.001	<a href="#">Joint Work Statement (JWS)</a>	Form
06.01.006.002	<a href="#">Statement of Work</a>	Form
06.01.006.003	<a href="#">Valuation of In-Kind Contribution</a>	Form
06.01.006.004	<a href="#">U.S. Competitiveness Worksheet</a>	DOE Standard
06.01.006.005	<a href="#">Restatement of Departmental Technology Transfer Policy on U.S. Competitiveness</a>	DOE Standard
06.01.006.006	<a href="#">Use of Students in CRADAs</a>	Manual excerpt
06.01.006.007	<a href="#">OSPIP Process/RAPID Manual</a>	Manual
06.01.006.008	<a href="#">Human and Animal Subjects Process</a>	Process

## Other References

- [DOE Order 483.1-1 CRADA Manual](#) This manual supplements DOE Order 483.1 and provides detailed requirements to supplement DOE O 483.1, DOE Cooperative Research and Development Agreements, dated 1-12-01, which establishes requirements for the performance of technology transfer through the use of CRADAs.

# Corrective Action and Discipline

## Brief

Title:	Corrective Action and Discipline
Publication date:	6/18/2014
Effective date:	6/18/2014

## BRIEF

### Policy Summary

This policy describes what corrective action Berkeley Lab managers and supervisors must take when an employee fails to meet employment-related standards of conduct or performance.

### Who Should Read This Policy

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For information regarding this policy, contact your Division's HR Center. Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Corrective Action and Discipline
Publication date:	6/18/2014
Effective date:	6/18/2014

## POLICY

### A. Purpose

This policy describes what corrective action Lawrence Berkeley National Laboratory (Berkeley Lab) managers and supervisors must take when an employee fails to meet employment-related standards of conduct or performance.

### B. Persons Affected

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement (CBA).

### C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO). Depending on the circumstances, some exceptions may require University of California Office of the President (UCOP) and/or Department of Energy (DOE) approval.

## D. Policy Statement

### 1. Policy

- a. A corrective action may be initiated when an employee fails to meet employment-related standards of conduct or performance including, but not limited to, inattention to duty; failure to follow directions; unsatisfactory performance; insubordination; absenteeism; tardiness; violation of law or Laboratory/University regulations; dishonesty, theft, or misappropriation of public funds or property; timecard falsification; fighting on the job; acts endangering others; gambling; or possession of firearms or explosives. Corrective action can take the form of a written warning, salary decrease, demotion, suspension without pay, or dismissal.
  - b. Oral warnings and counseling memos are not considered corrective actions. In addition, they are not subject to the provisions of the *Employee Complaint Resolution* policy.
  - c. When corrective action is contemplated for a member of the professional research staff, [RPM 2.07, Professional Research Staff](#), should be reviewed to determine if additional procedures are required.
2. **Documentation.** Documentation of corrective action should be entered in the employee's personnel file, and copies of such records should be sent to Employee Labor Relations (ELR). At the written request of the employee, records of a written warning will be removed from the employee's personnel file if, after two consecutive years, there has been no further conduct or performance of the same or a similar nature.
3. **Authority to Take Corrective Action**
- a. **Responsible Managers.** Responsible managers are operations department heads, deputy division directors, and division directors and above (see [RPM 2.01\(F\)\(3\), Laboratory Management](#)). Responsible managers, after consultation with ELR, may take or authorize corrective action, including dismissal, in accordance with this policy. Supervisors are authorized to issue written warnings. Authorization to take or authorize all other corrective action or dismissal lies exclusively with the responsible manager in consultation with ELR.
  - b. **Supervisor Authority**
    - i. Written warnings may be issued by a supervisor after consultation with ELR.
    - ii. A supervisor may immediately place an employee on investigatory leave only in those cases where it is desirable and appropriate to have the employee leave the worksite immediately. Appropriate circumstances include, but are not limited to, the following: the employee's continued presence on the job may result in the disruption of operations, may impair the investigation, may result in attempted destruction or sabotage, or may be considered a threat to others or him/herself; or the employee appears visibly impaired as to not being able to continue to perform satisfactorily. (See [Section D.4, Investigatory Leave](#), of this policy.)
    - iii. A supervisor may not take any other corrective action without prior approval of the responsible manager and consultation with ELR.
4. **Investigatory Leave**
- a. An employee may be placed on investigatory leave with pay, usually for a period not to exceed 15 calendar days, while a review or investigation is conducted based on alleged actions including, but not limited to, the employee's continued presence on the job may result in disruption of operations, may impair the investigation, may result in attempted destruction or sabotage, may be considered a threat to others or his/her self, or the employee appears visibly impaired as to not be able to continue to perform satisfactorily.
  - b. Except as stated in [Section D.3.b, Supervisor Authority](#), of this policy, a decision to place an employee on investigatory leave may only be made by a responsible manager and after consultation with ELR. The leave must be confirmed in writing to the employee, normally no later than five calendar days after the effective date of the leave. The notice must include the reasons for the leave and its expected duration.
  - c. The decision to place an employee on investigatory leave is not a corrective action. In addition, it is not subject to the provisions of the *Employee Complaint Resolution* policy.
5. **Written Warnings.** A written warning is the first step of corrective action. At least one written warning should normally precede any further corrective action, except when corrective action is the result of performance or conduct that an employee knows or reasonably should have known was unsatisfactory. Written warnings must describe: (a) the nature of the offense or deficiency; (b) the method or methods of correction; (c) the probable action to be taken if the offense is repeated or the deficiency persists; and (d) the employee's right to appeal the written warning under the *Employee Complaint Resolution* policy.

## 6. Corrective Action Other Than Written Warnings and Dismissals

- a. **Written Notice of Intent to Take Corrective Action Other Than Written Warnings and Dismissals.** For corrective action other than written warnings and dismissals, the responsible manager must provide the employee with written notice of intent to take such action before the effective date. This notice must (i) state the intended corrective action, its reason, and the proposed effective date; (ii) include a copy of the charges and materials on which the corrective action is based; and (iii) state that the employee has the right to respond either orally or in writing within 10 calendar days from the date of issuance; and (d) specify to whom the response must be made.
  - b. **Written Notice of Corrective Action Other Than Written Warnings and Dismissals.** After the employee's response or 10 calendar days from the date of issuance (whichever comes first), the employee must be notified in writing of the responsible manager's decision. If the responsible manager determines that corrective action is not appropriate, the responsible manager must inform the employee of this fact and state what other action, if any, will be taken. If the responsible manager determines that the corrective action, or a modification thereof, is appropriate, the employee will be notified of the action, the effective date, and advised of his/her right to appeal the action.
7. **Dismissal of Nonprobationary Career and Term Employees.** Nonprobationary Career and Term employees may be dismissed for reasons set forth in [Section D.1.a](#) of this policy. See the [Release of Non-Career Employees policy](#) for information regarding the dismissal of non-Career employees. Dismissal is normally preceded by some form of corrective action unless the unsatisfactory performance or misconduct is so serious as to warrant immediate dismissal.
  8. **Written Notice of Intent to Dismiss.** A written notice of the intent to dismiss must be given to the employee by a responsible manager, and must (a) state the reason for the intended dismissal; (b) include a copy of the charges and materials on which the intent to dismiss is based; (c) state that the employee has the right to respond either orally or in writing within 10 calendar days from date of issuance; (d) specify to whom the response must be made; and (e) specify the proposed effective date of the dismissal, which must be at least 10 calendar days from the date of the notice of intent to dismiss.
  9. **Written Notice of Dismissal.** After the employee's response or 10 calendar days from date of issuance (whichever comes first), the employee must be notified in writing by the responsible manager of his or her decision. If the responsible manager determines that dismissal is not appropriate, he or she must inform the employee of this fact and state what other action, if any, will be taken. If the responsible manager determines that dismissal is appropriate, the employee will be so notified. The notice must (a) specify the effective date of dismissal, (b) state the reason for dismissal, and (c) state the employee's right to appeal. If an employee was absent from work without approval during the 10 calendar days for response to the notice of intent or any subsequent days up to and including the day of dismissal, the days absent are without pay.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Employee and Labor Relations (ELR)	Provides advice to HR Centers and supervisors on corrective action and discipline matters
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy
Human Resource Center (HRC)	Have the responsibility to advise management and employees on how to comply with this policy

## F. Definitions/Acronyms

Term	Definition
CHRO	Chief Human Resources and Diversity Officer
ELR	Employee and Labor Relations
HR	Human Resources
HRC	Human Resources Center

## G. Recordkeeping Requirements

None

## H. Implementing Documents

<b>Audience</b>	<b>Document Number</b>	<b>Document Title</b>	<b>Type</b>
HR Staff	02.11.003.001-01	Disciplinary Warning Letter	Form
HR Staff	02.11.003.002-01	Disciplinary Warning – Unacceptable Performance	Form
HR Staff	02.11.003.003-01	Dismissal Memo	Form
HR Staff	02.11.003.004-01	Intent to Dismiss Memo	Form
HR Staff	02.11.003.005-01	Intent to Suspend Memo	Form
HR Staff	02.11.003.006-01	Investigatory Leave Memo	Form
HR Staff	02.11.003.007-01	Notice of Suspension	Form
HR Staff	02.11.003.008-01	Performance Improvement Plan (PIP)	Form
HR Staff	02.11.003.009-01	PIP 30 – 60 Day Report	Form
HR Staff	02.11.003.010-01	PIP Completion	Form
HR Staff	02.11.003.011-01	Preparation Memo	Form
HR Staff	02.11.003.012--01	Release during Probationary Period	Form

## **I. Contact Information**

For information regarding this policy, contact your Division's HR Center. Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## **J. Revision History**

<b>Date</b>	<b>Revision</b>	<b>By whom</b>	<b>Revision Description</b>	<b>Section(s) affected</b>	<b>Change Type</b>
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
6/18/2014	1	L. Westphal	Rewrite for wiki (policy)	All	Major

### **Document Information**



## DOCUMENT INFORMATION

Title:	Corrective Action and Discipline
Document number	02.11.002.000
Revision number	1
Publication date:	6/18/2014
Effective date:	6/18/2014
Next review date:	6/18/2017
Policy Area:	Problem Resolution
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.05(C)

## Source Requirements Documents

- Department of Energy (DOE) DE-AC02-05CH11231, Sec. J, App. A, *Advanced Understandings on Human Resources*
- University of California (UC) PPSM 62, March 1, 2002, *Corrective Action - Professional and Support Staff*

## Implementing Documents

Audience	Document Number	Document Title	Type
HR Staff	02.11.003.001-01	Disciplinary Warning Letter	Form
HR Staff	02.11.003.002-01	Disciplinary Warning – Unacceptable Performance	Form
HR Staff	02.11.003.003-01	Dismissal Memo	Form
HR Staff	02.11.003.004-01	Intent to Dismiss Memo	Form
HR Staff	02.11.003.005-01	Intent to Suspend Memo	Form
HR Staff	02.11.003.006-01	Investigatory Leave Memo	Form
HR Staff	02.11.003.007-01	Notice of Suspension	Form
HR Staff	02.11.003.011-01	Preparation Memo	Form
HR Staff	02.11.003.012--01	Release during Probationary Period	Form

# Cost Allowability

Title:	Cost Allowability
Publication date:	4/2/2014
Effective date:	3/20/2012

## BRIEF

### Policy Summary

Berkeley Lab, as part of the University of California, is accountable to the U.S. Department of Energy (DOE) for the appropriate expenditure of DOE funds. It is the policy of Berkeley Lab not to incur unallowable costs for work performed under DOE Contract No. DE-AC02-05CH11231 (Contract 31).

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Financial Policy and Assurance Manager, OCFO](#)

Title:	Cost Allowability
Publication date:	4/2/2014
Effective date:	3/20/2012

#### D. Policy Statement

- [D1. General](#)
- [D2. Reasonableness](#)
- [D3. Allocability](#)
- [D4. Supporting Documentation](#)
- [D5. Allowability Determinations](#)
- [D6. Examples of Unallowable Costs](#)

## POLICY

### A. Purpose

This policy provides general guidelines for Lawrence Berkeley National Laboratory (Berkeley Lab) for determining allowable costs, in compliance with U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231 (Contract 31), the Federal Acquisition Regulation (FAR), and the Department of Energy Acquisition Regulation (DEAR). This policy is not intended to amend or replace any federal, state, or regulatory requirements. For more specific details, refer to Contract 31, the FAR, and the DEAR.

## B. Persons Affected

All Laboratory employees

## C. Exceptions

None

## D. Policy Statement

### D.1 General

Allowable costs are costs and expenses actually incurred in the performance of work in accordance with the terms of Contract 31, or authorized work for other agreements, which are considered necessary, or incident thereto, and are determined to be allowable, as defined in FAR, Subpart 31.201-2, *Determining Allowability (FAR 31.201-2)*, as supplemented by specific clauses in Contract 31 DEAR Subpart 970.31, *Contract Cost Principles and Procedures (DEAR 970.31)*.

A cost is allowable only when it complies with all of the following requirements:

- Reasonableness
- Allocability
- Applicable Cost Accounting Standards (CAS); otherwise, Generally Accepted Accounting Principles (GAAP) and practices appropriate to the circumstances
- Terms and conditions of Contract 31
- Any rules or limitations described in FAR, Subpart 31.201-2 as supplemented by DEAR Subpart 970.31 and/or specific clauses in Contract 31

### D.2 Reasonableness

A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person while conducting normal Laboratory business. The determination of reasonableness depends upon a variety of considerations and circumstances, including the following:

1. The type of cost is generally recognized as ordinary and necessary to conduct Laboratory business or contract performance.
2. The cost is in compliance with generally accepted sound business practices, arm's-length bargaining, and federal and state laws and regulations.
3. The cost supports the Laboratory's responsibilities to the government, other customers, the owners of the business, employees, and the public at large.
4. The cost does not significantly deviate from established practices

### D.3 Allocability

A cost is allocable if it is assigned or charged to one or more cost objectives (projects) on the basis of benefits received (or other equitable relationship) and charged or allocated consistently and in compliance with applicable CAS and the Laboratory's CAS Disclosure Statement. Therefore, a cost is allocable if it:

1. Is incurred specifically for the project

2. Benefits both the project and other work, and can be distributed in reasonable proportion to the benefits received
3. Is necessary to the overall operation of Laboratory business

## D.4 Supporting Documentation

Each division is responsible for accounting for costs appropriately and for maintaining records, including supporting documentation, to demonstrate that costs claimed have been incurred per Contract 31 requirements. DOE may disallow all or part of a claimed cost that is inadequately supported.

Individuals with signature authority for specific costs incurred are responsible to ensure they are allowable under Contract 31 and Laboratory policies, and that supporting documentation is adequate.

## D.5 Allowability Determinations

Refer allowability questions to the Financial Policy and Assurance Office, which will provide determinations based upon the appropriate directive or regulation, and/or in consultation with the appropriate authority.

When costs are identified as questionable but considered necessary, one option available to the Laboratory is to request the Office of the Chief Financial Officer (OCFO) to coordinate with the Laboratory Management Office (LMO) to seek Contracting Officer approval of the specific item or category of costs. Such requests should be made in advance of any commitments being made to utilize Contract 31 funds.

## D.6 Examples of Unallowable Costs (per FAR 31.205 and DEAR 970.3102-05)

The following are examples of unallowable costs that often arise at Berkeley Lab. These are **not** the complete set. If the reader's particular category is not in the sample listing below, the reader should consult with the appropriate manager in OCFO listed in Section I of this policy and/or review the specific FAR and DEAR references.

1. **Public Relations and Advertising Costs (FAR 31.205-1):** Examples of *unallowable* public relations and advertising costs include the following:
  - a. Costs of sponsoring meetings, conventions, symposia, seminars, and other special events when the principal purpose of the event is other than dissemination of technical information or stimulation of production.
  - b. Costs of ceremonies such as celebrations, including ribbon cuttings, and new product announcements
  - c. Costs of promotional material, motion pictures, videotapes, brochures, handouts, magazines, and other media designed to call favorable attention to the Laboratory and its activities
  - d. Costs of souvenirs, models, imprinted clothing, buttons, and other mementos provided to customers or the public
  - e. Costs of memberships in civic and community organizations
  - f. Costs of memorabilia (e.g., models, gifts, and souvenirs)
  - g. Costs of alcoholic beverages, entertainment, and physical facilities that are primarily used for entertainment
2. **Bad Debts (FAR 31.205-3):** Bad debts, including actual or estimated losses arising from uncollectible accounts receivable due from customers and other claims, and any directly associated costs (such as collection and legal costs) are *unallowable*.
3. **Contributions or Donations (FAR 31.205-8):** Contributions or donations, including cash, property, and services, regardless of the recipient, are *unallowable*, with the exception of the costs of participation in community service activities (e.g., blood bank drives, charity drives, savings bond drives, disaster assistance, etc.), as provided in FAR 31-205-1(e)(3).
4. **Employee Morale (FAR 31.205-13) and Contract 31, Section J, Appendix A, Section IX:**
  - a. Costs of gifts are *unallowable*. (Gifts **do not** include awards for performance made in accordance with FAR 31.205-6(f), or awards made in recognition of employee achievements in accordance with an established Laboratory plan or policy.)
  - b. Costs of recreation are *unallowable*, **except** for the costs of employees' participation in Laboratory-sponsored sports teams or employee organizations designed to improve loyalty, teamwork, or physical fitness. However, Contract 31 does place an annual monetary limit on all employee morale-enhancing activities. Such expenditures must be pre-approved by the Employee Activities Association Coordinator.
5. **Entertainment Costs (FAR 31.205-14):**
  - a. Costs of amusement, diversions, social activities, and any directly associated costs (such as tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are *unallowable*.
  - b. Costs of membership in social, dining, or country clubs or other organizations having the same purposes are also *unallowable*,

regardless of whether the cost is reported as taxable income to the employees.

**6. Fines, Penalties, and Mischarging Costs (FAR 31.205-15):**

- a. Costs of fines and penalties resulting from violations of, or failure of the Laboratory to comply with, federal, state, local, or foreign laws and regulations, are *unallowable*, **except** when incurred as a result of compliance with specific terms and conditions of the contract or written instructions from the contracting officer (DOE).
- b. Costs incurred in connection with, or related to, the mischarging of costs are unallowable when the costs are caused by, or result from, alteration or destruction of records, or other false or improper charging or recording of costs. Such costs include those incurred to measure (or otherwise determine) the magnitude of the improper charging, and costs incurred to remedy or correct the mischarging, such as costs to rescreen and reconstruct records.

**7. Independent Research and Development and Bid and Proposal Costs (FAR 31.205-18 and DEAR 970.3102-05-18):** Independent research and development and bid and proposal costs are *unallowable*. However, DOE-approved Laboratory Directed Research and Development (LDRD) costs and those costs *incurred* in support of DOE's various reimbursable (*work for others*) programs are *allowable*.

**8. Insurance (FAR 31.205-19)**

- a. If purchased insurance is available, any self-insurance charge *plus* insurance administration expenses in excess of the cost of comparable purchased insurance is *unallowable*.
- b. Self-insurance charges for risks of catastrophic losses are *unallowable*.
- c. Actual losses are *unallowable*, unless expressly provided for in the contract. The following types of losses are **allowable**:
  - i. Losses incurred under the nominal deductible provisions of purchased insurance, in keeping with sound business practice
  - ii. Minor losses, such as spoilage, breakage, and disappearance of small hand tools that occur in the ordinary course of business and that are not covered by insurance.

**9. Lobbying and Political Activity Costs (FAR 31.205-22 and DEAR 970.3102-05-22):** Costs associated with the following activities are *unallowable*:

- a. Attempts to influence the outcomes of any federal, state, or local election, referendum, initiative, or similar procedure through in-kind or cash contributions, endorsements, publicity, or similar activities
- b. Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections
- c. Any attempt to influence:
  - i. The introduction of federal, state, or local legislation, or
  - ii. The enactment or modification of any pending federal, state, or local legislation through communication with any member or employee of the Congress or state Legislature (including efforts to influence state or local officials to engage in similar lobbying activity), or with any government official or employee in connection with a decision to sign or veto enrolled legislation

**10. Plant Reconversion Costs (FAR 31.205-31):** Reconversion costs are *unallowable* except for the cost of removing government property and the restoration or rehabilitation costs caused by such removal. However, in special circumstances where equity so dictates, additional costs may be *allowed* to the extent agreed upon before costs are incurred.

**11. Professional and Consultant Service Costs (FAR 31.205-33):** Costs of professional and consultant services performed under any of the following circumstances are *unallowable*:

- a. Services to improperly obtain, distribute, or use information or data protected by law or regulation
- b. Services that are intended to improperly influence the contents of solicitations, the evaluation of proposals or quotations, or the selection of sources for contract award, whether the award is by the government, or by a prime contractor or subcontractor
- c. Any other services obtained, performed, or otherwise resulting in violation of any statute or regulation prohibiting improper business practices or conflicts of interest
- d. Services performed that are not consistent with the purpose and scope of the services contracted for or otherwise agreed to

**12. Recruitment Costs (FAR 31.205-34 and Contract 31, Section J, Appendix A, Section X):** Help-wanted advertising costs are *unallowable* if the advertising:

- a. Does not describe specific positions or classes of positions
- b. Includes material that is not relevant for recruitment purposes, such as extensive illustrations or descriptions of the Laboratory's products or capabilities
- c. The Laboratory may incur costs for the recruitment of personnel, as follows:
  - i. Costs of advertising and agency and consultant fees shall not exceed \$1 million annually without prior Contracting Officer (DOE) approval.
  - ii. Travel and subsistence for interviewee, interviewer, and recruiting contact paid in accordance with Contract 31, Section J, Appendix A. As approved by the Laboratory Director, expenses for round-trip travel and subsistence for the interviewee's spouse may be reimbursed. Meal expense for interviewer's spouse may be reimbursed.
  - iii. New or prospective employees who have been offered and have accepted a position, and who are required to take a preplacement physical examination, shall be reimbursed for costs of the physical examination.

- iv. Costs associated with pre-employment screening shall be allowable.
13. **Relocation Costs (FAR 31.205-35):** The following types of costs are *unallowable*:
- a. Loss on sale of a home
  - b. Costs *incident* to acquiring a home in the new location as follows:
    - i. Real estate brokers' fees and commissions
    - ii. Costs of litigation
    - iii. Real and personal property insurance against damage or loss of property
    - iv. Mortgage life insurance
      - 1. Owner's title policy insurance when such insurance was not previously carried by the employee on the old residence (However, the cost of a mortgage title policy is allowable.)
      - 2. Property taxes and operating or maintenance costs
  - c. Continuing mortgage principal payments on a residence being sold
  - d. Costs incident to furnishing equity or nonequity loans to employees or making arrangements with lenders for employees to obtain lower-than-market rate mortgage loans
    - i. If relocation costs for an employee have been allowed and the employee resigns within 12 months for reasons within the employee's control, the Laboratory will refund or credit the relocation costs to the government.
14. **Taxes (FAR 31.205-41):** The following types of costs are *unallowable*:
- a. Federal income taxes
  - b. Taxes in connection with financing, refinancing, refunding operations, or reorganizations
  - c. Taxes from which exemptions are available directly, or available based on an exemption afforded the government, except when the contracting officer determines that the administrative burden incident to obtaining the exemption outweighs the corresponding benefits accruing to the government
  - d. When partial exemption from a tax is attributable, taxes charged in excess of that amount resulting from application of the preferential treatment are unallowable.
  - e. Special assessments on land that represent capital improvements
  - f. Taxes (including excises) on real or personal property, or on the value, use, possession, or sale thereof, which is not used in connection with government work
  - g. Any excise tax in subtitle D, chapter 43 of the Internal Revenue Code of 1986, as amended (which includes excise taxes imposed in connection with qualified pension plans, welfare plans, deferred compensation plans, or other similar types of plans)
15. **Trade, Business, Technical and Professional Activity Costs (FAR 31.205-43):** The following types of costs are allowable:
- a. Memberships in trade, business, technical, and professional organizations
  - b. Subscriptions to trade, business, professional, or other technical periodicals
  - c. When the principal purpose of a meeting, convention, conference, symposium, or seminar is the dissemination of trade, business, technical, or professional information or the stimulation of production or improved productivity:
    - i. Costs of organizing, setting up, and sponsoring the meetings, conventions, symposia, etc., including rental of meeting facilities, transportation, subsistence, and incidental costs
    - ii. Costs of attendance by contractor employees, including travel costs (see FAR 31.205-46)
    - iii. Costs of attendance by individuals who are not employees of the contractor, provided:
      - 1. Such costs are not also reimbursed to the individual by the employing company or organization, and
      - 2. The individual's attendance is essential to achieve the purpose of the conference, meeting, convention, symposium, etc.
16. **Research and Development Costs (FAR 31.205-48):** When research and development costs are incurred in excess of either the amount sponsored by the grant for research and development effort or the ceiling required in the performance of a contract, the excess is *unallowable* under any other government contract or grant.
17. **Costs of Alcoholic Beverages (FAR 31.205-51):** Costs of alcoholic beverages are *unallowable*.

## E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab employees	<ul style="list-style-type: none"> <li>• Adhere to Berkeley Lab's published policies to avoid incurring unallowable costs</li> <li>• Maintain adequate supporting documentation to support allowability of costs</li> </ul>

Resource analysts and others with signature authority	<ul style="list-style-type: none"> <li>• Ensure that costs are allowable before approving purchases</li> <li>• Coordinate with the Financial Policy and Assurance Office if there is uncertainty about the allowability of a cost</li> <li>• Maintain adequate supporting documentation to support allowability of costs</li> </ul>
Financial Policy and Assurance Office	<ul style="list-style-type: none"> <li>• Provides consultation and direction regarding questions about cost allowability issues</li> </ul>
Controller's Office	<ul style="list-style-type: none"> <li>• Coordinates with UC Laboratory Management Office (LMO) regarding costs that may require approval of the DOE Office of Science Berkeley Site Office (BSO)</li> <li>• Coordinates with UC LMO to ensure proper reimbursement to the government for any unallowable expenses charged to Contract 31</li> </ul>
UC Laboratory Management Office (LMO)	<ul style="list-style-type: none"> <li>• Coordinates with BSO to obtain advanced approvals of costs that may be appear questionable, but are necessary to the overall efficient operation of Berkeley Lab</li> <li>• Reimburses the government from the Performance Management Fee for any unallowable expenses charged to Contract 31</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Allocable cost	A cost that is assignable or chargeable to one or more cost objectives on the basis of relative benefits received or another equitable relationship
Allocate	To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
Allowable cost	A cost that is (1) reasonable, (3) allocable, and (3) that complies with the Federal Acquisition Regulation Cost Accounting Standards, and the terms of Contract 31
Arm's-Length Bargaining	A process in which the parties involved are dealing from equal bargaining positions, neither party is subject to the other's control or dominant influence, and the transaction is treated with fairness, integrity, and legality
Cost Accounting Standards (CAS)	Federal regulations, codified at 48 CFR 9900, that provide rules for estimating, accumulating, and reporting costs under government contracts
Cost Objective	A function, organizational subdivision, program, or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
Department of Energy Acquisition Regulation (DEAR)	A document that establishes uniform acquisition policies that implement and supplement the Federal Acquisition Regulation (FAR). It is not, by itself, a complete document and must be used in conjunction with the FAR and the U. S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231 (Contract 31).
Expressly Unallowable Cost	A particular item or type of cost that, under the express provisions of an applicable law, regulation, or contract, is specifically named and stated to be unallowable
Federal Acquisition Regulation (FAR)	The primary regulation for use by all federal executive agencies in their acquisition of supplies and services with appropriated funds

Final Cost Objective	A cost objective to which is allocated both direct and indirect costs and which is one of the final accumulation points
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## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.01.019.000	<a href="#">Request for Issuance of Check (RFIC)</a>	Policy

## I. Contact Information

Financial Policy and Assurance Manager, OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/20/2012	1	M. Mock	Reformat for wiki	All	Minor
3/25/2013	1.1	M. Mock	Review completed 3/20/2013, no changes	Pub & next review dates	Minor
4/2/2014	1.2	T. Carlson	Minor edits for clarification; added detailed Roles and Responsibilities for clarification	Section D.5, Section E	Minor

## DOCUMENT INFORMATION

Title:	Cost Allowability
Document number	11.07.004.000
Revision number	1.2
Publication date:	4/2/2014
Effective date:	3/20/2012
Next review date:	3/1/2016



Policy Area:	Financial General Polices and Information
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.23
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- Federal Acquisition Regulation, Part 31, Contract Cost Principles and Procedures, Subpart 31.2, Contracts with Commercial Organizations, [FAR 31.201-2](#), *Determining Allowability*
- Federal Acquisition Regulation, Part 31, Contract Cost Principles and Procedures, Subpart 31.2, Contracts with Commercial Organizations, [FAR 31.205](#), *Selected Costs*
- Department of Energy Acquisition Regulation, Part 970, DOE Management and Operating Contacts, Subpart [DEAR 970.31](#), *Contract Cost Principles and Procedures*
- U.S. Department of Energy (DOE) [Contract No. DE-AC02-05CH11231](#), [Section J, Appendix A](#), Section IX, *Employee Programs*
- U.S. Department of Energy (DOE) [Contract No. DE-AC02-05CH11231](#), [Section J, Appendix A](#), Section X, *Costs of Recruiting Personnel*

## Implementing Documents

Document Number	Title	Type
11.01.019.000	<a href="#">Request for Issuance of Check (RFIC)</a>	Policy

# Cranes, Hoists, and Rigging Safety

Title:	Cranes, Hoists, and Rigging Safety
Publication date:	9/10/2013
Effective date:	9/10/2010

## BRIEF

### Policy Summary

The Cranes, Hoists, and Rigging Safety Program at Berkeley Lab ensures that employees who work with cranes, hoists, and rigging are able to move material safely to avoid injury, property damage, delays, and hazardous-material releases.

Certain "restricted" lifts (e.g., high-consequence/high-value lifts) are limited to operators who have specialized training or are professional riggers.

### Who Should Read This Policy

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors who could be performing work that may include the use of cranes, hoists, and/or rigging

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Crane Safety Subject Matter Expert](#)  
EH&S Division

End Brief

Title:	Cranes, Hoists, and Rigging Safety
Publication date:	9/10/2013
Effective date:	9/10/2010

## POLICY

### A. Purpose

Persons involved in crane or hoist operations at Lawrence Berkeley National Laboratory (Berkeley Lab) must:

- Be aware of the hazards related to the equipment and the load
- Know the methods for controlling those hazards

- Follow the proper operating procedures applicable to the type of lift and equipment

The designated operator must be qualified and authorized to use specific equipment.

Crane, hoist, and rigging equipment must be procured through the Facilities Division, as well as properly inspected, tested, and maintained.

## B. Persons Affected

This policy applies to Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors who could be performing work that may include the use of cranes, hoists, and/or rigging.

## C. Exceptions

Operation of cranes and rigging used in the course of construction or demolition is covered by the Berkeley Lab Construction Safety Program (Program 8.0) and is in accordance with the applicable requirements of 29 CFR 1926 Subpart CC.

## D. Policy Statement

1. Customer Management evaluates the need for moving materials and determines whether a crane lift is the best option. Should a crane lift be required, review the Cranes, Hoisting, and Rigging Program, [Work Process A, General Requirements for Crane Operation](#).
2. Supervisor determines if there is a crane available for the lift. Should a crane be needed that is not currently available, review the Cranes, Hoisting, and Rigging Program, [Work Process B, Procurement and Maintenance of Cranes and Hoisting and Rigging Equipment](#).
3. Operator verifies that he or she is authorized. Operators' supervisors and crane managers ensure crane operators are trained and qualified according to the Cranes, Hoisting, and Rigging Program, [Work Process C, Authorization and Qualification to Use Cranes](#), prior to authorizing use\_\_
4. Customer Management assesses the type of lift using the Cranes, Hoisting, and Rigging Program, [Work Process D, Restricted Operations](#).
5. If a mobile crane will be used, supervisors and operators review the Cranes, Hoisting, and Rigging Program, [Work Process E, Mobile Cranes](#).
6. For all lifts, regardless of crane type, operators validate and perform inspections according to the Cranes, Hoisting, and Rigging Program, [Work Process F, Crane Inspections](#).
7. Once all equipment has passed inspection, operators and rigging personnel follow applicable requirements in the Cranes, Hoisting, and Rigging Program, [Work Process G, Rigging and Other Below-the-Hook Devices and Fixtures](#).
8. Operators perform the lift as trained, with assistance from other appropriately trained personnel.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Supervisor (of crane operator)	<ul style="list-style-type: none"> <li>• Ensures personnel know how to safely operate cranes and hoists and how to move loads safely</li> <li>• Enforces the use of safe lifting techniques, and maintains lifting equipment in good mechanical and operating condition</li> </ul>
Crane Manager	<ul style="list-style-type: none"> <li>• Controls use of the crane, and limits use of the crane to qualified operators</li> <li>• Controls the use of any keys or other mechanisms for limiting use of the crane</li> <li>• Maintains any logbooks used in lieu of inspection tags</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Must be appropriately trained, medically qualified, and demonstrate safe operation of the cranes they use</li> <li>• Must observe all established safety regulations relating to safe lifting and handling techniques</li> </ul>

Mechanical Engineering Designee	<ul style="list-style-type: none"> <li>• Reviews and approves Engineering Safety Notes for lifting fixtures and high-consequence/high-value lifts/moves on behalf of the Engineering Division Director and for the Mechanical Engineering Subcommittee of the Safety Advisory Committee</li> <li>• Approves reasonable engineering alternatives not in conflict with Berkeley Lab Environment, Safety &amp; Health (ES&amp;H) Standards as needed</li> <li>• Provides guidance to Berkeley Lab crane, hoisting, and rigging personnel as needed</li> </ul>
Responsible Designer	<ul style="list-style-type: none"> <li>• Incorporates the requirements of this program into the design of lifting fixtures and procedures</li> <li>• Initiates proof testing as required</li> <li>• Obtains design approval from Mechanical Engineering Designee by means of an Engineering Safety Note</li> </ul>
Customer Management	<ul style="list-style-type: none"> <li>• Defines and requests any move or lift</li> <li>• Determines which lifts are high-consequence/high-value lifts</li> <li>• Obtains written lifting procedures where required</li> <li>• Provides technical information on relevant characteristics of the lifting apparatus, including special lifting fixtures when required</li> <li>• Provides suggestions to the High-Consequence/High-Value Review Team on rigging and moving, and assigns someone from his or her division to represent the customer during planning and coordination of all aspects of the job being performed</li> <li>• Requests that responsibility for management of the lift go through Facilities by indicating on the Facilities Work Request that the scope of work should include preparation of an Engineering Safety Note and management of the lift/move</li> <li>• Ensures that lifting devices and lifting fixtures are properly documented and inspected, and that they are used and maintained safely</li> <li>• Serves as or designates a Person In Charge for high-consequence/high-value lifts</li> </ul>
Facilities Division Structural Engineering Group Designee	<ul style="list-style-type: none"> <li>• Evaluates building floor loading, lifting fixtures, and lifting devices for structural adequacy</li> <li>• Reviews and approves Engineering Safety Notes for lifting fixtures, lifting devices, and high-consequence/high-value lifts on behalf of the Facilities Division, the Safety Advisory Committee, and the Mechanical Engineering Subcommittee</li> <li>• Establishes design parameters for all cranes and hoists</li> <li>• Provides guidance on wind loading for outdoor moves/lifts</li> <li>• Is available to furnish guidance to Berkeley Lab crane, hoisting, and rigging personnel</li> </ul>
Facilities Division Rigging Supervisor	<ul style="list-style-type: none"> <li>• Provides guidance and supervision for routine lifts when requested</li> <li>• Participates in the development and review of high-consequence/high-value moves/lifts, and participates in pre-lift meetings</li> </ul>
Facilities Division Crane Maintenance Vendor	<ul style="list-style-type: none"> <li>• Arranges for all inspection, testing, and certification of cranes, hoists, and rigging</li> <li>• On request, will also arrange for the testing and certification of lifting devices and lifting fixtures</li> </ul>
Facilities Division Maintenance Manager	<ul style="list-style-type: none"> <li>• Establishes the scope of work for the Crane Maintenance Vendor</li> <li>• Ensures (with technical advice from the Crane Maintenance Vendor) that Berkeley Lab purchases of crane, hoist, and rigging equipment, components, and devices are traceable (through documentation) to a reputable U.S. manufacturer</li> </ul>
EH&S Division Crane Safety Subject Matter Expert	<ul style="list-style-type: none"> <li>• Reviews all high-consequence/high-value move/lift Engineering Safety Notes for conformance to these requirements</li> <li>• Participates in pre-lift meetings for high-consequence/high-value moves/lifts</li> <li>• Provides technical assurance of the Cranes, Hoists, and Rigging Safety Program</li> <li>• Trains crane operators, administers practical examinations, and ensures medical clearance before a Berkeley Lab crane operator license is issued or renewed</li> </ul>
Person In Charge	The (customer) manager, engineer, or other responsible person (other than the operator) appointed to be responsible for the safe handling of high-consequence/high-value loads

## F. Definitions/Acronyms

Term	Definition
Crane	A machine used for lifting and lowering a load vertically and moving it horizontally; a hoisting mechanism is an integral part of this machine
Engineering Note	A detailed description of a (fixture) design that can include a detailed description of protection of the load, rigging, and method(s) of transport for a high-consequence/high-value lift
High-Consequence/High-Value Lift/Move	<p>Lifts that, if failed, could:</p> <ul style="list-style-type: none"> <li>• Cause damage in excess of \$500,000               <ul style="list-style-type: none"> <li>• Routine movements of shielding blocks by members of the professional rigging crew are excepted from this requirement.</li> </ul> </li> <li>• Cause significant work delay or programmatic impact</li> <li>• Cause undetectable damage resulting in future operational or safety problems</li> <li>• Result in significant release of radioactivity or other undesirable conditions</li> <li>• Present a potentially unacceptable risk of personnel injury or property damage</li> </ul> <p>In addition, any lift/move that requires the simultaneous use of both the main and auxiliary hoists of a given crane or the simultaneous use of two cranes shall be considered a high-consequence/high-value lift/move.</p>
Hoist	A device that applies a force for lifting and lowering
Lifting Device	<p>A device used below the hoisting hook, other than slings, for attaching loads to a hoist. Such devices are arranged into four categories:</p> <ul style="list-style-type: none"> <li>• Structural and Mechanical Lifting Devices (e.g., spreader bars, plate clamps, gripping devices, etc.)</li> <li>• Vacuum Lifting Devices</li> <li>• Close Proximity Lifting Magnets</li> <li>• Remotely Operated Lifting Magnets</li> </ul>
Lifting Fixture	A fixture used below the hoisting hook that is designed and engineered for lifting a specific item
Mobile Crane	A crane system fixed to a vehicle (typically a truck)
Overhead Crane	At Berkeley Lab, a crane system fixed to a structure, including but not limited to bridge cranes, monorail cranes, gantry cranes, and jib cranes
Rigging	Both the hardware and equipment used to safely attach a load to a hook or lifting device, or the method or process of safely attaching a load to a hook by means of adequately rated and properly applied slings and related hardware

## G. Recordkeeping Requirements

- LBNL Crane Inventory
- Crane Inspections
- Rigging Inspections
- Crane Load Testing

- Crane Maintenance
- Training
- Medical Evaluations
- Program Effectiveness Review and Assurance

## H. Implementing Documents

Document number	PUB-3000 reference	Title	Type
07.07.008.001	Chapter 27	Cranes, Hoists, and Rigging	Program
07.07.008.002	Ch. 27, Work Process A	General Requirements for Crane Operation	Work Process
07.07.008.003	Ch. 27, Work Process B	Procurement and Maintenance of Cranes and Hoisting and Rigging Equipment	Work Process
07.07.008.004	Ch. 27, Work Process C	Authorization and Qualification to Use Cranes,	Work Process
07.07.008.005	Ch. 27, Work Process D	Restricted Operations.	Work Process
07.07.008.006	Ch. 27, Work Process E	Mobile Cranes	Work Process
07.07.008.007	Ch. 27, Work Process F	Crane Inspections	Work Process
07.07.008.008	Ch. 27, Work Process G	Rigging and Other Below-the-Hook Devices and Fixtures	Work Process
07.07.025.001		Forklift and Other Powered Industrial Trucks Program	Program

## I. Contact Information

Crane Safety Subject Matter Expert  
EH&S Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/10/2013	1.1	M. Wisherop	Reviewed 8/28/13	Contact Info, ImpDocs, SRD, Next Review date	Minor
1/2/2012	1	M. Wisherop	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Cranes, Hoists, and Rigging Safety
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Document number	07.07.008.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	9/10/2010
Next review date:	9/10/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	
Prior reference information (optional)	

## Source Requirements Documents

- 10 CFR 851.23, *Safety and Health Standards*
- 29 CFR 1910, *Occupational Safety and Health Standards for General Industry, Subpart N — Materials Handling and Storage*, Paragraphs:
  - 1910.179, *Overhead and Gantry Crane*
  - 1910.180, *Crawler, Locomotive and Truck Cranes*
  - 1910.184, *Slings*
- 29 CFR 1926, *Occupational Safety and Health Standards for Construction*, 1926 Subpart CC, Paragraph 1926.251, *Rigging Equipment for Material Handling*

## Other Driving Requirements

- California Code of Regulations, Title 8, Subchapter 4, *Construction Safety Orders* (as it pertains to cranes used in construction work)

## Implementing Documents

Document number	PUB-3000 reference	Title	Type
07.07.008.001	Chapter 27	<a href="#">Cranes, Hoists, and Rigging</a>	Program
07.07.008.002	Ch. 27, Work Process A	<a href="#">General Requirements for Crane Operation</a>	Work Process
07.07.008.003	Ch. 27, Work Process B	<a href="#">Procurement and Maintenance of Cranes and Hoisting and Rigging Equipment</a>	Work Process

07.07.008.004	Ch. 27, Work Process C	Authorization and Qualification to Use Cranes,	Work Process
07.07.008.005	Ch. 27, Work Process D	Restricted Operations.	Work Process
07.07.008.006	Ch. 27, Work Process E	Mobile Cranes	Work Process
07.07.008.007	Ch. 27, Work Process F	Crane Inspections	Work Process
07.07.008.008	Ch. 27, Work Process G	Rigging and Other Below-the-Hook Devices and Fixtures	Work Process
07.07.025.001		Forklift and Other Powered Industrial Trucks Program	Program



# Cryogenic Liquid Hazards and Controls

Title:	Cryogenic Liquid Hazards and Controls
Publication date:	9/10/2013
Effective date:	1/29/2010

## BRIEF

### Policy Summary

This policy describes the restrictions and conditions for persons who handle cryogenics or who operate cryogenic-liquid-handling systems at Berkeley Lab.

Cryogenic liquids include, but are not limited to, liquid nitrogen, liquid helium, and liquid argon.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who handle cryogenics or who operate cryogenic-liquid-handling systems at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH29/CH29.html>

### Contact Information

For assistance on cryogenic-liquid applications, including safety engineering and industrial hygiene, contact:

EH&S Division

Subject Matter Expert for Cryogenics

Joe Dionne

(510) 486-7586

[JEDionne@lbl.gov](mailto:JEDionne@lbl.gov)

For assistance with cryogenic system repairs, maintenance, and modifications, contact:

Facilities Division

Mike Botello

(510) 486-7941

[MLBotello@lbl.gov](mailto:MLBotello@lbl.gov)

Title:	Cryogenic Liquid Hazards and Controls
Publication date:	9/10/2013

Effective date:

1/29/2010

## POLICY

### A. Purpose

This policy describes the restrictions and conditions for persons who handle cryogenics or who operate cryogenic-liquid-handling systems at Lawrence Berkeley National Laboratory (Berkeley Lab).

Cryogenic liquids include, but are not limited to, liquid nitrogen, liquid helium, and liquid argon.

### B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who handle cryogenics or who operate cryogenic-liquid-handling systems at the Laboratory

### C. Exceptions

None

### D. Policy Statement

1. The primary hazards associated with cryogenic liquids are:
  - a. Thermal hazards due to extremely low temperatures
  - b. Pressurization hazards due to inadequate venting
  - c. Oxygen deficiency due to oxygen displacement (for inert cryogenics)

There are additional hazards including any hazardous characteristics associated with the cryogenic liquid (e.g., flammability of hydrogen). See Work Processes A and F for more details on hazards.

2. Cryogenic liquids are obtained by:
  - a. The Principal Investigator placing an order for a portable cryogenic liquid dewar through a request to the on-site chemical supplier or
  - b. The Principal Investigator making a request to the Facilities Division to connect to a cryogenics liquid tank (the Facilities Division has responsibility for the Laboratory's bulk cryogenic systems and for their safe design, operation, and maintenance.)
3. Orders and Facilities Requests should be followed with a note or call to the Cryogenic Liquids Subject Matter Expert (SME) to start assessment processes.
4. Before work with cryogenic liquids is undertaken, an oxygen-deficiency risk assessment must be conducted (Work Process A).
5. Prior to use, persons who handle cryogenics or who operate cryogenic-liquid-handling systems at Berkeley Lab must complete training that covers:
  - Awareness of hazards related to the equipment
  - Methods for controlling those hazards
  - Proper operating procedures applicable to the equipment (Work Process B)
6. Ensure all hazards associated with the handling of cryogenic liquids in an area are identified and controlled (Work Processes C, D, E, F, J, K, and L).
7. Line management must ensure:
  - a. Only equipment intended for cryogenic service is used
  - b. Equipment, commercial or otherwise, is **not** modified in a fashion that could defeat the designed safety features of the equipment or otherwise create an unforeseen hazard, such as inadequate venting of cryogen spaces
  - c. Equipment is appropriately designed, fabricated, and used for cryogenic use (See Work Processes D, J, K, and L of Pub-3000 Chapter 29).
8. Users of cryogenic systems must follow training guidance and written procedures covering:
  - a. Operation of cryogenics systems (Work Processes G, H, I, J, K, L, and M)
  - b. Use of controls for cryogenic liquid handling, including personal protective equipment (PPE) (Work Processes C, D, H and I)
  - c. Transportation of cryogenic liquids (Work Process N)
  - d. Disposal of cryogenic materials (Work Process O)

e. Reporting of incidents with cryogenic liquids (Work Process P)

## E. Roles and Responsibilities

See Pub-3000 for roles and responsibilities related to the execution of this policy's implementation.

Role	Responsibility
Facilities Division	Oversees the Laboratory's bulk cryogenic systems and their safe design, operation, and maintenance
Industrial Hygiene SME	Is responsible for development, approval, revision, and administration of this policy and its implementing documents
Line Managers	Ensure that persons within their areas of responsibility comply with this policy and its implementing documents
Supervisors and Work Leads	Ensure that persons within their areas of responsibility comply with this policy and its implementing documents, and in particular have completed the required training prior to beginning work
Cryogenic Liquid Users	Follow all guidance provided in training and Work Processes to safety use, transport, and dispose of cryogenic liquids

## F. Definitions/Acronyms

See [PUB-3000 Chapter 29](#)) for technical terms related to the details of this policy and its implementation.

Term	Definition
Cryogenic Liquid	A material whose boiling point is less than 120 degrees Kelvin. The typical cryogenic materials used at Berkeley Lab include but are not limited to liquid nitrogen, liquid helium, and liquid argon.

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Subject Matter Expert	Oxygen-Deficiency Risk Assessments
Subject Matter Expert	Cryogenic Safety Training Records
Subject Matter Expert	Activity Hazard Document
Hazardous Waste Office	Hazardous Waste Manifests

## H. Implementing Documents

Document Number	EH&S Reference Numbers	Title	Type
07.07.009.001	Ch. 29	Cryogenic Liquids	Program
07.07.026.001	Ch. 7	Pressure Safety and Cryogenics	Program
07.07.009.002	Ch. 29, Work Process A	Oxygen-Deficiency Risk Assessment	Process
07.07.009.003	Ch. 29, Work Process B	Cryogen Safety Training	Process
07.07.009.004	Ch. 29, Work Process C	Personal Protective Equipment for Handling Cryogenic Liquids	Process
07.07.009.005	Ch. 29, Work Process D	Controls for Handling Cryogenic Liquids	Process
07.07.009.006	Ch. 29, Work Process E	Activity Hazard Document	Process
07.07.009.007	Ch. 29, Work Process F	Identifying Hazards Associated with Inert Cryogenic Liquids	Process
07.07.009.008	Ch 29, Work Process G	Sample Instructions for Operating a LN2 Fill Station	Process
07.07.009.009	Ch 29, Work Process H	Sample Calculations for Oxygen Deficiency Involving the Filling of LN2 Dewars	Process
07.07.009.010	Ch 29, Work Process I	Guidance for Handling Cryogenic-Liquid Equipment	Process
07.07.009.011	Ch 29, Work Process J	Guidance for Materials of Construction	Process
07.07.009.012	Ch 29, Work Process K	Continuous Oxygen-Monitoring Systems	Process
07.07.009.013	Ch 29, Work Process L	Cryogen Signs	Process
07.07.009.014	Ch 29, Work Process M	Operational Guidance	Process
07.07.009.015	Ch 29, Work Process N	Transporting Cryogen Dewars	Process
07.07.009.016	Ch 29, Work Process O	Waste Disposal	Process
07.07.009.017	Ch 29, Work Process P	ES&H Documentation and Reporting/Notification	Process

## I. Contact Information

For assistance on cryogenic-liquid applications, including safety engineering and industrial hygiene, contact:  
EH&S Subject Matter Expert for Cryogenics  
Joe Dionne

(510) 486-7586  
JEDionne@lbl.gov

For assistance with cryogenic system repairs, maintenance, and modifications, contact:  
Facilities Division  
Mike Botello  
(510) 486-7941  
MLBotello@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/10/13	1.1	S.Robinson	Reviewed 9/6/2013, no changes	Publ & Next Review Dates	Minor
1/2/2012	1	J. Dionne	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Cryogenic Liquid Hazards and Controls
Document number	07.07.009.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	1/29/2010
Next review date:	9/10/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000 Ch. 29

## Source Requirements Documents

- [10 CFR 851.21\(C\)\(a\)\(5\)](#), *Worker Health and Safety Program; Hazard Identification and Assessment*; Evaluate operations, procedures, and facilities to identify workplace hazards.
- [10 CFR 851](#), *Worker Safety and Health Program*

- 29 CFR 1910.101, *Compressed Gases*
- 49 CFR 173.316, *Cryogenic Liquids in Cylinders*
- ANSI/ASME B31.3, *Process Piping*
- ASME Section VIII Division 1, *Pressure Vessels*

## Implementing Documents

Document Number	EH&S Reference Numbers	Title	Type
07.07.009.001	Ch. 29	Cryogenic Liquids	Program
07.07.026.001	Ch. 7	Pressure Safety and Cryogenics	Program
07.07.009.002	Ch. 29, Work Process A	Oxygen-Deficiency Risk Assessment	Process
07.07.009.003	Ch. 29, Work Process B	Cryogen Safety Training	Process
07.07.009.004	Ch. 29, Work Process C	Personal Protective Equipment for Handling Cryogenic Liquids	Process
07.07.009.005	Ch. 29, Work Process D	Controls for Handling Cryogenic Liquids	Process
07.07.009.006	Ch. 29, Work Process E	Activity Hazard Document	Process
07.07.009.007	Ch. 29, Work Process F	Identifying Hazards Associated with Inert Cryogenic Liquids	Process
07.07.009.008	Ch 29, Work Process G	Sample Instructions for Operating a LN <sub>2</sub> Fill Station	Process
07.07.009.009	Ch 29, Work Process H	Sample Calculations for Oxygen Deficiency Involving the Filling of LN <sub>2</sub> Dewars	Process
07.07.009.010	Ch 29, Work Process I	Guidance for Handling Cryogenic-Liquid Equipment	Process
07.07.009.011	Ch 29, Work Process J	Guidance for Materials of Construction	Process
07.07.009.012	Ch 29, Work Process K	Continuous Oxygen-Monitoring Systems	Process
07.07.009.013	Ch 29, Work Process L	Cryogen Signs	Process
07.07.009.014	Ch 29, Work Process M	Operational Guidance	Process
07.07.009.015	Ch 29, Work Process N	Transporting Cryogen Dewars	Process
07.07.009.016	Ch 29, Work Process O	Waste Disposal	Process
07.07.009.017	Ch 29, Work Process P	ES&H Documentation and Reporting/Notification	Process

## Other References

- Compressed Gas Association, Pamphlet P-12, *Safe Handling of Cryogenic Liquids*
- Compressed Gas Association, Pamphlet P-12, *Safe Handling of Cryogenic Liquids*, 6.7
- NFPA 55, *Standard for the Storage, Use, and Handling of Compressed Gases and Cryogenic Liquids in Portable and Stationary Containers, Cylinders, and Tanks*
- Public Law 91-596, Occupational Safety and Health Act of 1970
- International Fire Code (IFC) Chapter 32 "Cryogenic Fluids"
- DOE Guide 440.1-8, Implementation Guide for Use with 10 CFR Part 851, Worker Safety and Health Program, Section 3.3.2.1.5

# Cyber Security Risk Management Approach

Title:	Cyber Security Risk Management Approach
Publication date:	2/7/2014
Effective date:	3/20/2007

## BRIEF

### Policy Summary

This policy describes roles and responsibilities for Berkeley Lab's cyber security risk management approach.

### Who Should Read This Policy

Employees and affiliates with Cyber Security Program responsibilities, including enclave owners and enclave security coordinators

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

Title:	Cyber Security Risk Management Approach
Publication date:	2/7/2014
Effective date:	3/20/2007

## POLICY

### A. Purpose

The purpose of this policy is to establish and maintain a risk management approach that appropriately and cost-effectively mitigates cyber security risks at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

This policy applies to employees and affiliates with cyber security program responsibilities and related compliance activities.

### C. Exceptions



None

## D. Policy Statement

1. Berkeley Lab manages risk to systems consistent with Department of Energy and Office of Science requirements using a cost-effective approach that balances mission and risk.
2. Description of Systems
  - a. Berkeley Lab groups information technology into enclaves that serve as systems for the purpose of cyber security policy and management.
  - b. Any organized unit of Berkeley Lab may request that it be treated as an enclave for the purpose of cyber security management.
3. The Deputy CIO for Technology and Policy must approve minimum security controls and policies for all enclaves. Enclaves must implement the minimum security controls and policies.
4. The Policy and Risk Manager must develop procedures and requirements for the risk management approach, system authorization, disaster recovery testing, plan of action and milestones, assurance, and other related processes. Enclaves must follow the procedures and requirements where applicable.

## E. Roles and Responsibilities

Role	Responsibility
Chief Information Officer	Oversees site risk management approach, including system authorization responsibilities
Deputy CIO for Technology and Policy	<ul style="list-style-type: none"><li>• Develops the site risk management approach</li><li>• Communicates the risk-management approach to the Berkeley Lab community</li><li>• Approves minimum security controls and policies</li><li>• Designates enclave boundaries and maintains the authoritative list of enclaves</li></ul>
Cyber Security Manager	<ul style="list-style-type: none"><li>• Manages implementation of the Cyber Security Program for the Laboratory</li><li>• Assists in the development of the site risk management approach and the selection of minimum security controls and policies</li><li>• Manages implementation of security controls to mitigate cyber risk</li><li>• Ensures that the Cyber Security Program is continuously monitoring and responding to cyber risks</li><li>• Conducts high-quality risk analysis and planning for cyber decision-making</li></ul>
Policy and Risk Manager	<ul style="list-style-type: none"><li>• Develops procedures and requirements to support the site risk management approach</li><li>• Assists in the development of the site risk management approach and the selection of minimum security controls and policies</li><li>• Ensures Cyber Security Program appropriately meets regulatory requirements and manages risk</li><li>• Conducts high-quality risk analysis and planning for cyber decision-making</li></ul>
Enclave Owners	<ul style="list-style-type: none"><li>• Understand the risks identified and the controls in place to mitigate against those risks within their enclave</li><li>• Monitor the risks and notify the Chief Information Officer or their designee of changes in the security profile of their enclave</li></ul>
Enclave Security Coordinators	<ul style="list-style-type: none"><li>• Coordinate the implementation of site risk management procedures and requirements in their enclave</li><li>• Provide input into the site risk management approach and related procedures and requirements</li></ul>

## F. Definitions/Acronyms

Term	Definition
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Enclave	Groups of information technology that share a similar level of risk, use similar controls, and are under the same management. Enclave serves as a synonym for system as defined in the National Institute of Standards and Technology Special Publication 800-37, Revision 1.
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## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	J. Bonaguro	Re-write for wiki (brief)	All	Minor
8/21/2012	1	J. Bonaguro	Re-write for wiki (policy)	All	Minor
2/7/2014	1.1	J. Bonaguro	Edited to clarify roles	D and E	Minor

## DOCUMENT INFORMATION

Title:	Cyber Security Risk Management Approach
Document number	10.01.006.000
Revision number	1.1
Publication date:	2/7/2014
Effective date:	3/20/2007
Next review date:	7/1/2015
Policy Area:	Information Technology
RPM Section (home)	Information Management

RPM Section (cross-reference)	none
Functional Division	Information Technology
Prior reference information (optional)	RPM Chapter 9.01 and 9.01

## Source Requirements Documents

- DOE O 205.1B, *Department of Energy Cyber Security Management Program*, CRD
- DOE P 205.1, *Departmental Cyber Security Management Policy*
- DOE Office of Science *Program Cyber Security Plan*, June 2010

## Implementing Documents

None

# Data Field Changes for Financial Systems

Title:	Data Field Changes for Financial Systems
Publication date:	1/31/2012
Effective date:	1/31/2012

## BRIEF

### Policy Summary

This policy establishes guidelines for initiating changes (add/activate, close/inactivate, or modify) to data fields in PeopleSoft Financial Management Systems (FMS) to ensure consistency, data integrity, and control at Berkeley Lab. To change a data field, the requestor completes the relevant form, obtains the signature of the requesting department, and gets approval from the General Accounting Manager or Financial Controls and Compliance Manager.

### Who Should Read This Policy

Office of the Chief Financial Officer (OCFO) General Accounting or Business Systems Analysis (BSA) employees responsible for managing and/or processing changes to data fields in the PeopleSoft FMS

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager](#)

[Financial Controls and Compliance Manager](#)

Title:	Data Field Changes for Financial Systems
Publication date:	1/31/2012
Effective date:	1/31/2012

## POLICY

### A. Purpose

This policy establishes guidelines for initiating changes (add/activate, close/inactivate or modify) to data fields in PeopleSoft Financial Management Systems (FMS) to ensure consistency, data integrity, and control at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

Office of the Chief Financial Officer (OCFO) Business Systems Analysis (BSA) or General Accounting employees responsible for managing

and/or processing changes to data fields in the PeopleSoft FMS

## C. Exceptions

None

## D. Policy Statement

To change a data field, the requestor completes the relevant form (see FMS Data Field Change Request forms, [H. Implementing Documents](#), below), obtains the signature of the requesting department, and gets approval from the General Accounting Manager, or the Financial Controls and Compliance Manager. Each signature is obtained as a digital signature, allowing for electronic distribution for all forms.

The requesting and approving managers must thoroughly analyze the impact of the proposed change on functional and business practices, and systems and reporting requirements, including input from any subject matter experts (i.e., Business Systems Analysis [BSA] and General Accounting work units). The requesting manager completes the appropriate change request form and electronically routes it for electronic approvals. As required, the BSA analyst will obtain input from the Information Technology – Business Systems programmers.

The General Accounting Manager, or the Financial Controls and Compliance Manager, is responsible for the final approval of any changes. Once approved, the General Accounting Manager, or the Financial Controls and Compliance Manager, forwards the completed form electronically to the General Accounting system administrator.

Upon receipt, the General Accounting system administrator implements the requested change in the PeopleSoft FMS and communicates the changes to all appropriate parties.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Data Fields	Budget and Reporting (B&R) Budget Classification Code, Fund Code, General Ledger (GL) Account; Management Analysis and Reporting Systems (MARS) Code; Resource Type, Resource Category, and Project Type

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.04.001.001	<a href="#">FMS Data Field Change forms</a>	Forms

## I. Contact Information

[General Accounting Manager](#)

[Financial Controls and Compliance Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/31/2012	2	Hegarty	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Data Field Changes for Financial Systems
Document number	11.04.001.000
Revision number	2
Publication date:	1/31/2012
Effective date:	1/31/2012
Next review date:	1/31/2014
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.27
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.27

## Source Requirements Documents

Berkeley Lab Office of the Chief Financial Officer (OCFO) Policy

## Implementing Documents

Document Number	Title	Type
11.04.001.001	<a href="#">FMS Data Field Change forms</a>	Forms

# Designated Officials

## Brief

Title:	Designated Officials
Publication date:	9/25/2012
Effective date:	8/2/2010

## BRIEF

### Policy Summary

Berkeley Lab requires employees holding certain designated jobs — designated officials — to disclose financial interests related to their position. Designated officials are subject to certain limitations concerning income, gifts, loans, honoraria, and travel payments from nonpublic sources. In addition, designated officials are subject to post-employment restrictions.

### Who Should Read This Policy

This policy applies to employees occupying jobs that are designated under the University of California *Conflict of Interest Code*.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## Policy

Title:	Designated Officials
Publication date:	9/25/2012
Effective date:	8/2/2010

## POLICY

### A. Purpose

In order to prevent conflicts of interest, Berkeley Lab requires employees holding certain designated jobs – designated officials – to disclose financial interests related to their position.

### B. Persons Affected

This policy applies to employees occupying jobs that are designated under the University of California *Conflict of Interest Code*.

### C. Exceptions

Not applicable

### D. Policy Statement

1. Under California law and University of California (UC) policy, Laboratory employees holding certain jobs (designated officials) are required to file a statement of economic interest when they assume a designated position, annually while they hold such a position, and when they leave it. In addition, designated officials are subject to post-employment restrictions.
  - a. **One-Year Ban.** The Political Reform Act prohibits designated officials, for one year after leaving UC service, from receiving compensation for representing any other person by appearing before or communicating with UC in an attempt to influence UC decisions involving the making of general rules (such as regulations or legislation), or to influence certain proceedings involving a permit, license, contract, or transaction involving the sale or purchase of property or goods (California Government Code Section 87406, Regulations 18746.1 and 18746.2).
  - b. **Permanent Ban on "Switching Sides."** Under the Political Reform Act, designated officials are permanently barred from working on the other side of a proceeding in which they had participated while working for UC. A designated official may not receive compensation for representing any other person by appearing before or communicating with UC, nor for aiding, advising, counseling, consulting, or assisting in representing any other person before any state of California administrative agency in a proceeding involving specific parties (for example, a lawsuit, a hearing before an administrative law judge, or a state contract) in which the designated official had previously participated (California Government Code Sections 87400-87405, Regulation 18741.1).
2. See the University of California Office of the President (UCOP), [Office of the General Counsel](#) Web site for a list of designated positions at Berkeley Lab, and related information.

## E. Roles and Responsibilities

Designated employees under the University of California Conflict of Interest Code must file annual statements of economic interest with UCOP Office of the General Counsel.

## F. Definitions/Acronyms

None

## H. Implementing Documents

Document number	Title	Type
Form 700	Statement of Economic Interests	Form
	<a href="#">UCOP Office of the General Counsel</a>	Web Site

## I. Contact Information

Research and Institutional Integrity Office  
 RIIO@lbl.gov

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Stoufer	Rewrite for wiki (brief)	All	Minor
9/25/2012	1	M. Stoufer	Rewrite for wiki (policy)	All	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	Designated Officials
Document number	05.11.001.000
Revision number	1
Publication date:	9/25/2012
Effective date:	8/2/2010
Next review date:	9/25/2015
Policy Area:	Restrictions on Outside Activities
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	10.03
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM Section 10.03

## Source Requirements Documents

- University of California [Conflict of Interest Code](#)
- California Fair Political Practices Commission
- Political Reform Act of 1974
- California Government Code Section 87406, *Milton Marks Postgovernment Employment Restrictions Act of 1990*
- California Regulation 18746.1, *Revolving Door; State One-Year Ban*
- California Regulation 18746.2, *Revolving Door; Appearances and Communications*
- California Government Code Sections 87400–87405, *Disqualification of Former Officers and Employees*
- California Regulation 18741.1, *Revolving Door; State Permanent Ban*

## Implementing Documents

Document number	Title	Type
Form 700	Statement of Economic Interests	Form
	UCOP <a href="#">Office of the General Counsel</a>	Web Site

# Designated User Facility Agreements Overview

Title:	Designated User Facility Agreements Overview
Publication date:	9/26/2013
Effective date:	9/1/2011

## BRIEF

### Policy Summary

This policy describes the requirements for designated user facility agreements that cover the work performed by non-Department of Energy (DOE) contractor personnel at a DOE-approved user facility.

### Who Should Read This Policy

Any Berkeley Lab employee involved with reviewing or approving proposals and accepting, performing, or administering user facility agreements from non-DOE sponsors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Office of Sponsored Projects and Industrial Partnerships \(OSPIP\) Manager](#)

Title:	Designated User Facility Agreements Overview
Publication date:	9/26/2013
Effective date:	9/1/2011

## POLICY

### A. Purpose

User agreements at Lawrence Berkeley National Laboratory (Berkeley Lab) cover the work performed by non-DOE contractor personnel at DOE-approved national user facilities (e.g., the Advanced Light Source, the Molecular Foundry, the Joint Genome Institute, the National Center for Electron Microscopy) or other user facilities (e.g., the 88-Inch Cyclotron) whether or not the agreement also brings in funds.

The Office of Sponsored Projects and Industry Partnerships (OSPIP) is the institutional organization responsible for submitting and negotiating all designated user facility agreements. All proposals and agreements must be processed through OSPIP. OSPIP Contracts Officers have authority from the Berkeley Lab Director to submit, negotiate, and accept awards in accordance with University of California policy.

### B. Persons Affected

Any Berkeley Lab employee involved with reviewing or approving proposals and accepting, performing, or administering user facility agreements from non-DOE sponsors

### C. Exceptions

None

### D. Policy Statement

DOE requires a signed user agreement to be in place to cover the work of non-Berkeley Lab personnel using Berkeley Lab's designated national user facilities. Berkeley Lab user facility staff must complete the proposal information requirements of the Research Administration, Proposal/Project Information Database (RAPID) for every organization approved to use the user facility, obtain internal approvals, and submit the approved forms to OSPIP. The OSPIP Contracts Officer will send a proposed user agreement to the identified organization's contact and, if necessary, negotiate the terms of the user agreement, obtain any required DOE approvals of negotiated terms, and/or execute the user agreement on behalf of Berkeley Lab. Until a user agreement has been signed by both the organization's authorized official and the OSPIP Contracts Officer, the organization's employees are not allowed access to the user facility.

### E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab User Facility Staff	Prepares Research Administration, Proposal/Project Information Database (RAPID) proposal information for every entity approved to use the user facility, obtains internal approvals, and submits the approved RAPID proposal forms to the Office of Sponsored Projects and Industrial Partnerships (OSPIP) Contracts Officer
OSPIP Contracts Officer	Creates proposed user agreement for the proposal submitted by Berkeley Lab user facility staff, submits the proposed user agreement to the other entity's contact person, and is authorized to sign the user agreement on behalf of Berkeley Lab. If required, obtains DOE approval of negotiated changes to the agreement.

### F. Definitions/Acronyms

Term	Definition
OSPIP	Office of Sponsored Projects and Industrial Partnerships
DOE	Department of Energy

### G. Recordkeeping Requirements

OSPIP retains all signed user agreements

### H. Implementing Documents

None

### I. Contact Information

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/26/2013	1.2	R. Inada	Periodic review completed 8/26/13; no changes	Pub & rev dates	Minor
11/11/2012	1.1	R. Inada	Periodic review completed 9/1/12; no changes	Pub & rev dates	Minor
5/11/2012	1	M. Mock	Re-format for wiki (policy)	All	Minor
1/2/2012	0	M. Mock	Re-format for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Designated User Facility Agreements Overview
Document number	06.01.005.000
Revision number	1.2
Publication date:	9/26/2013
Effective date:	9/1/2011
Next review date:	9/1/2015
Policy Area:	Non-DOE Funded Projects Mechanisms
RPM Section (home)	Non-DOE Funded Research
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

[Non-Proprietary Class Waiver Regarding Patent Rights W\(C\) 2008-003](#): *Class waiver for the Government's Domestic and Foreign Patent Rights at Designated Non-Proprietary User Facilities*, which replaces the [4/19/83 DOE Letter](#), *Class Waiver of Government's Rights in Inventions Arising from Use of DOE User Facilities and User Resources*. This is the DOE Headquarters' Patent Class Waiver of the Government's Rights in

Inventions from Users of DOE User Facilities and Resources. This is the non-proprietary waiver.

[Nanoscale Memorandum of Understanding and Class Waiver W\(C\)-2005-001](#): DOE 7/14/2005 letter *Memorandum of Understanding (MOU) for Nanoscale Science Research Centers and Class Waiver, W(C)-2005-001* (class waiver and sample agreement) is replaced by W(C)-2008-003 above. This is the MOU for the operation of the Nanoscale Science Research Centers (NSRCs).

[Propriety Class Waiver Regarding Patent Rights W\(C\)-2008-005](#): *Class waiver for the Government's Domestic and Foreign Patent Rights at Designated Proprietary User Facilities W(C) -2008-005*, which replaces the *Class Waiver for Proprietary Users, (C)-91-005*. This is the class waiver for National User Facilities on a proprietary basis.

[INCITE Program Class Waiver W\(C\) 06-003](#): This is the class waiver for the *DOE Innovative and Novel Computational Impact on Theory and Experiment (INCITE)* program at the National Energy Research Scientific Computing Center (NERSC).

[Collection of Miscellaneous Fees from Users of Laboratory Facilities](#): DOE letter dated 5/10/1994. Outlines the process for properly assessed fees and the requirement that all fees be collected from users of Laboratory facilities in advance and deposited in the U.S. Treasury.

## Implementing Documents

None

# Document Management Policy

Title:	Document Management Policy
Publication date:	7/18/2014
Effective date:	8/1/2011

## BRIEF

### Policy Summary

Berkeley Lab's authoritative documents - whether electronic or paper - are subject to control in a manner reflecting the risks associated with improper management of the information to ensure they are accurate, current, appropriately available, and approved by authorized individuals.

Authoritative documents include, for example, institutional documents that specify Laboratory policies and their supporting and implementing processes and procedures. Authoritative documents further include those that establish or document design specifications, and generally those for which an error in document control could reasonably be expected to substantially diminish the ability of the institution to meet mission requirements, or to protect safety, health, environment, or property.

### Who Should Read This Policy

- Persons who develop, review, approve, and maintain authoritative documents must follow this policy
- Users of authoritative documents should at least be familiar with this policy

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page.

### Related Policy:

[Scientific and Technical Publications](#) policy, document number 10.02.001.

### Contact Information

Requirements Management Program Manager  
Office of Contractor Assurance  
[Requirementsmgmt@lbl.gov](mailto:Requirementsmgmt@lbl.gov)

Title:	Document Management Policy
Publication date:	7/18/2014
Effective date:	8/1/2011

## POLICY

## A. Purpose

This policy and its supporting processes establish the controls required for managing Lawrence Berkeley National Laboratory's authoritative documents to ensure they are accurate, current, appropriately available, and approved by authorized individuals.

## B. Persons Affected

Persons who develop, review, approve, and maintain authoritative documents must follow this policy. Users of authoritative documents should at least be familiar with this policy.

## C. Exceptions

This policy does not cover scientific and technical publications. The reader is directed to 10.02.001.000, [Scientific and Technical Publications](#) policy.

## D. Policy Statement

Berkeley Lab's authoritative documents – whether electronic or on paper – that specify policies, prescribe uniform processes, or establish or document design specifications must be controlled to ensure they are accurate, current, appropriately available, and approved by authorized individuals in a manner reflecting the risks associated with improper management of the information.

The following controls are to be used in the management of the Laboratory's authoritative documents.

1. Documents must be *uniquely identified* by at least a document number, revision number, publication date, and title.
2. Documents are subject to *change control*, which includes appropriate review and approval to certify new documents, ensure accuracy, and update the documents as necessary.
3. Documents are subject to *version control*, which encompasses distribution and availability of the most up-to-date approved version of a document to users, and appropriate disposition of obsolete and superseded documents to avoid their inadvertent use.
4. Documents are subject to *periodic review* to enable updating for currency, accuracy, and alignment with requirements and best practices.
5. Documents deemed Laboratory records that must be archived are subject to the *archival process* set forth by the Laboratory's Archives and Records Office.
6. Persons responsible for making changes to authoritative documents have responsibility for ensuring that persons affected by such changes are notified and provided the updated information in a timely fashion.

A specific subset of authoritative documents is the set of institutional documents, which include Laboratory-wide or multidepartmental policy and requirements and their related supporting procedures, programs, systems, plans, and so forth. These institutional documents reflect the Laboratory's implementation of requirements set forth by its contract with the Department of Energy and its relationship with the University of California. Process 10.06.001.001, *LBNL Document Management Process*, specifies management of documents and flows from this policy.

Berkeley Lab uses a graded approach in managing and controlling documents. The level and formality of document controls is directly related to the level of risk associated with improper document management. The Institutional Risk Severity Matrix can be found in the [Laboratory Quality Assurance Program Description \(QAPD\)](#) (PUB-3111). A procedure to assess risk and impact for institutional documents and to determine a grade for subsequent actions is provided in *Analyzing Requirements and Determining Impact and Risks*. Guidelines for review and approval by type of institutional document are listed in *LBNL Document Management Process*.

Each Laboratory division is responsible for identifying the subset of operations documents that require formal document control, making the list of these documents available to the Requirements Management Program, and, as necessary, implementing the appropriate controls prescribed by this policy and the follow-on *LBNL Document Management Process*. One possible means for capturing the list of divisional documents requiring formal document control is the division's Integrated Safety Management (ISM) Plan.

## E. Roles and Responsibilities

Role	Responsibility
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Line Managers	<p>Ensure compliance to this policy within their scope of responsibility by:</p> <ul style="list-style-type: none"> <li>Identifying those documents that fall under the definitions of authoritative and institutional</li> <li>Adopting and enforcing document-management processes that support the controls cited within this policy</li> </ul>
Persons who develop, review, maintain, and approve authoritative documents	<ul style="list-style-type: none"> <li>Within their scope of responsibility, ensure implementation of document-management processes that support the controls cited within this policy</li> <li>Proactively contribute to improving document-management processes for efficiency and simplicity</li> </ul>
Persons who use authoritative documents	Proactively contribute to the improvement of documents for accuracy and currency, and of document-management processes for efficiency and simplicity
Requirements Management Program Manager	<ul style="list-style-type: none"> <li>Provides expertise on document-management process, as required</li> <li>Leads team on periodic review of document-management processes. The team comprises, at least, authors, Creative Services Office (CSO) editors, and Archives and Records Office representatives</li> </ul>
Creative Services Office	<ul style="list-style-type: none"> <li>Provides editorial expertise, as requested</li> <li>Within its scope of responsibility, ensures implementation of document-management processes that support the controls cited within this policy</li> <li>Proactively contributes to improving document-management processes for efficiency and simplicity</li> </ul>
Archives and Records Office	<ul style="list-style-type: none"> <li>Provides records-management expertise, as applicable</li> <li>Within its scope of responsibility, ensures implementation of document-management processes that support the controls cited within this policy</li> <li>Proactively contributes to improving document-management processes for efficiency and simplicity</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Authoritative Document	<p>A document that is controlled to ensure that it is accurate, current, appropriately distributed, and approved by authorized individuals because it contains information that if improperly managed could reasonably be expected to substantially diminish the ability of the institution to meet mission requirements or to protect safety, health, environment, or property</p> <p>Examples: Laboratory policies, Laboratory processes, design specifications, engineering drawings</p>
Document	Written, visual, audio-, or video-recorded information stored in the form of hard copy, film, magnetic tape, electronic data, or in an online, Web-based format
Document Information	Also referred to as document "metadata," and includes (but is not limited to) titles, document numbers, revision dates, and, for traceability, the related source requirements and implementing documents' information
Document Management	A business-management process that ensures organizational access to current, reliable, and concise information. The document-management process includes document control, change control, configuration control, periodic review, and communication/distribution.
Graded Approach	The process by which the levels of analysis, documentation, verification, and other controls necessary to comply with program requirements are developed commensurate with specified factors



Implementing Document	A document required to carry out a policy, process, procedure, system, or work instruction Examples: Expense form, Corrective Action Tracking System (CATS) Database User Manual, Environment, Health & Safety (EH&S) Division Chemical Storage Guidelines
Institutional Document	A publication authorized by Laboratory management that delineates Laboratory-wide or multifunctional policy, procedures, regulations, or plans. A subset of authoritative documents. Scientific and technical publications and reports are not included in this definition. Examples: <i>Personal Property Policy Manual</i> , Radiation Protection Program, <i>Requirements and Policies Manual</i>
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
Procedure	A series of specific steps to be followed to accomplish work or to carry out a policy or requirement. Procedures are controls meant to mitigate risk, improve efficiency, or assure compliance. Examples: Obtaining a Berkeley Lab badge, maintaining the Laboratory's 12 kV electrical system, completing a travel expense form
Record	All books, papers, maps, photographs, machine-readable materials, or other documentary materials — regardless of physical form or characteristics — made or received that are preserved or appropriate for preservation that serves as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities.
Requirement	A specific obligation to perform an action mandated by Berkeley Lab senior management or the University of California or the federal, state, or local government; or an obligation to comply with the Laboratory's contract with the U.S. Department of Energy
Requirements Management	A business-management process that provides a systematic approach to ensuring that all contractually based requirements are assigned an owner, analyzed for impact, and flow down to the workforce. Requirements-management process elements include the means of governing, analyzing, implementing, and parsing of requirements.
Revision	The act of altering or modifying a document
Version	An altered or modified document, which is the result of revising

## G. Recordkeeping Requirements

Each Laboratory division has responsibility for maintaining a master list of authoritative documents that it deems subject to control. The listed information includes, but is not limited to, the unique document identifiers, current and past publication dates and revision levels, and whether or not the document is considered a Laboratory record that requires archiving.

The Requirements Management Program Manager, with inputs from Laboratory divisions, has responsibility for ensuring currency of the institutional document information in the Requirements Management System (RMS) database.

## H. Implementing Documents

Document number	Title
10.06.001.001	<i>Managing Institutional Documents Process</i>

10.06.001.101	<i>Developing, Reviewing, Approving, Non-Policy Institutional Documents Procedure</i>
10.06.001.102	<i>Developing, Reviewing, Approving, Institutional Policy Documents Procedure</i>
10.06.001.103	<i>Storing, Retrieving, Archiving Institutional Documents Procedure (tbd)</i>
10.06.001.202	<i>Policy Template &amp; Information Form</i>
10.06.001.203	<i>Policy Approvals Form</i>
10.06.001.201	<i>Procedure, Program, System, Process Template (tbd)</i>
10.06.001.901	<i>Style Guide for Institutional Documents (tbd)</i>
04.04.001.201	<i>Analyzing Requirements and Analyzing Risks and impacts to Determine Significance Rating</i>

## I. Contact Information

Questions on this policy should be directed to:  
Requirements Management Program Manager  
Office of Contractor Assurance  
[requirementsmgmt@lbl.gov](mailto:requirementsmgmt@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
7/18/2014	1.1	L. Young	Reviewed, minor clarifications, add Implementing Doc	Brief, Sections D, H	Minor
8/1/2011	1	L. Young	Prepare for wiki, revise per Reqs Mgmt Program	all	Minor

## DOCUMENT INFORMATION

Title:	Document Management Policy
Document number	10.06.001.000
Revision number	1.1
Publication date:	7/18/2014
Effective date:	8/1/2011

Next review date:	7/18/2017
Policy area:	Document Management
RPM Section (home)	Information Management
RPM Section (Cross reference)	Contractor Performance Management
Functional area	Office of Contractor Assurance
Prior reference information (optional)	RPM Section 5.08

## Source Requirements Documents

- DOE Order 414.1D, *Quality Assurance*, Attachment 2, CRD, Criteria 1, 4, 5
- Contract 31, Section I.76 (DEAR 970.5203-1), *Management Controls*
- 10 CFR 830, *Nuclear Safety Management*
- PUB-3111, *Quality Assurance Program Description (QAPD)*
- 04.04.001.000, *LBNL Requirements Management Policy*
- 04.02.003.000, *Organizational Self-Assessment Policy*
- 04.03.001.000, *Quality Assurance Policy*

## Implementing Documents

Document number	Title	Type
10.06.001.001	<i>Managing Institutional Documents Process</i>	Process
10.06.001.101	<i>Developing, Reviewing, Approving, Non-Policy Institutional Documents Procedure</i>	Procedure
10.06.001.102	<i>Developing, Reviewing, Approving, Institutional Policy Documents Procedure</i>	Procedure
10.06.001.103	<i>Storing, Retrieving, Archiving Institutional Documents Procedure (tbd)</i>	Procedure
10.06.001.202	<i>Policy Template &amp; Information Form</i>	Form
10.06.001.203	<i>Policy Approvals Form</i>	Form
10.06.001.201	<i>Procedure, Program, System, Process Template (tbd)</i>	Form
10.06.001.901	<i>Style Guide for Institutional Documents (tbd)</i>	Manual
04.04.001.201	<i>Analyzing Requirements and Analyzing Risks and impacts to Determine Significance Rating</i>	Form

# DOE Management and Operating (M&O) Overview

Title:	DOE Management and Operating (M&O) Overview
Publication date:	11/11/2012
Effective date:	10/23/2009

## BRIEF

### Policy Summary

This document provides the procedures for processing funding from another Department of Energy (DOE) Management and Operating (M&O) contractor to Berkeley Lab. Funds that come directly from DOE Headquarters or DOE field offices to Berkeley Lab are processed by the Budget Office and are not covered by this policy.

Work conducted by one DOE contractor for another DOE contractor is "Inter-Entity Work\*," formally known as "Management and Operating (M&O) Contractor Funding." The Office of Sponsored Projects and Industry Partnerships (OSPIP) is responsible for reviewing all Inter-Entity Work proposals. Further, OSPIP has authority to accept awards for Inter-Entity Work if the funding is under \$1 million. This policy and its associated procedures describe the requirements for the management of Inter-Entity Work funds.

### Who Should Read This Policy

Any Berkeley Lab employee involved with submitting, reviewing, or approving proposals and accepting, performing, or administering awards from DOE M&O sponsors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Office of Sponsored Projects and Industrial Partnerships \(OSPIP\) Manager](#)

Title:	DOE Management and Operating (M&O) Overview
Publication date:	11/11/2012
Effective date:	10/23/2009

## POLICY

### A. Purpose

This policy defines guidelines for processing funding received at Lawrence Berkeley National Laboratory (Berkeley Lab) from another DOE integrated or Management and Operating (M&O) contractor. M&O contractor funding is defined as Inter-Entity Work, or work conducted by one DOE contractor for another DOE contractor. This policy does not cover funds received from other DOE entities, which are processed by the

## B. Persons Affected

Any Berkeley Lab employee involved with submitting, reviewing, or approving proposals and accepting, performing, or administering awards from DOE M&O sponsors

## C. Exceptions

None

## D. Policy Statement

### 1. General

- a. The Office of Sponsored Projects and Industry Partnerships (OSPIP) received delegation from DOE to accept DOE contractor orders under \$1 million without DOE approval. Therefore, OSPIP is the institutional organization responsible for submitting proposals and accepting awards for Inter-Entity Work from DOE integrated and M&O contractors.
- b. The OSPIP Contracts Officers (COs) are responsible for submitting all proposals to non-DOE Headquarters entities, including M&O contractors.

### 2. Proposals

- a. **DOE approval.** DOE approval is not required for M&O proposals.
- b. **Standard process.** Follow the same process as non-federal Work for Others (WFO), including Conflict of Interest (COI); Environment, Safety & Health (ES&H); and Animal and Human Subjects Research approvals.
- c. **Submission to sponsor.** The OSPIP CO prepares the [M&O proposal transmittal letter](#); attaches the proposed scope of work, budget, and other sponsor application forms, if required; and transmits the paperwork to the M&O sponsor contact identified by the scientific division.

### 3. Awards

- a. An M&O award may be submitted as a Memorandum Purchase Order (MPO), an Integrated Contractor Order (ICO), or an Inter-Entity Work Order (IWO).
- b. **MPO (Less than \$1 million)**
  - i. The MPO is used by M&O contractors if the project is expected to be under \$1 million in funding. The MPO must be reviewed by OSPIP to ensure that it provides the terms and conditions under which work performed by Berkeley Lab is compliant with [Contract 31](#).
  - ii. Other terms including the budget and scope of work must also be reviewed for acceptability. If the scope of work or budget differs from what Berkeley Lab proposed, the scientific division must be consulted to ensure it accepts the changes and the funding level.
  - iii. If the MPO is acceptable, the OSPIP CO signs the MPO and returns a copy to the sponsor.
- c. **ICO or IWO (More than or Equal to \$1 Million):** The IWO is used by M&O contractors if the project is expected to be \$1 million or greater in funding (See [IWO](#) for an example). Sometimes the sponsor also sends a contractual document (which could be an MPO) along with the IWO to provide for additional terms and conditions. The IWO is initiated by the M&O sponsor, approved by their DOE Contracting Officer, and then sent to OSPIP.
- d. **IWO Process**
  - i. If the IWO is accompanied by a contractual document (e.g., MPO), the OSPIP CO reviews it to ensure it provides the terms and conditions under which work performed by Berkeley Lab is compliant with [Contract 31](#).
  - ii. Other terms, including the budget and scope of work, must also be reviewed for acceptability. If the scope of work or budget differs from what Berkeley Lab proposed, the scientific division must be consulted to ensure it accepts the changes and the funding level.
  - iii. If the IWO, along with its contractual document, is acceptable, the OSPIP CO signs the contractual document (e.g., MPO) and forwards only the IWO to the DOE Berkeley Site Office (BSO) Contracting Officer for signature. (No proposal is required by DOE for this type of award document.)
  - iv. Upon receipt of the approved IWO from the BSO, the fully executed IWO and contractual document (if appropriate) is transmitted by OSPIP to the sponsor.
- e. **Award Authorization:** The OSPIP CO enters award data elements in the Enterprise Research Administration System, prints the Sponsored Project Award Authorization (SPAA), initials it, attaches the IWO, and submits it to the principal investigator, division analyst, and Accounts Receivable and Budget offices.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
DOE Integrated Contractor	DOE Management and Operating Contractor, e.g., Lawrence Livermore National Laboratory, DOE Chicago Field Office, Sandia National Laboratories
DOE Management and Operating (M&O) Contractors	Private-sector companies, universities, and nonprofit organizations that manage DOE national laboratories and production installations through a Management and Operating (M&O) contract
ICO	Integrated Contractor Order
IWO	Inter-Entity Work Order
Management and Operating (M&O) Contract	"An agreement under which the Government contracts for the operation, maintenance, or support, on its behalf, of a Government-owned or controlled research, development, special production, or testing establishment wholly or principally devoted to one or more major programs of the contracting Federal agency." (Source: Federal Acquisition Regulation [FAR] 17.601)
MPO	Memorandum Purchase Order

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

[Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/11/2012	1.1	R.Inada	Periodic review completed 10/23/12; no changes	Pub & rev dates	Minor
5/14/2012	1	M. Mock	Re-format for wiki (policy)	All	Minor

1/2/2012	0	M. Mock	Re-format for wiki (brief)	All	Minor
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## DOCUMENT INFORMATION

Title:	DOE Management and Operating (M&O) Overview
Document number	06.01.008.000
Revision number	1.1
Publication date:	11/11/2012
Effective date:	10/23/2009
Next review date:	10/23/2015
Policy Area:	Non-DOE Funded Project Mechanisms
RPM Section (home)	Non-DOE Funded Project
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [DOE Accounting Handbook, Chapter 12, Inter-Entity Transactions, Revised 9/06](#)
- [DOE Memorandum for Inter-Entity Accounting Process Change, 6/25/04](#)
- [DOE Memorandum for Interim Guidance for Inter-Entity Work/Inter-Entity Business Process Modification, 7/14/04](#): DOE guidance on implementing business processes for Inter-Entity Work includes the following:
  - Preference for an Approved Funding Program (AFP)
  - Inter-Entity Work Order process for work exceeding \$1M
  - Required DOE approval
  - IWO form and instructions

## Other References

- [DOE Management & Operating Contractors](#): DOE's official list of DOE Management and Operating Contractors

## Implementing Documents

None

# Drinking Water Safety

## Brief

Title:	Drinking Water Safety
Publication date:	4/2/2013
Effective date:	7/31/2012

## BRIEF

### Policy Summary

The Drinking Water Safety program outlines the management of the drinking-water system at Berkeley Lab. This includes:

- Modifications
- Repairs
- New additions
- Maintenance

This policy describes how the drinking-water quality at Berkeley Lab meets all federal, state, and Department of Energy (DOE) guidelines as well as recognized good practice.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who either use drinking-water systems or perform work pertaining to drinking-water systems at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH42.html>

### Contact Information

*For concerns about drinking-water quality:*

Facilities Division Work Request Center, ext. 6274

Or visit the Facilities Division [Work Request Center](#) Web page

*For guidance on disinfection of drinking-water systems, or for requests for sampling of drinking water:*

[EHSS Subject Matter Expert for Water Quality: Drinking Water \(Potable Water Systems\)](#)

## Policy

Title:	Drinking Water Safety
Publication date:	4/2/2013
Effective date:	7/31/2012

## POLICY

### A. Purpose

The Drinking Water Safety program outlines the management of the drinking-water system at Berkeley Lab. This includes:



- Modifications
- Repairs
- New additions
- Maintenance

This policy describes how the drinking-water quality at Berkeley Lab meets all federal, state, and Department of Energy (DOE) guidelines as well as recognized good practice.

## B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who either use drinking-water systems or perform work pertaining to drinking-water systems at Berkeley Lab

## C. Exceptions

Not applicable

## D. Policy Statement

1. Most drinking-water hazards fall within a few common areas:
  - a. Some drinking-fountain units and copper-pipe dead legs (dead-end pipes) that are not flushed or used frequently can produce copper contamination in excess of allowable levels.
  - b. Rust from iron piping is observed in some older facilities. Occasionally, other various off-colors and tastes are reported.
  - c. When designing/installing potable water systems that supply chemical-containing systems, adequate backflow devices that prevent back-siphoning of toxic materials into the potable water system must be installed ([Work Process A](#)).
2. All drinking-water fountains must have baseline testing for lead and copper concentrations in the water ([Work Process B](#)).
3. Water systems must be isolated from the main water system and not put into service (excluding small jobs, see below) as potable water until the water is confirmed free of coliform bacteria ([Work Process C](#)).
  - a. **New piping installations** in drinking-water systems must be tested for coliform bacteria before they are released for use with potable water unless the work is of a small scale, and provided the parts are individually disinfected.
  - b. **Routine monitoring.** The drinking-water system for each building must be tested for coliform bacteria annually ([Work Process D](#)).
4. It is recommended that these dispensers be cleaned at least every six months by Maintenance & Operations (M&O) or the user group ([Work Process E](#)).

## E. Roles and Responsibilities

Role	Responsibilities
Facilities Division – Architecture & Engineering (A&E)	<ul style="list-style-type: none"> <li>Ensures that all written contracts involving repair, modifications, and additions to the drinking-water system comply with the Berkeley Lab Drinking Water Safety program and include disinfection and testing requirements</li> <li>Issues written Stop Work notice to contractors in noncompliance with the Berkeley Lab Drinking Water Safety program</li> <li>Informs and coordinates with M&amp;O and the Industrial Hygiene Group on all upcoming work involving water systems</li> </ul>
Facilities Division – Inspection Group	<ul style="list-style-type: none"> <li>Reviews disinfection procedure with M&amp;O and provides oversight to ensure contractors perform work in compliance with the Berkeley Lab Drinking Water Safety program</li> <li>Issues Stop Work notice to contractors in non-compliance with the Berkeley Lab Drinking Water Safety program</li> <li>Approves new piping tie-ins to the main water system. Note: This is a jointly shared responsibility with M&amp;O.</li> <li>Notifies M&amp;O when the contractor is ready to start the disinfection procedure</li> </ul>
Facilities Division – Maintenance and Operations (M&O)	<ul style="list-style-type: none"> <li>Completes annual inspection and function check of all backflow preventers by or under the guidance of a certified employee</li> <li>Provides the Industrial Hygiene Group with samples for coliform and total heterotrophic bacteria samples</li> <li>Audits work performed by contractors to ensure compliance with the Berkeley Lab Drinking Water Safety program. Informs the Inspection Groups of noncompliance.</li> <li>Disinfects and/or cleans water coolers, drinking fountains, backflow preventers, etc., as needed</li> <li>Supplies potable water to all Berkeley Lab employees. Takes corrective action to resolve issues. Corrective action may include cleaning and/or replacing drinking fountains, pipes etc.</li> <li>Approves all tie-ins to the main water system. Note: This is a jointly shared responsibility with the Inspection Group.</li> <li>Ensures that there are backflow preventers at all locations where it may be necessary to run hoses from potable water systems into tanks or other receptacles containing hazardous liquids</li> </ul>
Environment, Health, Safety, and Security (EHSS) Division – Industrial Hygiene Group	<ul style="list-style-type: none"> <li>Provides site-specific guidance and recommendations</li> <li>Approves waivers or exceptions to guidelines in the Berkeley Lab Drinking Water Safety program, provided such exceptions comply with all applicable regulations and will not compromise water quality</li> <li>Sends water samples to accredited laboratories for analysis</li> <li>Provides M&amp;O with drinking-water sample results and recommendations</li> </ul>
All Berkeley Lab supervisors and building managers	Ensure that there are backflow preventers at all locations where it may be necessary to run hoses from potable water systems into tanks or other receptacles containing hazardous liquids

## F. Definitions/Acronyms

See ES&H Manual [Drinking Water Safety program](#) for technical terms related to the details of this policy and its implementation.

Term	Definitions
Backflow Preventer	A device installed in a water line to prevent water traveling in the reverse direction
Coliform Bacteria	A type of bacteria whose source is human and animal fecal matter. Although not necessarily disease-causing themselves, coliforms can be indicators of organisms that can cause dysentery, hepatitis, typhoid fever, cholera, etc.
Contractor	A contractor employed by Berkeley Lab. Both contractor and work crew will be non-Berkeley Lab employees.
Disinfection	Sanitizing a system or its components to kill any coliform bacteria that may be present
Drinking-Water Fountain	A fountain piped to a building's domestic water supply that may be capable of cooling and/or heating the water
Potable Water	Water approved for drinking that meets all federal and state guidelines and standards

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
07.07.010.001	Drinking Water Safety	Program
07.07.010.002	Work Process A, <i>General Requirements</i>	Process
07.07.010.003	Work Process B, <i>Drinking Fountain Testing</i>	Process
07.07.010.004	Work Process C, <i>Disinfection of Water Testing</i>	Process
07.07.010.005	Work Process D, <i>Bacteria Testing</i>	Process
07.07.010.006	Work Process E, <i>Water Dispensers (Bottled Water)</i>	Process

## I. Contact Information

*For concerns about drinking-water quality:*

Facilities Division Work Request Center, ext. 6274

Or visit the Facilities Division [Work Request Center](#) Web page

*For guidance on disinfection of drinking-water systems, or for requests for sampling of drinking water:*

[EHSS Subject Matter Expert for Water Quality: Drinking Water \(Potable Water Systems\)](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Madison	Reformat for wiki (brief)	All	Minor
4/2/2013	1	H. Madison	Reformat for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Drinking Water Safety
Document number	07.07.010.000
Revision number	1
Publication date:	4/2/2013
Effective date:	7/31/2012
Next review date:	4/2/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 4.3 moved to Chapter 42

## Source Requirements Documents

- DOE Order 430.1B, Chg 2, *Real Property Asset Management, Attachment 2, Contractor Requirements Document* <https://www.directives.doe.gov/directives/0430.1-BOrder-bc2/view>

## Implementing Documents

Document number	Title	Type
07.07.010.001	Drinking Water Safety	Program
07.07.010.002	Work Process A, <i>General Requirements</i>	Process
07.07.010.003	Work Process B, <i>Drinking Fountain Testing</i>	Process
07.07.010.004	Work Process C, <i>Disinfection of Water Testing</i>	Process
07.07.010.005	Work Process D, <i>Bacteria Testing</i>	Process
07.07.010.006	Work Process E, <i>Water Dispensers (Bottled Water)</i>	Process

## Other References

- 40 CFR 141 and 142, *EPA National Primary Drinking Water Regulations*
- 40 CFR 143, *EPA National Secondary Drinking Water Regulations*
- California Health and Safety Code, Part 12, Chapter 4. *California Safe Drinking Water Act.*
- AWWA C651-99, American Water Works Association, *Disinfecting Water Mains (guidance)*
- AWWA C652-92, American Water Works Association, *Disinfection of Water-Storage Facilities (guidance)*

# Early Problem Resolution

Title:	Early Problem Resolution
Publication date:	5/8/2012
Effective date:	9/30/2002

## BRIEF

### Policy Summary

The interests of both employees and Berkeley Lab are best served when any problems relating to the workplace are resolved as part of regular communication between employees and supervisors. To ensure prompt and constructive solutions, problems in the workplace should be resolved through the appropriate management chain and, whenever needed, with the assistance of the Human Resources Department. Although employees should seek to resolve problems at the lowest possible level, sometimes the supervisor is not available or is not the desired contact. Employees may access successively higher levels of the management chain or the Human Resources Department at any time.

### Who Should Read This Policy

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For information regarding this policy contact your [Division's HR Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Early Problem Resolution
Publication date:	5/8/2012
Effective date:	9/30/2002

## POLICY

### A. Purpose

The interests of both employees and Lawrence Berkeley National Laboratory (Berkeley Lab) are best served when any problems relating to the workplace are resolved as part of regular communication between employees and supervisors. To ensure prompt and constructive solutions, problems in the workplace should be resolved through the appropriate management chain and, whenever needed, with the assistance of the Human Resources Department. Although employees should seek to resolve problems at the lowest possible level, sometimes the supervisor is

not available or is not the desired contact. Employees may access successively higher levels of the management chain or the Human Resources Department at any time.

## B. Persons Affected

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

## C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Chief Human Resources Officer (CHRO).

## D. Policy Statement

1. **Areas of Responsibility:** Managers and supervisors are responsible for determining and effecting appropriate Laboratory goals and objectives. Managers, supervisors, and employees are expected to work together to achieve those goals and objectives.
  - a. **Responsibilities of Managers and Supervisors**
    - i. Developing performance expectations
    - ii. Assigning work and establishing deadlines
    - iii. Determining training needs
    - iv. Evaluating performance
    - v. Rewarding achievement
    - vi. Taking corrective action
  - b. **Responsibilities of Employees**
    - i. Meeting expectations
    - ii. Performing assigned tasks capably and on time
    - iii. Staying current in the skills required for their classification
    - iv. Keeping their supervisors informed about job-related activities
    - v. Complying with the rules of the workplace and conducting themselves appropriately
2. **Employees and Supervisors:** When an employee is concerned about working conditions, job safety, rate of pay, job classification, or other matters pertaining to his or her employment at the Laboratory, that employee should contact his or her supervisor. When an employee seeks such counsel, the supervisor should try to help resolve the problem in a reasonable manner. Supervisors should try to prevent the escalation of employee issues by advising and counseling the employees in the early stages of potential problem situations.
3. **Employee Labor Relations:** When a supervisor or employee has difficulty resolving a work-related problem, the division's Human Resources (HR) Center can provide assistance. The staff of the HR Center, with the support of the Employee Labor Relations (EL R) unit of the HR Department, is qualified to provide assistance resolving these problems. They may:
  - a. Provide guidance to employees and/or supervisors on all possible methods to solve work-related problems. The objective of this guidance is to achieve a solution that is workable and consistent with the satisfactory performance of the duties to which the employee has been or may be assigned.

### Additional Information

[Employee Assistance Program](#)

[UC CARE Services](#)

University Health Services, Tang Center

2222 Bancroft Way, Suite 3100

Berkeley, CA 94720

510-643-7754

Appointments are available M - F

- b. Provide guidance to supervisors on options that may be taken when an employee's performance or conduct does not improve, consistent with Laboratory and University policy and good employee relations
- c. Advise employees of their rights when an employee believes that he or she has been treated inappropriately
- d. Refer employees and supervisors to University or Laboratory employee assistant services.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Employee and Labor Relations (ELR)	Provides advice to HR Centers and supervisors on employee-relation matters
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures listed in [Section H](#) below.

## F. Definitions/Acronyms

Term	Definition
CHRO	Chief Human Resources Officer
ELR	Employee and Labor Relations
HR	Human Resources
HRC	Human Resources Center

## G. Recordkeeping Requirements

There are no recordkeeping requirements; however, it is recommended that supervisors and the HR Center keep appropriate records of incidents.

## H. Implementing Documents

Audience	Document Number	Document Title
Managers and Supervisors	02.11.001.001	Managers and Supervisors Responsibilities under the Early Problem Resolution Policy
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)

Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)
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## I. Contact Information

For information regarding this policy contact your [Division's HR Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
5/8/2012	2	M. Bello	Added RPM 2.05(A) Areas of Responsibility to this policy. Should have been added during the original rewrite for wiki	(D) Policy Statement	Minor
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Early Problem Resolution
Document number	02.11.001.000
Revision number	2
Publication date:	5/8/2012
Effective date:	9/30/2002
Next review date:	1/2/2015
Policy Area:	Problem Resolution
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.05(A) and (B)

## Source Requirements Documents



- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec. J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 70, [Complaint Resolution](#)

## Implementing Documents

Audience	Document Number	Document Title	Type
Managers and Supervisors	02.11.001.001	Managers and Supervisors Responsibilities under the Early Problem Resolution Policy	Form
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training

# Education & Employee Development Policy - B

Title:	Education & Employee Development
Publication date:	1/2/2012
Effective date:	6/18/2002

## BRIEF

### Policy Summary

Berkeley Lab assists and encourages employees to obtain skills, knowledge, and abilities that increase the effectiveness of work performance in their present position and improve their career opportunities within the Laboratory.

The Human Resources Department will assess Laboratory-wide employee development needs and, based on the availability of resources, sponsor appropriate, relevant training and development programs to meet such needs. Special emphasis will be placed on developmental activities designed to help supervisors, group leaders, department heads, and division directors make good-faith efforts toward meeting the Laboratory's equal employment opportunity and affirmative action goals.

### Who Should Read This Policy

Portions of this policy apply to the following employee classifications: [Career](#), [Term](#), [Faculty](#), and [Postdoctoral Fellow](#).

This policy does not apply to the following employee classifications: [Limited](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Rehired Retiree](#), and [Visiting Researcher](#).

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.04.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Education & Employee Development
Publication date:	1/2/2012
Effective date:	6/18/2002

## POLICY

### Purpose

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.04.html>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Education & Employee Development
Document number	02.05.002.000
Revision number	0
Publication date:	1/2/2012
Effective date:	6/18/2002
Next review date:	1/2/2015
Policy Area:	Employee Development
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.04
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.04

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- DOE Contract DE-AC02-05CH11231, Mod No. M046, FAR 31.205-44, Training and Education Costs
- University of California Personnel Policies for Staff Members (PPSM) 50, [Professional Development](#)
- University of California Personnel Policies for Staff Members (PPSM) 51, [Reduced Fee Enrollment](#)
- University of California Regents Policy 7502, [Policy on Reduced Fee Enrollment for University Employees](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# EHSS Division Charter

Title:	EHSS Division Charter
Publication date:	9/10/2012
Effective date:	8/15/2012

## BRIEF

### Summary

The Environment, Health, Safety, and Security (EHSS) Division is chartered with the mission of helping Berkeley Lab achieve its commitment to perform all work safely and in a manner that strives for the highest degree of protection for employees, participating affiliates, visitors, subcontractors, the public, and the environment.

In carrying out its Charter, EHSS is committed to six basic objectives:

1. Provide employees with a safe workplace.
2. Design and operate facilities and research activities to minimize adverse impact on public health and on the environment.
3. Produce and use only materials that can be disposed of safely and that will minimize waste.
4. Promptly communicate to affected persons the known hazards of activities and the related methods necessary for safety and health protection.
5. Use available technology, engineered safeguards, and responsible science to mitigate all significant risks arising from research and related activities.
6. Train and develop staff to meet the commitments to a safe workplace with minimal adverse impact on public health and on the environment.

### Who Should Read This Charter

All employees and non-employees at the Laboratory

### To Read the Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH02.html>

or

The CHARTER tab on this wiki page

### Contact Information

[Safety Compliance Program Manager](#)

EHSS Division

Title:	EHSS Division Charter
Publication date:	9/10/2012
Effective date:	8/15/2012

# CHARTER

## A. Mission and Objectives

The Environment, Health, Safety & Security (EHSS) Division is chartered with the mission of helping Lawrence Berkeley National Laboratory (Berkeley Lab) achieve its commitment to perform all work safely and in a manner that strives for the highest degree of protection for employees, participating affiliates, visitors, subcontractors, the public, and the environment.

In carrying out its Charter, EHSS is committed to six basic objectives:

1. Provide employees with a safe workplace.
2. Design and operate facilities and research activities to minimize adverse impact on public health and on the environment.
3. Produce and use only materials that can be disposed of safely and that will minimize waste.
4. Promptly communicate to affected persons the known hazards of activities and the related methods necessary for safety and health protection.
5. Use available technology, engineered safeguards, and responsible science to mitigate all significant risks arising from research and related activities.
6. Train and develop staff to meet the commitments to a safe workplace with minimal adverse impact on public health and on the environment.

Berkeley Lab has adopted the seven principles and five functional practices of the Integrated Safety Management System (ISMS), as prescribed in Department of Energy DEAR Clause 970.5204-2 (see the ISM Overview tab of the [ES&H Core Policy](#) in this *Requirements and Policies Manual*).

EHSS strives to keep the Berkeley Lab community and environment safe and secure as the frontiers of science are explored. The Division partners with scientists and stakeholders to maintain a high level of safety consciousness and performance by providing cost-effective advice, processes, and tools.

EHSS supports and acts as a partner with line management as the Division meets direct responsibilities to ensure that protection of workers, the public, and the environment is integrated into the primary research and support functions of each Laboratory division or unit.

Of equal importance, EHSS supports and provides expertise directly to each Laboratory worker who seeks Environment, Safety & Health (ES&H) advice and help, or who voices a concern.

## B. Organization and Administrative Responsibilities and Authority

The EHSS Division is organized into four functional units:

- Technical Program Management
- Client Support Services
- Security and Emergency Services
- EHSS Operations

The Technical Program Management unit consists of the Employee Health & Safety Department; the Environment, Waste, and Radiation Protection Department; and the Technical Support Services Group that reports to the Technical Program Management Deputy Division Director. Employee Health & Safety has four groups: Occupational Safety, Industrial Hygiene, Health Services, and Construction Projects and Field Support. Environment, Waste, and Radiation Protection has three groups: Environmental Services, Radiation Protection, and Waste Management.

The Client Support Services unit reports to the Deputy Director for Client Support Services and consists of Associate Laboratory Director Liaison Support, Incident Investigations, Assurance Management/Occurrence Reporting Processing System, EHS Customer Service, EHS Training, and Communications.

Security and Emergency Services reports to the Group Leader for SES and includes the Fire Department (which is contracted to Alameda County), Security Program, Emergency Services, and Business Continuity.

EHSS Operations reports to the Deputy Director for Business Services and includes Business Services, EHS IT Systems, Site Access Foreign Visits & Assignments, and Strategic Planning & Project Management.

Group leaders must manage their organizations, and are responsible for planning, staffing, and budgeting, as well as developing and implementing Laboratory policies and procedures in their functional areas. The EHSS Division Director, deputy division directors, and department heads represent the EHSS Division when communicating with internal and external organizations and individuals on matters of significance to the success of the Laboratory.

Each Associate Laboratory Directorate organization has a designated EHSS Division liaison who serves as a point of contact between a customer division (typically via a division safety coordinator) and the EHSS Division through the Associate Laboratory Directorate/Division Support Group in the Client Support Services unit. EHSS liaisons function as troubleshooters, facilitators, and problem solvers. They provide technical consultation and responsive customer service, partnering with customers to implement cost-effective injury and illness prevention/loss control programs, assist line management with division Integrated Safety Management (ISM) plans, and provide ongoing support to customer division management.

Information regarding the EHSS Division points of contact, policies and procedures, and other ES&H-related information is maintained on the EHSS Division Web site at: <http://www.lbl.gov/ehs/>.

## C. Contact Information

Safety Compliance Program Manager  
EHSS Division

## D. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/10/2012	1.2	W. Wells	Division name changed to EHSS	All	Minor
8/15/2012	1.1	W. Wells	New organization, Division name changed to EHS&S	All	Minor
1/2/2012	1	W. Wells	Re-write for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	EHSS Division Charter
Document number	07.01.002.000
Revision number	1.2
Publication date:	9/10/2012
Effective date:	8/15/2012
Next review date:	8/15/2015
Policy Area:	General Policy – ES&H

RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000, Chapter 2

## Source Requirements Documents

None

## Implementing Documents

None



# Electrical Equipment Safety

## Brief

Title:	Electrical Equipment Safety
Publication date:	12/16/2013
Effective date:	12/16/2013

## BRIEF

### Policy Summary

The Berkeley Lab Electrical Equipment Safety Program (EESP) is designed to ensure safe operation and installation of electrical utilization equipment. This is achieved by purchasing equipment with a Nationally Recognized Testing Laboratory (NRTL) certification, or through a Berkeley Lab inspection and approval process, with final approval by the Berkeley Lab Electrical Safety Authority Having Jurisdiction (AHJ).

### Who Should Read This Policy

Any Berkeley Lab employee, subcontractor, or affiliate who purchases or builds electrical utilization equipment for use at Berkeley Lab that has a potential of 50 volts or greater anywhere in the equipment

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH14.html>

### Contact Information

Electrical Safety Program Manager  
EHS Division / Electrical Safety Group

## Policy

Title:	Electrical Equipment Safety
Publication date:	12/16/2013
Effective date:	12/16/2013

## POLICY

### A. Purpose

The Lawrence Berkeley National Laboratory (Berkeley Lab) Electrical Equipment Safety Program (EESP) is designed to ensure the safe operation and installation of electrical utilization equipment. This is achieved by purchasing equipment with a Nationally Recognized Testing Laboratory (NRTL) certification, or through a Berkeley Lab inspection and approval process, with final approval by the Berkeley Lab Electrical Safety Authority Having Jurisdiction (AHJ).

### B. Persons Affected

Any Berkeley Lab employee, subcontractor, or affiliate who purchases or builds electrical utilization equipment for use at Berkeley Lab that has a potential of 50 volts or greater anywhere in the equipment

## C. Exceptions

The following types of electrical equipment do not require inspection and approval prior to use:

1. **Unmodified NRTL-Listed Equipment:** Equipment that is listed by an NRTL and has not been modified.
2. **Unused Equipment:** Equipment that is not being used, e.g., in storage, staged for salvage or excess, etc. Equipment that is not being used must be labeled with the EQUIPMENT OUT OF SERVICE label (see [Appendix B](#)) so it is clear it is not in use.
3. **Equipment Granted Conditional Acceptance Under Work Process E:** Prototype or proof-of-concept equipment (e.g., test chassis, benchtop experiment) in the process of being built to test the validity of a design and that is under the exclusive control of the designer if used for less than three months. Equipment being developed that exceeds a three-month period may be acceptable but requires Conditional Acceptance per [Work Process E](#).
4. **Equipment Considered Nonhazardous:** Equipment in any of the following categories is considered nonhazardous:

Type	Range Considered Non-Hazardous
60 Hz AC	<50 V
	>50 V and <5 mA

Note: Equipment that is connected to AC only via a step-down transformer/AC adapter with voltage output less than 50 volts is exempt, but the transformer/AC adapter must be NRTL Listed.

## D. Policy Statement

The Berkeley Lab Electrical Equipment Safety Program (EESP) is designed to ensure the safe operation and installation of electrical utilization equipment. Only electrical utilization equipment that has been approved by the AHJ may be used at Berkeley Lab. Electrical utilization equipment that has been Accepted, Certified, Labeled, or Listed by an NRTL is considered acceptable to the AHJ, and is approved for use provided the equipment is installed and used within the manufacturer's listing intent. Electrical utilization equipment that has NOT been Accepted, Certified, Labeled, or Listed by an NRTL is not acceptable to the AHJ unless it has satisfactorily passed a documented safety inspection. To meet this requirement, Berkeley Lab has established the EESP.

Upon installation, and prior to energization, newly purchased or Berkeley Lab-built electrical utilization equipment:

- Must receive an initial survey ([Work Process C, Equipment Surveys](#))
- That is not NRTL Listed must be inspected by an Electrical Equipment Inspector and approved by the AHJ ([Work Process D, Inspecting and Approving Electrical Equipment](#))

## E. Roles and Responsibilities

Role	Responsibilities
Engineering Division Director / AHJ	<ul style="list-style-type: none"> <li>• Collaborates with EHS Electrical Safety on standardizing acceptance criteria for equipment</li> <li>• Ensures that R&amp;D equipment fabricated and repaired by Engineering meets all relevant standards</li> <li>• Ensures that Engineering designs incorporate all required safety features</li> </ul>
EHS Electrical Safety Program Manager	<ul style="list-style-type: none"> <li>• Manages the Electrical Equipment Safety Program (EESP):</li> <li>• Establishes inspection criteria in accordance with appropriate electrical safety standards</li> <li>• Establishes and maintains the EESP database</li> <li>• Establishes training and qualification program for EESP inspectors and surveyors</li> <li>• Provides quality assurance to the inspection process</li> <li>• Provides Subject Matter Expert assistance where necessary to determine safety considerations</li> <li>• Maintains and supervises two full-time EESP inspectors</li> <li>• Oversees the EESP inspection process. Uses the EESP database to track equipment surveys and arrange inspections accordingly.</li> <li>• Coordinates the inspection of newly purchased equipment in a timely manner</li> <li>• Coordinates the inspection of legacy equipment</li> <li>• Promotes the program throughout the Laboratory</li> <li>• Performs technical assurance reviews as necessary</li> <li>• Maintains a list of reputable manufacturers</li> <li>• Coordinates with the Engineering Division AHJ to accept for use, with respect to electrical safety, electrical utilization equipment</li> </ul>
Berkeley Lab Electrical Safety Subcommittee (ESSC)	<ul style="list-style-type: none"> <li>• Advises on electrical safety matters and promotes electrical safety at Berkeley Lab. The ESSC will be a resource to aid in the development of inspection criteria, training, and program administration.</li> <li>• If a disagreement cannot be resolved by the Engineering Division AHJ and the EHS Electrical Safety Program Manager, the ESSC will hold a hearing to facilitate a resolution.</li> </ul>
Divisions	<ul style="list-style-type: none"> <li>• Procure equipment that is Listed as first consideration</li> <li>• Conduct surveys to identify and document Unlisted equipment within their organizations</li> <li>• Apply AHJ barcode labels to Unlisted equipment and enter the identification into the database</li> <li>• Notify the EESP of any new Unlisted equipment being purchased (<a href="mailto:EESP@lbl.gov">EESP@lbl.gov</a>)</li> <li>• Arrange for repairs and corrections to equipment in accordance with inspection findings</li> <li>• Remove from service equipment that has been labeled "AHJ FAIL"</li> <li>• Obtain EESP inspections for procured Unlisted equipment</li> </ul>
Equipment Supervisor	<ul style="list-style-type: none"> <li>• Also known as Responsible Person, or Equipment Owner</li> <li>• Cooperates with the EESP throughout the survey and inspection process</li> <li>• Ensures that all legacy electrical equipment has been identified and surveyed</li> <li>• Specifies for purchase only Listed equipment, if possible</li> <li>• Promptly notifies the EESP of any Unlisted equipment that has been ordered (<a href="mailto:EESP@lbl.gov">EESP@lbl.gov</a>)</li> <li>• Arranges survey and EESP inspection of procured Unlisted equipment before placement into service (<a href="mailto:EESP@lbl.gov">EESP@lbl.gov</a>)</li> <li>• Ensures that equipment is repaired and re-inspected as necessary</li> <li>• Complies with any conditions placed on equipment by an inspector</li> <li>• Arranges EESP inspection of new Berkeley Lab–built apparatuses before placement into service (<a href="mailto:EESP@lbl.gov">EESP@lbl.gov</a>)</li> <li>• Does not use Unlisted new equipment until it has been inspected and approved by an AHJ field representative</li> <li>• Does not use Unlisted legacy equipment unless it has been inspected and approved by an AHJ field representative</li> <li>• Removes from service any equipment found unsafe for use by an EESP field inspector</li> </ul>
Inspector	Qualified person designated by the AHJ to perform EESP inspections. Inspectors must complete training course EHS0383.
Procurement Department	Ensures that all written purchase orders and contracts include language requiring NRTL-Listed equipment

## F. Definitions/Acronyms

Term	Definition
Approved	Acceptable to the Authority Having Jurisdiction (AHJ)

Acceptable	<p>Electrical utilization equipment is "acceptable" to the Berkeley Lab AHJ and approved if it is accepted, certified, listed, labeled, or otherwise determined to be safe by a Nationally Recognized Testing Laboratory (NRTL). If it is not determined to be safe by a Nationally Recognized Testing Laboratory (NRTL), it is acceptable if it is inspected or tested by another federal agency, or by a state, municipal, or other local authority responsible for enforcing occupational safety provisions of the National Electrical Code and found in compliance with the provisions of the National Electrical Code.</p> <p>Custom-made equipment or related installations that are designed, fabricated for, and intended for use by a particular customer is acceptable if it is determined to be safe for its intended use by its manufacturer on the basis of test data that the employer keeps and makes available for inspection to the Berkeley Lab AHJ and the AHJ's authorized representatives.</p>
Accepted	Electrical utilization equipment is "accepted" if it has been inspected and found by a Nationally Recognized Testing Laboratory (NRTL) to conform to specified plans or to procedures of applicable codes.
Authority Having Jurisdiction (AHJ)	<p>Generally, an organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure. At Berkeley Lab, the Electrical AHJ function is divided three ways:</p> <ol style="list-style-type: none"> <li>1. The AHJ for Electrical Safety work practices and workplace conditions is the EHS Electrical Safety Program Manager.</li> <li>2. The AHJ for research and scientific equipment is the Engineering Division Director.</li> <li>3. The AHJ for facilities and premises wiring is the Facilities Division Director.</li> </ol>
Certified	<p>Electrical utilization equipment is "certified" if it bears a label, tag, or other record of certification that the equipment:</p> <ul style="list-style-type: none"> <li>• Has been tested and found by a Nationally Recognized Testing Laboratory (NRTL) to meet nationally recognized standards or to be safe for use in a specified manner.</li> <li>• Is of a kind whose production is periodically inspected by a Nationally Recognized Testing Laboratory (NRTL) and is accepted by the laboratory as safe for its intended use.</li> </ul>
CE	<p><i>Conformité Européene:</i> This is a manufacturer's self-declaration of conformity to European design standards. It is not equivalent to an NRTL listing because:</p> <ul style="list-style-type: none"> <li>• There is no third-party verification of conformity through inspection or testing.</li> <li>• The standards are not recognized for applicability in the United States.</li> </ul>
Electrical Equipment Safety Program (EESP)	An inspection program designed to meet the OSHA requirement for AHJ acceptance of Unlisted electrical utilization equipment
Field evaluation	An electrical equipment safety inspection on Unlisted equipment performed on site by a Third-Party Field Evaluating Body (FEB)
Field Evaluating Body (FEB)	An organization that performs electrical equipment safety inspections and that is recognized by the AHJ. It is recognized by the AHJ if it meets the requirements of NFPA 790 and NFPA 791.
Inspection	An equipment electrical safety inspection performed on Unlisted equipment by an authorized EESP inspector
Legacy equipment	Electrical utilization equipment surveyed before October 1, 2013
Labeled	Electrical utilization equipment is "labeled" if there is attached to it a label, symbol, or other identifying mark of a Nationally Recognized Testing Laboratory (NRTL) that (1) makes periodic inspections of the production of such equipment and (2) whose labeling indicates compliance with nationally recognized standards or tests to determine safe use in a specified manner.
Listed (NRTL Listed)	Electrical utilization equipment is "Listed" if it is of a kind mentioned in a list that is published by a Nationally Recognized Testing Laboratory (NRTL) that (1) makes periodic inspection of the production of such equipment and (2) states that such equipment meets nationally recognized standards or has been tested and found safe for use in a specified manner.
Nationally Recognized Testing Laboratory (NRTL)	<p>An organization that is recognized by OSHA and that tests for safety; or lists, labels, or accepts equipment based on established national standards. The NRTL is an independent third party and is not the manufacturer of the product or a government agency. A partial list of NRTL labels is provided in <a href="#">Appendix A</a>. The full list of NRTL labels can be found online at: {+}<a href="http://osha.gov/dts/otpca/nrtl/nrtlmrk.html">http://osha.gov/dts/otpca/nrtl/nrtlmrk.html</a>{+}</p>

Reputable manufacturer	Manufacturers listed in <a href="#">Appendix D</a> are considered reputable and provide adequate technical support and technical documentation, and follow standard accepted safe designs even though they do not always obtain NRTL listing for their products.
Survey	The process of identifying and indexing Unlisted electrical utilization equipment that will later be inspected by a designated EESP Equipment Inspector.
Surveyor	Personnel identified by their division to conduct the NRTL survey for their organization are referred to as Electrical Equipment Surveyors. Before conducting the survey, Electrical Equipment Surveyors must complete training course EHS0381.
Unlisted	Electrical utilization equipment is "Unlisted" if it is not listed.
Utilization equipment	Equipment that utilizes electric energy for electronic, electromechanical, chemical, heating, lighting, or similar purposes

## G. Recordkeeping Requirements

Electrical utilization equipment surveys, inspections, status, and approvals are maintained on the EESP database.

## H. Implementing Documents

Document number	Title	Type
07.07.034.001	ES&H Manual <i>Electrical Equipment Safety</i>	Program
07.07.034.002	<a href="#">Work Process A, General Requirements</a>	Process
07.07.034.003	<a href="#">Work Process B, Procurement</a>	Process
07.07.034.004	<a href="#">Work Process C, Equipment Surveys</a>	Process
07.07.034.005	<a href="#">Work Process D, Risk Ranking</a>	Process
07.07.034.006	<a href="#">Work Process E, Conditional Acceptance Criteria</a>	Process
07.07.034.007	<a href="#">Work Process F, Inspecting and Approving Electrical Equipment</a>	Process
07.07.034.008	<a href="#">Work Process G, Repair, Salvage, and Out-of-Service Equipment</a>	Process
07.07.034.009	<a href="#">Work Process H, Training Requirements for EESP Surveyors and Inspectors</a>	Process
07.07.011.001	ES&H Manual <i>Electrical Safety</i>	Program
07.07.020.001	ES&H Manual <i>Lockout/Tagout Program</i>	Program

## I. Contact Information

Electrical Safety Program Manager  
EHSS Construction Safety Services

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/16/2013	0	M. Scott	New policy	All	Major

### Document Information

## DOCUMENT INFORMATION

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## Source Requirements Documents

The 10 CFR 851 DOE Worker Safety and Health Program rule includes the following relevant standards by reference and must be complied with as law:

- Title 29 CFR, Part 1910, *Occupational Safety and Health Standards*. The relevant parts for this program are 1910.303(a) and 1910.399.
- National Fire Protection Association (NFPA) 70, *National Electrical Code*, (2005). The relevant articles for this program are 90.7, 110.2 and 110.3.

## Implementing Documents

Document number	Title	Type
07.07.034.001	ES&H Manual <i>Electrical Equipment Safety</i>	Program
07.07.034.002	<a href="#">Work Process A, General Requirements</a>	Process
07.07.034.003	<a href="#">Work Process B, Procurement</a>	Process
07.07.034.004	<a href="#">Work Process C, Equipment Surveys</a>	Process
07.07.034.005	<a href="#">Work Process D, Risk Ranking</a>	Process
07.07.034.006	<a href="#">Work Process E, Conditional Acceptance Criteria</a>	Process
07.07.034.007	<a href="#">Work Process F, Inspecting and Approving Electrical Equipment</a>	Process
07.07.034.008	<a href="#">Work Process G, Repair, Salvage, and Out-of-Service Equipment</a>	Process
07.07.034.009	<a href="#">Work Process H, Training Requirements for EESP Surveyors and Inspectors</a>	Process
07.07.011.001	ES&H Manual <i>Electrical Safety</i>	Program
07.07.020.001	ES&H Manual <i>Lockout/Tagout Program</i>	Program

# Electrical Safety

## Brief

Title:	Electrical Safety
Publication date:	9/30/2013
Effective date:	9/30/2013

## BRIEF

### Policy Summary

The Electrical Safety Program at Berkeley Lab protects Laboratory employees, visitors, and subcontractors by:

- Managing electrical hazards
- Establishing qualifications for performing electrical work
- Providing electrical safety training
- Requiring an electrically safe work condition before work while defining allowed exceptions

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH08/CH8.html>

### Contact Information

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## Policy

Title:	Electrical Safety
Publication date:	9/30/2013
Effective date:	9/30/2013

## POLICY

### A. Purpose

The purpose of this policy is to ensure the electrical safety of every employee, affiliate, and subcontractor at Berkeley Lab by:

- Defining safe work practices and use requirements for all people who work with electrically energized equipment as part of their normal job duties
- Establishing training requirements for qualifying and authorizing Berkeley Lab employees who work on or near energized electrical circuits and components
- Establishing a process for evaluating the electrical hazards of every energized electrical work task and for providing commensurate hazard controls
- Establishing a formal process for controlling energized electrical work through an approval process

## B. Persons Affected

All Berkeley Lab employees, visitors, affiliates, and subcontractors

## C. Exceptions

Exceptions to this policy must be approved by the Environment/Health/Safety (EHS) Division Director.

## D. Policy Statement

It is the policy of Berkeley Lab that:

1. Berkeley Lab shall comply with Department of Energy (DOE) and Occupational Safety and Health Administration (OSHA) regulations, National Fire Protection Association (NFPA) 70, National Electrical Code (NEC), NFPA 70E (Standard for Electrical Safety in the Workplace), American National Standards Institute (ANSI) C2, National Electrical Safety Code (NESC), and other established safety standards to reduce or eliminate the dangers associated with the use of electrical energy.
2. All electrically energized equipment will be used in a safe manner as intended by the manufacturer and the Nationally Recognized Testing Laboratory (NRTL) listing or the Authority Having Jurisdiction (AHJ) acceptance criteria.
3. All electrical wiring and equipment installations will comply with the NEC, OSHA regulations, and other consensus industry standards for electrical safety and engineering.
4. All employees have a responsibility to ensure they and others around them are working in a safe manner with the proper equipment and hazard controls. It is the responsibility of everyone to exercise Berkeley Lab's [Stop Work Policy](#) when observing unsafe work conditions or practices.
5. All research or test devices operating at a voltage greater than 50 volts (V) with the ability to produce 5 milliamperes (mA) or more of current, or having capacitors greater than 1 joule (J), or 1000 J if less than 50 V, must be protected by an enclosure with secured or interlocked covers, or isolated in a manner that will prevent inadvertent contact with exposed live parts.
6. The fabrication of research and test equipment will be done by following prescribed Berkeley Lab design and engineering requirements.
7. Any potential electrically hazardous work will be performed by following Lockout/Tagout (LOTO) rules as described in the ES&H Manual, [Lockout/Tagout Program](#).
8. Work will only be performed on electrically hazardous electrical circuits or components when it can be demonstrated that de-energizing introduces additional or increased hazards or is infeasible due to equipment design or operational limitations. Energized parts not considered electrically hazardous shall not be required to be de-energized if there will be no increased exposure to electrical burns or to explosion blasts due to electric arcs. Approval is required per the ES&H Manual, Electrical Safety program, Section 8.7.1, [Electrical Work Authorization](#), before approaching nearer than the limited approach boundary or arc-flash protection boundary.
9. When work on electrically hazardous electrical circuits or components is justified and approved, controls (guards, covers, shields, insulated tools and probes, remote methods) must be used to reduce the potential for contact with energized components.
10. All employees who work within the limited approach boundary or arc-flash protection boundary of electrically hazardous electrical circuits or components must be qualified and authorized by a Job Hazards Analysis (JHA), Activity Hazard Document (AHD) (see Appendix D, [Activity Hazard Document \[AHD\] Process](#), of the ES&H Manual, Electrical Safety program) or an Electrical Qualification and On-the-Job Training (OJT) Form (see Appendix Q, Electrical Qualification and On-the-Job Training [OJT] Form, of the ES&H Manual, Electrical Safety Program,) prior to performing such work. All subcontractors wishing to perform this work must first be approved by the Berkeley Lab Electrical Safety Group by submitting their company-specific energized electrical work program.
11. Safety-related work practices and procedures for employees who work within the limited-approach boundary or arc-flash protection boundary of electrically hazardous electrical circuits or components will be done in accordance with the requirements of NFPA 70E, Standard for Electrical Safety in the Workplace.
12. Subcontract employers shall ensure their employees comply with NFPA 70 and NFPA 70E when their work is covered by the respective code or standard. Berkeley Lab points-of-contact for the subcontractor shall inform the subcontracted employers of any additional information needed by the subcontracted employers to perform an adequate electrical hazard analysis for their employees and ensure an approval of their company-specific plan has been accepted by the Berkeley Lab Electrical Safety Group and that an Energized Electrical Work Permit (EEWP) is completed. More information for subcontractors can be found in Appendix R, [Subcontractors and Vendors: What You Need to Know about Performing Electrical Work and Lockout/Tagout at Lawrence Berkeley National Laboratory](#), of the ES&H Manual, Electrical Safety program.

## E. Roles and Responsibilities

Role	Responsibilities
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<p>Authority Having Jurisdiction (AHJ)</p>	<p><b>Facilities and Premises Wiring:</b> The AHJ responsibility for the infrastructure power distribution and premises wiring of the Laboratory is delegated to the Facilities Division Director. The AHJ for the facilities and premises wiring interprets the NEC (National Electrical Code, NFPA 70) and other codes and approves electrical construction, electrical installations, and installed facilities electrical equipment for code compliance. The Facilities Division Director may appoint an appropriately qualified electrical engineer to execute this authority.</p> <p><b>Research and Scientific Equipment:</b> The Engineering Division Director is delegated the responsibility as AHJ to ensure compliance with appropriate electrical safety requirements for the design, installation, maintenance, and repair of research and development (R&amp;D) and scientific equipment and apparatus. The Engineering Division Director will appoint an electrical engineer who will be delegated with this authority. The Engineering Division Director will apply criteria from ANSI, Underwriters Laboratories (UL), NFPA, and other standards as appropriate to establish the safety of equipment. Berkeley Lab-specific criteria may also be developed based on established engineering principles.</p> <p><b>Electrical Safety—Work Practices and Workplace Conditions:</b> The Environment/Health/Safety (EHS) Division Director is delegated the responsibility for ensuring compliance with all electrical safety requirements that pertain to maintaining safe electrical work practices and workplace conditions and thereby for protecting Laboratory employees, contractors, and subcontract personnel from injury or death as a result of electrical hazards. The AHJ for electrical safety is the Electrical Safety Engineer in the EHS Division, or a qualified alternate designated by EHS Management. The AHJ for electrical safety provides interpretations to electrical safety requirements in 29 Code of Federal Regulations (CFR) 1910 Subpart S, 29 CFR 1926 Subparts K and V, NFPA 70E (<i>Standard for Electrical Safety in the Workplace</i>), and other standards and codes for worker electrical safety. The AHJ for Electrical Safety will additionally apply the requirements of NFPA 70 in evaluating workplace conditions. The AHJ for Electrical Safety is responsible for coordinating the electrical equipment acceptance process.</p>
<p>Division directors</p>	<p>Division directors, by virtue of the delegation of responsibility for all aspects of occupational health and safety through line management, are responsible to the Laboratory Director for ensuring compliance with all electrical safety requirements as defined in the procedure and pertaining to all programs, activities, and facilities within their respective divisions or areas of responsibility.</p>
<p>Electrical Safety Committee (ESC)</p>	<p>Develops and maintains the Berkeley Lab Electrical Safety Program. The ESC:</p> <ul style="list-style-type: none"> <li>• Provides the Safety Advisory Committee (SAC) with recommendations for training and requirements to implement the program</li> <li>• Provides the SAC with recommendations for funding of electrical safety initiatives</li> <li>• Develops and reviews technical material related to the Electrical Safety Program</li> <li>• Maintains, through review and revision, the <i>Electrical Safety Program</i> and technical, electrical information in the Lockout/Tagout <i>Program</i> of the ES&amp;H Manual</li> <li>• Assists line management in the interpretation of electrical safety requirements</li> <li>• Assists in employee training and safety awareness for electrical hazards</li> <li>• Assesses the performance of the Electrical Safety Program, including assessments, audits, inspections, and reviews of electrical accidents and near misses</li> </ul> <p>The ESC may also be asked to review electrical and electronic equipment and their installation at Berkeley Lab.</p>

<p>Electrical Safety Engineer (and alternate)</p>	<p>As the authorized representative of the EHS Director, the Electrical Safety Engineer has the responsibility to ensure the acceptability of experimental electrical wiring and apparatus. In this capacity, the Electrical Safety Engineer will:</p> <ul style="list-style-type: none"> <li>• Provide coordination for the Berkeley Lab Electrical Safety Program, working in close cooperation with the Berkeley Lab Electrical Safety Committee (ESC) of the Safety Advisory Committee</li> <li>• Evaluate existing workplace safety by inspecting or assisting in the inspections of the workplace for NEC and NFPA 70E compliance</li> <li>• Have access and provide inspection services for all Berkeley Lab workplaces, including construction and leased operations</li> <li>• Serve as the primary reviewer for Energized Electrical Work Permits (EEWPs), which require the approval of the Electrical Safety Engineer (or an alternate in his or her absence)</li> <li>• Provide assistance to research divisions by evaluating the acceptability of experimental electrical wiring and apparatus. In this capacity, the Electrical Safety Engineer will, as needed: <ul style="list-style-type: none"> <li>• Ensure electrical safety training course content complies with the Electrical Safety Program, and ensure qualified trainers are available if needed</li> <li>• Develop and revise electrical safety training as necessary</li> <li>• Review drawings, tests, and other documentation provided by the project engineers, principal investigators (PIs), or other responsible parties for compliance with accepted safety criteria and code intent</li> <li>• Consult with the appropriate specialists to verify that engineering, design, and construction requirements have been correctly applied</li> <li>• Inspect power systems and incidental wiring related to the experiment</li> <li>• Conduct other inspections and analyses as necessary to verify the acceptability of the apparatus involved</li> </ul> </li> <li>• Serve as the First Contact AHJ within Berkeley Lab, who will provide formal interpretations of federal OSHA electrical safety requirements and NFPA 70E, <i>Standard for Electrical Safety in the Workplace</i></li> <li>• Assist the Facilities AHJ with interpretations of NFPA 70, <i>National Electrical Code</i></li> <li>• Sit as an ex officio member of the ESC and provide administrative and technical support as necessary and as requested by the chair to ensure the effective operation of this committee</li> </ul>
<p>Employees</p>	<ul style="list-style-type: none"> <li>• Perform electrical work only when the electrical hazards are identified, are known to the employee, are adequately controlled, and when the employee is properly trained to perform the task</li> <li>• Stop any activity believed to be hazardous, using stop-work authority if necessary (see the <a href="#">Stop Work Policy</a>) <ul style="list-style-type: none"> <li>• Everyone working at the Laboratory has this authority and obligation to stop unsafe work.</li> </ul> </li> <li>• Attend required training to understand how to work safely and to respond to abnormal or emergency situations <ul style="list-style-type: none"> <li>• No work requiring specialized training shall be performed by employees who are not current in their required training without division and ESC approval.</li> </ul> </li> <li>• Notify a supervisor of any condition or behavior that poses a potential hazard</li> <li>• Wear and use appropriate personal protective equipment (PPE), and never perform any electrical work without the proper PPE</li> <li>• Immediately report any occupational injury or illness, including any electrical shock, regardless of how minor the shock is perceived to be, to <a href="#">Berkeley Lab Health Services</a> and the appropriate supervisor</li> </ul>
<p>Engineering Division Director</p>	<p>Nominates, from the Engineering Division, a chair for the Electrical Safety Committee (ESC). Engineering Division electrical engineers will:</p> <ul style="list-style-type: none"> <li>• Under the direction of the Electrical Equipment Inspection Program Manager, provide for the testing and evaluations, as needed, of unique non-Nationally Recognized Testing Laboratory (NRTL) equipment</li> <li>• Provide Shock Hazard Analysis and Arc-flash Hazard Analysis for electrical work activities as requested by organizations performing electrical R&amp;D work</li> <li>• Ensure Berkeley Lab manufacturing, installation, testing, and maintenance of R&amp;D electrical equipment comply with electrical industry consensus standards</li> </ul>
<p>Environment/Health/Safety (EHS) Division Director</p>	<ul style="list-style-type: none"> <li>• Implements the Electrical Safety Program and ensures compliance with all electrical safety requirements that pertain to maintaining a safe work environment and protecting Laboratory employees and contract and subcontract personnel from injury or death as a result of electrical hazards</li> <li>• Maintains documentation of Laboratory-wide electrical safety policies and procedures, sitewide training, and field support for the implementation of the Berkeley Lab Electrical Safety Program</li> <li>• Performs periodic assessments of electrical safety compliance at Berkeley Lab, and provides feedback, incident reports, and recommendations to the Electrical Safety Committee</li> <li>• Appoints a qualified Electrical Safety Engineer and an alternate</li> <li>• Maintains documentation of Laboratory-wide electrical policies and procedures</li> </ul>

Facilities Division Director	<p>The Facilities Division Director is responsible for interpretations of NFPA 70, the National Electrical Code. The Facilities Division Director will appoint a cognizant engineer who will be delegated with this authority. This engineer will:</p> <ul style="list-style-type: none"> <li>• Ensure the designs of electrical equipment installations are compliant with the requirements of this procedure</li> <li>• Provide testing and evaluation, as needed, for unique equipment</li> <li>• Provide shock hazard analysis and arc-flash hazard analysis for electrical work, as requested by organizations performing electrical work</li> </ul>
Supervisors	<p>Ensure a safe working environment. To do this, they must:</p> <ul style="list-style-type: none"> <li>• Assess the need for establishing, implementing, and maintaining procedures and/or work practices to ensure the safe conduct of electrical work</li> <li>• Maintain a safe work environment and take corrective action on any potentially hazardous operation or condition</li> <li>• Ensure that approved, maintained, and tested personal protective equipment and clothing are provided, available, and used properly</li> <li>• Assign only trained and qualified employees to electrical work, and personally ensure that employees understand how to work safely by conducting a pre-job briefing as necessary</li> <li>• Ensure that shift routines, inspections, or surveillances that require working within the Limited, Restricted, or Prohibited Approach Boundaries are conducted by personnel qualified to work within those spaces</li> <li>• Ensure that all injuries are treated promptly and reported appropriately</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Authority having jurisdiction (AHJ)	Electrical Safety decisions are made by the AHJ. NFPA 70 defines the AHJ as "an organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation or a procedure." In a research and development (R&D) environment, there are frequent situations in which facilities, equipment, and work practices are inadequately addressed by codes or standards, and interpretations are necessary for work to proceed safely. DOE has granted electrical AHJ authority to the Laboratory Director, who has delegated this authority as given in the responsibilities section of this document.
Electrical hazard	A dangerous condition such that contact or equipment failure can result in electric shock, arc-flash burn, thermal burn, or blast injury
Electrical safety	Recognizing hazards associated with the use of electrical energy and taking precautions so those hazards do not cause injury or death
Energized	Electrically connected to or having a source of voltage
NEC	National Electric Code NFPA 70
Qualified person	One who has skills and knowledge related to the construction, installation, maintenance, and operation of the electrical equipment and installations and has received safety training to recognize and avoid the hazards involved. A qualified person is authorized for a specific range of electrical tasks through his or her Job Hazards Analysis (JHA) and/or Activity Hazard Document (AHD).
Voltage (of a circuit)	The greatest root-mean-square (rms) (effective) difference of potential between any two conductors of the circuit concerned
Working on (energized electrical conductors or circuit parts)	Coming in contact with energized electrical conductors or circuit parts with the hands, feet, or other body parts; or with tools, probes, or test equipment, regardless of the personal protective equipment a person is wearing

## G. Recordkeeping Requirements

Energized Electrical Work Permits (EEWPs) are maintained in the EHS EEWP Database for at least three years.

The Electrical Qualification and On-the-Job Training (OJT) Form or an equivalent OJT form through the Employee JHA and/or AHD.

The Arc Flash Hazard Analysis is maintained as a building record by the Facilities Division.

An up-to-date set of documentation adequate for operation, maintenance, testing, and safety should be available to anyone working on potentially hazardous equipment.

Obsolete drawings should be marked as obsolete and, if maintained, kept in a "Dead File." Be certain that active file drawings have the latest corrections. All facilities drawings are to be archived with the Facilities Records Analyst and Control Specialist.

## H. Implementing Documents

Document number	Title	Type
07.07.011.001	<a href="#">Electrical Safety</a>	Program
07.07.011.002	Electrical Safety, Work Process A, <i>General Requirements</i>	Work Process
07.07.011.003	Electrical Safety, Work Process B, <i>Training, Qualifications, and Authorizations</i>	Work Process
07.07.011.004	Electrical Safety, Work Process C, <i>Electrical Hazards</i>	Work Process
07.07.011.005	Electrical Safety, Work Process D, <i>Hazard Controls when Performing Electrical Work</i>	Work Process
07.07.011.006	Electrical Safety, Work Process E, <i>Energized Electrical Work</i>	Work Process
07.07.020.001	<a href="#">Lockout/Tagout and Verification</a>	Program
07.07.033.001	<a href="#">Electrical Equipment Safety Program</a>	Program

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Scott	Reformat for wiki (brief)	all	Minor
9/30/2013	1	M. Scott	Reformat for wiki (policy)	all	Minor

### Document Information

## DOCUMENT INFORMATION

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Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000, Chapter 8

## Source Requirements Documents

- 10 CFR 851.21, *Hazard Identification and Assessment*
- 29 CFR 1910 Subpart S, *Electrical*
- 29 CFR 1926 Subpart K, *Electrical*
- NFPA 70, *National Electrical Code (NEC)*
- NFPA 70E, *Standard for Electrical Safety in the Workplace*

## Implementing Documents

Document number	Title	Type
07.07.011.001	<a href="#">Electrical Safety</a>	Program
07.07.011.002	Electrical Safety, Work Process A, <i>General Requirements</i>	Work Process
07.07.011.003	Electrical Safety, Work Process B, <i>Training, Qualifications, and Authorizations</i>	Work Process
07.07.011.004	Electrical Safety, Work Process C, <i>Electrical Hazards</i>	Work Process
07.07.011.005	Electrical Safety, Work Process D, <i>Hazard Controls when Performing Electrical Work</i>	Work Process
07.07.011.006	Electrical Safety, Work Process E, <i>Energized Electrical Work</i>	Work Process
07.07.020.001	<a href="#">Lockout/Tagout Program</a>	Program
07.07.033.001	<a href="#">Electrical Equipment Safety Program</a>	Program

# Elevated Work

## Brief

Title:	Elevated Work
Publication date:	10/23/2012
Effective date:	10/23/2012

## BRIEF

### Policy Summary

The Elevated Work Program at Berkeley Lab ensures that the equipment and structures for accessing and working at elevated levels are maintained and operated according to safe practices and regulations. The Elevated Work Program also:

- Establishes minimum performance requirements for elevated work at the Laboratory
- Provides training and familiarization for elevated work operations, policies, and procedures
- Provides work oversight to ensure personnel performing elevated work are authorized
- Reviews elevated work observation metrics to forecast safe and unsafe trends of employees performing work

### Who Should Read This Policy

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors when performing work on aerial platforms, ladders, or scaffolds

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

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## Policy

Title:	Elevated Work
Publication date:	10/23/2012
Effective date:	10/23/2012

## POLICY

### A. Purpose

The Elevated Work Program at Berkeley Lab ensures that the equipment and structures for accessing and working at elevated levels are maintained and operated according to safe practices and regulations. The Elevated Work Program also:

- Establishes minimum performance requirements for elevated work at the Laboratory
- Provides training and familiarization for elevated work operations, policies, and procedures
- Provides work oversight to ensure personnel performing elevated work are authorized
- Reviews elevated work observation metrics to forecast safe and unsafe trends of employees performing work

### B. Persons Affected

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors when performing work on aerial work platforms, ladders or scaffolds.

## C. Exceptions

None

## D. Policy Statement

1. The Elevated Work Program covers use requirements for aerial platforms (AWPs), ladders, and scaffolds. ([Work Process A](#))
2. The purchase of an aerial work platform is a controlled item for procurement purposes, and procurement personnel need to ensure that the SME approves all purchases. ([Work Process B](#))
3. Operation of aerial work platforms and the use of ladders or scaffolding are restricted to trained personnel who have completed required Berkeley Lab training and who have been certified for specific types of equipment in accordance with the requirements of this chapter. Laboratory employees must also be authorized through their Employee Job Hazards Analysis (JHA) to operate AWPs or use ladders or scaffolds. ([Work Process C](#))
4. The Berkeley Lab Fall Protection Permit is the planning document required for elevated work in AWPs and for work from ladders and scaffolds at heights greater than 6 feet. ([Work Process D](#))

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Authorized Person (Worker)	<ul style="list-style-type: none"><li>• Has a working understanding of Berkeley Lab's Elevated Work Program and has the knowledge and training necessary to perform the job safely</li><li>• Must safely operate aerial work platforms for which they are certified</li></ul>
Competent Person	<ul style="list-style-type: none"><li>• Responsible for identifying hazards by conducting hazard surveys; stopping or limiting work at the hazard site; supervising selection and use of aerial work platform PPE; and verifying that equipment is compliant and workers are trained</li><li>• Participates in investigations, conducts equipment inspections, and removes damaged equipment from service</li><li>• Authorized to take prompt corrective measures to eliminate or mitigate hazards and is knowledgeable in the application and use of equipment</li><li>• Fall Protection Competent Persons at Berkeley Lab are required to complete a training program approved by EHSS and the Fall Protection Program administrator.</li></ul>
Elevated Work Subject Matter Expert (SME)	<ul style="list-style-type: none"><li>• Responsible for providing technical expertise regarding elevated work to divisions and assist in the purchase of aerial work platforms, ladders, or scaffolds</li><li>• Responsible for validating equivalency in training for subcontractors and vendors</li></ul>
Line Management	Responsible for ensuring that elevated work is performed safely and that AWP operators and users of ladders or scaffolds are properly qualified and authorized

## F. Definitions/Acronyms

Term	Definition
Aerial Work Platform (AWP)	A mobile device that has an adjustable position platform, supported from ground level by a structure. Examples include boom lifts and scissor lifts.
Ladder	An appliance usually consisting of two side rails joined at regular intervals by cross-pieces called steps, rungs, or cleats, on which a person may step while ascending or descending
Operator	A qualified person who controls the movement of an aerial platform
Scaffold	Any temporary elevated platform and its supporting structure used for supporting workmen or materials or both

## G. Recordkeeping Requirements

- Operator qualifications (current), EHSS Training Records
- Authorized Persons (current), EHSS Training Records
- Training records (current), EHSS Training Records
- Equipment inspection records (1 year), Equipment Manager

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.001.001	Chapter 35	Elevated Work – Aerial Work Platforms, Ladders, and Scaffolds	Program
07.07.001.002	Chapter 35, Work Process A	General Requirements	Process
07.07.001.003	Chapter 35, Work Process B	Procurement of Aerial Work Platforms, Ladders, or Scaffolding	Process
07.07.001.004	Chapter 35, Work Process C	Authorization and Qualification	Process
07.07.001.005	Chapter 35, Work Process D	Fall Protection	Process
07.07.001.006	Chapter 35, Work Process E	Inspections	Process
07.07.007.001	Chapter 10	Construction Safety	Program
07.07.014.001	Chapter 30	Fall Protection	Program

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Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Rice	Rewrite for wiki	All	Minor
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### Document Information



## DOCUMENT INFORMATION

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RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB- 3000, Chapter 5, Section 5.2

## Source Requirements Documents

- 10 CFR 851.23, Worker Safety and Health Program, *Safety and Health Standards*
- 29 CFR 1910, Subpart D, *Walking Working Surfaces*
- 29 CFR 1910, Subpart F, *Powered Platforms, Manlifts, and Vehicle-Mounted Work Platforms*
- 29 CFR 1926, Subpart L, *Scaffolds*
- 29 CFR 1926, Subpart M, *Fall Protection*

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.001.001	Chapter 35	<a href="#">Elevated Work – Aerial Work Platforms, Ladders, and Scaffolds</a>	Program
07.07.001.002	Chapter 35, Work Process A	<a href="#">General Requirements</a>	Process
07.07.001.003	Chapter 35, Work Process B	<a href="#">Procurement of Aerial Work Platforms, Ladders, or Scaffolding</a>	Process
07.07.001.004	Chapter 35, Work Process C	<a href="#">Authorization and Qualification</a>	Process
07.07.001.005	Chapter 35, Work Process D	<a href="#">Fall Protection</a>	Process
07.07.001.006	Chapter 35, Work Process E	<a href="#">Inspections</a>	Process
07.07.007.001	Chapter 10	<a href="#">Construction Safety</a>	Program
07.07.014.001	Chapter 30	<a href="#">Fall Protection</a>	Program

# Emergency Management

## Brief

Title:	Emergency Management
Publication date:	9/26/2013
Effective date:	9/26/2013

## BRIEF

### Policy

Berkeley Lab's Protective Services Department maintains an Emergency Management Program designed to minimize the consequences of all emergencies, protect the health and safety of all workers and the public from hazards associated with the Laboratory's facilities, and prevent damage to the environment in compliance with DOE Order 151.1C, *Comprehensive Emergency Management System*.

### Who Should Read This Policy

All Berkeley Lab employees, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Emergency Services Program Manager  
Protective Services Department  
[protectiveservices@lbl.gov](mailto:protectiveservices@lbl.gov)

## Policy

Title:	Emergency Management
Publication date:	9/26/2013
Effective date:	9/26/2013

## POLICY

### A. Purpose

This program provides requirements and guidance related to Lawrence Berkeley National Laboratory's (Berkeley Lab's) Emergency Management Program, which includes emergency preparedness, response, recovery, mitigation, and continuity of operations.

### B. Persons Affected

All Berkeley Lab employees, affiliates, and subcontractors

### C. Exceptions

None

### D. Policy Statement

Berkeley Lab's [Emergency Management Program](#) maintains an emergency-management system designed to minimize the consequences of all emergencies, protect the health and safety of all workers and the public from hazards associated with the Laboratory's facilities, and prevent damage to the environment in compliance with DOE Order 151.1C, *Comprehensive Emergency Management System*.

1. [Work Process A, General Requirements for Emergency Management](#), applies to most hazards/threats that Berkeley Lab might experience. Applying this process is useful for preparing the Laboratory for emergencies.
2. Berkeley Lab has built a foundation of comprehensive emergency planning ([Work Process B](#)), which is documented in the Hazards Survey, Emergency Operations Plan (EOP), and Emergency Plan Implementation Procedures (EPIPs).
3. Protective Services' Training Program ([Work Process C](#)) ensures that Berkeley Lab personnel and first responders receive appropriate training for their anticipated or assigned level of emergency response participation.
4. Protective Services plans, coordinates, and conducts evaluated tabletop, functional, and full-scale exercises for staff and responders ([Work Process D](#)).
5. The Berkeley Lab Emergency Response Organization (ERO) serves to support and facilitate the execution of core capabilities for emergency response and coordination ([Work Process E](#)). The ERO is structured around pre-identified personnel, teams, and facilities necessary for initial and ongoing emergency response and mitigation.
6. Berkeley Lab maintains a hazard mitigation strategy ([Work Process F](#)) that identifies ways to prevent and reduce potential losses. The strategy identifies hazards such as earthquake, wildland fire, and hazardous-material release.
7. It is important for the Laboratory to maintain viable support capabilities and continuity of operations ([Work Process G](#)) with minimal impact to research and operations in case of an adverse event. The Emergency Management Program provides policies and plans necessary for protecting the Laboratory's business and research operations as well as its reputation for quality, should such an interruption occur.

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Director	<ul style="list-style-type: none"> <li>• Approves policy and provides Lab-wide emergency-management priorities</li> <li>• Supports divisional participation in Emergency Management Program requirements</li> </ul>
Divisions	<ul style="list-style-type: none"> <li>• Support employee involvement in training, drills, and exercises</li> <li>• Ensure division meets Laboratory requirements for employee emergency preparedness</li> <li>• Support efforts to maintain Continuity of Operations Plans for the division</li> </ul>
Protective Services Department	<ul style="list-style-type: none"> <li>• Leads planning effort required to prepare for and coordinate emergency operations</li> <li>• Provides Lab-wide emergency response training</li> <li>• Provides Lab-wide emergency drills and exercises</li> <li>• Ensures the readiness of the Laboratory's Emergency Response Organization (ERO)</li> </ul>
Building Emergency Teams (BET)	<ul style="list-style-type: none"> <li>• Members are Laboratory employees who volunteer to receive training in response operations.</li> <li>• BETs are trained to assist and direct fellow employees in implementing building protective actions; coordinating field response between building occupants, first responders, and Berkeley Lab response personnel; and communications</li> </ul>
Laboratory Executive Duty Officer (LEDO)	<ul style="list-style-type: none"> <li>• A Berkeley Lab senior manager or leader who serves as the Laboratory Director's representative, with authorization to take or direct measures necessary to ensure the safety and security of Berkeley Lab's people, facilities, and the environment</li> </ul>
Emergency Management Team (EMT)	<ul style="list-style-type: none"> <li>• Includes the command and general staff positions identified in the Incident Command System (ICS) and mirrored by the five functions identified in the Standardized Emergency Management System (SEMS)</li> <li>• Team positions are represented at the Emergency Operations Center and form the core for the EMT.</li> </ul> <p>Additional functional positions may be activated as the incident evolves.</p>
Employee	<ul style="list-style-type: none"> <li>• Participates in training as required</li> <li>• Participates in drills and exercises as required</li> <li>• Assists co-workers and colleagues with building a prepared and resilient community</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Continuity of Operations (COOP) Plan	<p>The Berkeley Lab COOP is maintained by the Protective Services Department. The plan:</p> <ul style="list-style-type: none"> <li>• Focuses on identifying and managing risks and threats associated with disruption and interruption to operations</li> <li>• Identifies steps to control and reduce the risks</li> <li>• Assesses the impact on the organization if the risks should materialize</li> </ul>
Emergency Operations Center (EOC)	<p>A facility that serves as a central point for:</p> <ul style="list-style-type: none"> <li>• Coordination of Berkeley Lab's emergency response and recovery operations</li> <li>• Coordination and support of Berkeley Lab's Division Operations Centers</li> <li>• Coordination with other levels of government, jurisdictions, and external partners</li> <li>• Information collection, analysis, and dissemination</li> <li>• Establishing and sustaining reliable communications between responders and incident-management personnel</li> <li>• Resource allocation and tracking</li> </ul>
Emergency Operations Plan (EOP)	<ul style="list-style-type: none"> <li>• Defines the scope of preparedness and emergency-management activities necessary for the Laboratory to maintain a comprehensive Emergency Management Program</li> <li>• Facilitates prevention, protection, response, and short-term recovery, which sets the stage for successful long-term recovery</li> <li>• Assigns responsibility to groups and individuals charged with carrying out specific actions that exceed routine responsibility during an emergency</li> <li>• Sets forth lines of authority and organizational relationships and shows how all actions will be coordinated, in particular the preservation of life, property, and the environment</li> </ul>
Emergency Response Organization (ERO)	<p>Includes all personnel who may be needed to perform duties beyond those of first responders during a response to any of a broad range of emergencies</p>
Emergency Plan Implementing Procedure (EPIP)	<p>Describes the operational use and criteria for implementing the EOP</p>
Hazard Survey	<p>Documents the identification and qualitative assessment of facility hazards (i.e., assessment of site-specific and associated emergency conditions)</p>

## G. Recordkeeping Requirements

Emergency Plan Implementing Procedure (EPIP) 003-1 addresses document control and vital records protocol utilized by the Emergency Management Program. This procedure provides direction and defines responsibilities for the initiation, preparation, approval, issuance, review, and revision of documents at Berkeley Lab. This EPIP ensures that documentation supporting the Emergency Management Program is maintained, kept current using both hard copy and electronic media where possible, and shared with those who require access to it. These procedures comply with Berkeley Lab 10.06.001.000 *Document Management Policy* and DOE O 243.1A *Records Management Program*.

## H. Implementing Documents

Document number	Title	Type
07.06.001.001	<a href="#">Emergency Management</a>	Program
07.06.001.002	<a href="#">Work Process A – General Requirements for Emergency Management</a>	Work Process
07.06.001.003	<a href="#">Work Process B – Plans &amp; Procedures</a>	Work Process
07.06.001.004	<a href="#">Work Process C – Training</a>	Work Process
07.06.001.005	<a href="#">Work Process D – Drills &amp; Exercises</a>	Work Process
07.06.001.006	<a href="#">Work Process E – Emergency Response &amp; Coordination</a>	Work Process
07.06.001.007	<a href="#">Work Process F – Hazard Mitigation</a>	Work Process
07.06.001.008	<a href="#">Work Process G – Continuity of Operations</a>	Work Process
PUB-533	LBNL Emergency Operations Plan (EOP)	Publication
	LBNL Emergency Services Training Plan	Publication
	LBNL Emergency Services Drills and Exercise Plan	Publication
	LBNL All Hazard Employee Pocket Guide	Publication
	LBNL Emergency Response Guide	Publication
	Continuity of Operations Plan (COOP)	
	2013 Hazards Survey	

## I. Contact Information

Emergency Services Program Manager  
Protective Services Department  
[protectiveservices@lbl.gov](mailto:protectiveservices@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Saunders	Rewrite for wiki (brief)	All	Minor
9/26/2013	1	A. Benitez	Rewrite for wiki (policy) due to new program	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Emergency Management
Document number	07.06.001.000
Revision number	1
Publication date:	9/26/2013
Effective date:	9/26/2013
Next review date:	9/26/2016
Policy Area:	Emergency Management Program
RPM Section (home)	Environment, Safety and Health
RPM Section (cross-reference)	
Functional Division	EHS
Prior reference information (optional)	

## Source Requirements Documents

- DOE Order 151.1C, Comprehensive Emergency Management System, Attachment 2, *Contractor Requirements Document*
- DOE O 150.1, Continuity Programs, Attachment 1, *Contractor Requirements Document*
- DOE O 470.4B, Safeguards and Security Program, Attachment 2, *Contractor Requirements Document*
- DOE O 420.1C, Facility Safety, Attachment 2, *Contractor Requirements Document, Chapter II*, which addresses requirements for fire-protection programs. Some requirements must be incorporated into the facility emergency plan, including response by DOE/National Nuclear Security Administration or local community fire departments.

## Other Driving Requirements

- California Code of Regulations, Title 19, Division 2, Chapter 1 – *Standardized Emergency Management System*
- Occupational Safety and Health Administration requirements for employee evacuation plans (29 CFR 1910.38) and notification systems (29 CFR 1910.165)
- Federal property management regulations for occupant emergency programs (41 CFR 102-74.235 to 102-74.260) and accident and fire prevention (41 CFR 102-74-360)
- Federal Emergency Management Agency requirements for emergency operations plans for state and local governments (44 CFR 302) that address similar hazards
- Federal Energy Regulatory Commission requirements for emergency plans (18 CFR 12.20) to protect the health and safety of members of the public upstream and downstream of water projects (dams)
- Environmental Protection Agency requirements implementing the Clean Water Act through the National Pollution Discharge Elimination System (40 CFR 104 through 129). (Of particular note are requirements for contingency planning for oil spills through the 40 CFR 112 series, which mandates preparation of Spill Prevention Control and Countermeasure Plans)
- Environmental Protection Agency requirements implementing the provisions of the Safe Drinking Water Act (40 CFR 141-142)
- Environmental Protection Agency requirements implementing the Comprehensive Environmental Response, Compensation, and Liability Act, embodied in the 40 CFR 300 series, including Title III, the Emergency Planning and Community Right-to-Know Act, embodied at 40 CFR 355
- Department of Transportation requirements for emergency response information (49 CFR 172.600 series) and hazardous materials training (49 CFR 172.700 series) The *Health Insurance Portability and Accountability Act of 1996* (HIPAA), which restricts access to individual medical information
- National Incident Management System, U.S. Department of Homeland Security, December 2008

## Other References

- DOE O 440.1A, *Worker Protection for DOE Federal and Contractor Employees*, dated 3-27-98, which addresses planning requirements for the treatment of injured persons during emergency or disaster situations

## Implementing Documents

<b>Document number</b>	<b>Title</b>	<b>Type</b>
07.06.001.001	Emergency Management	Program
07.06.001.002	Work Process A – General Requirements for Emergency Management	Work Process
07.06.001.003	Work Process B – Plans & Procedures	Work Process
07.06.001.004	Work Process C – Training	Work Process
07.06.001.005	Work Process D – Drills & Exercises	Work Process
07.06.001.006	Work Process E – Emergency Response & Coordination	Work Process
07.06.001.007	Work Process F – Hazard Mitigation	Work Process
07.06.001.008	Work Process G – Continuity of Operations	Work Process
PUB-533	LBNL Emergency Operations Plan (EOP)	Publication
	LBNL Emergency Services Training Plan	Publication
	LBNL Emergency Services Drills and Exercise Plan	Publication
	LBNL All Hazard Employee Pocket Guide	Publication
	LBNL Emergency Response Guide	Publication
	Continuity of Operations Plan (COOP)	
	2013 Hazards Survey	

# Employee Activities Association (EAA) Use of Funds

## Brief

Title:	Employee Activities Association (EAA) Use of Funds
Publication date:	9/4/2013
Effective date:	1/2/2012

## BRIEF

### Policy Summary

This policy describes the use of funds designated for Laboratory Employee Activities Association (EAA) activities. The EAA promotes employee morale and supports recreational, cultural, educational, and social activities for the benefit of all employees. In accordance with Contract 31, Appendix A, EAA funding may be provided to support a variety of activities that enhances employee morale such as athletic, cultural, and family activities if the purpose is reasonable, appropriate, and allowable. EAA funds may also include support for Laboratory-approved EAA clubs. Limited financial support and reasonable use of Laboratory facilities for meetings and appropriate activities are provided by Laboratory management.

### Who Should Read This Policy

Berkeley Lab management and staff who use EAA funds

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Laboratory Directorate Analyst, ext. 5314

## Policy

Title:	Employee Activities Association (EAA) Use of Funds
Publication date:	9/4/2013
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy describes the use of funds designated for Laboratory Employee Activities Association (EAA) activities.

### B. Persons Affected

Berkeley Lab management and staff who use EAA funds

### C. Exceptions

None

### D. Policy Statement

#### D.1 General



1. In accordance with Contract 31, Appendix A, DOE funds are allocated annually to support the Berkeley Lab employee morale program, which includes the Laboratory Employee Activities Association (EAA). The EAA was established to promote employee morale and support recreational, cultural, educational, and social activities for the benefit of all Berkeley Lab employees.
2. Expenditures under this program require the approval of the Laboratory Director or Laboratory Director's designee. Participant fees may be collected to partially offset the cost of some or all of these activities. Laboratory support may include administrative oversight and staff support. Appropriate facilities, utilities, and maintenance may be provided by the Laboratory.
3. Spending of EAA funds must comply with the Laboratory's [EAA Spending Guidelines](#), which are posted on the EAA Web site: [http://www.lbl.gov/Workplace/EAA/spending\\_guides.html](http://www.lbl.gov/Workplace/EAA/spending_guides.html). The many **restricted items** (non-essential for Laboratory business) listed on the Procurement & Property Management Department Web site cannot be purchased with EAA funds. See the [Procurement & Property Department Web site](#) and/or the [Cost Allowability](#) policy for specifics on unallowable and restricted items.
4. Divisions/clubs will not be reimbursed for any unallowable items. Individuals who purchase unallowable items will be personally responsible for any costs incurred. If a division/club purchases unallowable or restricted items, it may impact the distribution of current and future funding allocations.

## D.2 Division EAA Budget

1. Each division receives an annual EAA budget for division-wide employee morale activities, based on the annual employee head count.
2. All division EAA activity costs must be limited to the annual authorized budget established by the Laboratory Directorate in collaboration with the Laboratory Directorate Analyst.
3. Prior approval of the Laboratory Directorate Analyst is required for all EAA activities.
4. If annual costs exceed the authorized budget or the approved expenditure request, the overage must be reimbursed by the Division using private funds via a check submitted to the service provider or the UC Regents.
5. If annual EAA activity costs are below the authorized budget, the remaining funds will be returned to the EAA fund. Remaining EAA funds may not be transferred to another project ID or used for future EAA activities.

## D.3 EAA-Sponsored Clubs

1. Funding requests for a Laboratory-approved EAA club must include a justification that ensures the EAA activities support the purpose and mission of that club.
2. Laboratory-approved EAA clubs must submit a request for an annual allocation by July 31 for the upcoming fiscal year using the [Activity Club Annual Operating Statement and Budget Request](#) form.
3. At least 30 days prior to the expenditure of funds, all activities, purchases, and internal charges must be approved by the Laboratory Directorate Analyst.

## D.4 Use of Laboratory Resources for EAA Activities

1. All EAA activities must be conducted outside of normal working hours. Exceptions must be approved by the Laboratory Director or designee. Representatives of EAA-supported activities and groups may have conditional and limited access to the following Laboratory resources with written approval of the Laboratory Directorate Analyst or designee:
  - a. Meeting rooms
  - b. Internal mail system
  - c. E-mail system
  - d. Local phone system
  - e. Department copy machines
  - f. [Berkeley Lab Events Calendar](#)
  - g. Open bulletin boards
  - h. Official bulletin boards (when space is available)
2. Use of the above Berkeley Lab resources is granted specifically for the purpose of announcing meetings and events of EAA-supported activities, and may not be used for other non-work-related purposes. Violations of the above provisions may result in revocation of an EAA activity's supported status.
3. Although EAA club participants may include family members and guests, DOE funding through EAA may only be used to for current Berkeley Lab employees and retirees.

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Directorate Analyst	Approves all requests for expenditures of EAA funds and provides administrative guidance to groups requesting program support for requesting, distributing, and accounting of such funds
Division	Ensures EAA activities and spending are conducted according to Berkeley Lab policy and EAA Spending Guidelines

## F. Definitions/Acronyms

Term	Definition
EAA	Employee Activities Association
Restricted item	An item prohibited for purchase per contract with DOE. These items require additional justification and are only authorized through the Procurement & Property Management Department.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
n/a	<a href="#">EAA Spending Guidelines</a>	Guidance Doc
n/a	<a href="#">Activity Club Annual Operating Statement and Budget Request</a>	Form

## I. Contact Information

Laboratory Directorate Analyst, ext. 5314

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Brief only	All	N/A
9/4/2013	1	L. McDonald	Capture spending, funding policy elements from EAA website	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Employee Activities Association (EAA) Use of Funds
Document number	02.02.011.000
Revision number	1
Publication date:	9/4/2013
Effective date:	1/2/2012
Next review date:	9/4/2014
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Finance/Events
Functional Division	Lab Directorate
Prior reference information (optional)	Old RPM 5.04, EAA website

## Source Requirements Documents

- [Contract 31, Attachment J.1, Appendix A, Advance Understandings on Human Resources, Section IX – Employee Programs, \(e\)\(1\)](#)
- [Cost Allowability Policy](#)

## Implementing Documents

Document number	Title	Type
n/a	<a href="#">EAA Spending Guidelines</a>	Guideline
n/a	<a href="#">Activity Club Annual Operating Statement and Budget Request</a>	Form

# Employee Assistance Program (EAP)

Title:	Employee Assistance Program (EAP)
Publication date:	1/2/2012
Effective date:	1/2/2012

## BRIEF

### Program Summary

The Employee Assistance Program (EAP) at Berkeley Lab helps employees find solutions to personal and work-related behavioral health problems that impact workplace functioning, such as mental illness, chemical dependency, interpersonal problems, employee deaths, threats of violence, work stress, etc. Berkeley Lab recognizes that these challenges can have a negative impact on job performance that is beyond the ability of supervisors or managers to resolve. An eligible employee who is dealing with any of these problems is encouraged to use the EAP through the University of California (UC) at Berkeley's CARE Services. CARE Services is located on the UC Berkeley campus at the University Health Services (the Tang Center). Employees and managers who are seeking employee-assistance services may contact the CARE Services directly.

Employees are assured that self-initiated contacts made with the Laboratory's EAP are kept in strict confidence in accordance with prevailing federal requirements and Laboratory policy on confidential personal health records. The EAP will not contact management concerning employees who refer themselves unless the employee so requests.

All services are voluntary, confidential, and free of charge.

### Who Should Read This Program

Eligible employees are those holding Career, Term, Limited, Rehired Retiree, or non-University of California Student Assistant appointments. Employees who hold University of California faculty or Graduate Student Research Assistant (GSRA) appointments or are student assistants attending a University of California campus must use their campus EPA or health benefits.

### To Read the Full Program, Go To:

The UC Berkeley Employee Assistance Program, Tang Center: <http://www.uhs.berkeley.edu/facstaff/care/index.shtml>

### Contact Information

**To make an appointment**, call (510) 643-7754. Appointments are available Monday through Friday, 8 a.m. - 5 p.m. (including lunch hours). Some after-work appointments are available.

**Address:**

University Health Services, Tang Center  
2222 Bancroft Way, Suite 3100 (3rd Floor)  
Berkeley, CA 94720-4300

**Phone:** (510) 643-7754

**E-mail:** [careserv@uhs.berkeley.edu](mailto:careserv@uhs.berkeley.edu)

Title:	Employee Assistance Program (EAP)
Publication date:	1/2/2012
Effective date:	1/2/2012

## PROGRAM

To read the full program, go to:

<http://www.uhs.berkeley.edu/facstaff/care/index.shtml>.

## Contact Information

**To make an appointment**, call (510) 643-7754. Appointments are available Monday through Friday, 8 a.m. - 5 p.m. (including lunch hours). Some after-work appointments are available.

**Address:**

University Health Services, Tang Center  
 2222 Bancroft Way, Suite 3100 (3rd Floor)  
 Berkeley, CA 94720-4300

**Phone:** (510) 643-7754

**E-mail:** [careserv@uhs.berkeley.edu](mailto:careserv@uhs.berkeley.edu)

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/21/2011	0	M. Bello	Brief Only	all	N/A

## DOCUMENT INFORMATION

Title:	Employee Assistance Program (EAP)
Document number	2.02.012.000
Revision number	0
Publication date:	1/2/2012

Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	New

## Source Requirements Documents

Source	Document Number & Effective Date	Document Title
Federal	10 CFR 707	Workplace Substance Abuse Programs at DOE Sites

## Implementing Documents

None

# Employee ES&H Concerns Reporting Policy

## Brief

Title:	Employee ES&H Concerns Reporting Policy
Publication date:	1/3/2013
Effective date:	10/25/2012

## BRIEF

### Summary

Berkeley Lab's Employee ES&H Concerns Reporting policy defines workers' rights to express concerns related to worker safety and health.

### Who Should Read This Policy

All employees of and visitors to Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Occupational Safety Group Leader  
Employee Health & Safety Department  
EHSS Division

## Policy

Title:	Employee ES&H Concerns Reporting Policy
Publication date:	1/3/2013
Effective date:	10/25/2012

## POLICY

### A. Purpose

The Lawrence Berkeley National Laboratory (Berkeley Lab) Employee ES&H Concerns Reporting Policy defines workers' rights to express concerns related to worker safety and health.

### B. Persons Affected

All employees of and visitors to Berkeley Lab

### C. Exceptions

None

### D. Policy Statement

1. Workers have the right to express their concerns related to worker safety and health. Federal law prohibits Berkeley Lab from making reprisals against workers who raise safety concerns.
2. Workers or former workers are encouraged to file an Environment, Safety & Health (ES&H) concern with their immediate supervisors.
  - a. If the immediate supervisor is unable to resolve the concern, workers may take their ES&H concerns to higher-level managers, the Environment, Health, Safety, and Security (EHSS) Division Director, or the local Department of Energy (DOE) office.
3. Berkeley Lab has established the [Environment, Health, Safety, and Security Concerns](#) Web page for workers to report, without reprisal, job-related injuries, illnesses, fatalities, incidents, and hazards, and to recommend ways to control those hazards. The EHSS Division office can be reached at (510) 486-5514. The [Berkeley Lab Research and Institutional Integrity Office](#) Web site also has information regarding the whistleblower policy, and provides a number of 24-hour hotlines of potential use to Laboratory employees.
  - a. Laboratory workers have access to [UC whistleblower](#) procedures, which provide a process for reporting events and hazards. Concerns may be submitted by calling the UC Employee Hotline (800) 403-4744. This toll free number is available 24-7 and is operated by a third-party vendor for confidentiality and anonymity.
  - b. Under 10 CFR 708, employees also may file concerns (not limited to ES&H) with the DOE Chicago Office Employee Concerns Program Manager's 24-hour hotline at (800) 701-9966. Employees of DOE contractors have the right to file confidential complaints with the local DOE office within 60 days regarding safety and health issues or reprisals. Workers may file a concern with the [DOE Employee ES&H Concerns Program](#).

## E. Roles and Responsibilities

Role	Responsibility
Workers	Must promptly bring safety and health concerns to the attention of the appropriate manager, supervisor, or work lead for resolution
Laboratory managers, supervisors, and work leads	Responsible for investigating the employee concerns and implementing appropriate corrective action
Division directors and heads of independent departments	Review and resolve employee ES&H concerns brought to their attention from within their organizations
EHSS Division Director	Reviews and resolves employee ES&H concerns brought to his or her attention

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Other Reference	Title	Type
	PUB-3140	<a href="#">Integrated Environment, Safety &amp; Health Management Plan</a>	Plan
	PUB-3851	Berkeley Lab <i>Worker Safety and Health Program</i>	Program Document
		<a href="#">Environment, Health &amp; Safety Concerns</a>	Web Page

## I. Contact Information

Occupational Safety Group Leader  
Employee Health & Safety Department  
EHSS Division

### Document Information



## DOCUMENT INFORMATION

Title:	Employee ES&H Concerns Reporting Policy
Document number	07.01.009.000
Revision number	0
Publication date:	1/3/2013
Effective date:	10/25/2012
Next review date:	10/25/2015
Policy Area:	General ES&H
RPM Section (home)	ESH
RPM Section (cross-reference)	
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 1

## Source Requirements Documents

- Contract 31, I.79, DEAR Clause 970.5204-2, Laws, Regulations and DOE Directives (Dec. 2000)
- Contract 31, Appendix I, Environment, Safety and Health Standards for LBNL
- DOE Order 442.1A, DOE Employee ES&H Concerns Program
- 10 CFR 851.20(b)(7)

## Implementing Documents

Document Number	Other Reference	Title	Type
	PUB-3140	<a href="#">Integrated Environment, Safety &amp; Health Management Plan</a>	Plan
	PUB-3851	Berkeley Lab <i>Worker Safety and Health Program</i>	Program Document
		<a href="#">Environment, Health &amp; Safety Concerns</a>	Web Page

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/3/2012	0	W. Wells	Rewrite for wiki	all	minor

# Employee Complaint Resolution

## Brief

Title:	Employee Complaint Resolution
Publication date:	6/24/2014
Effective date:	6/24/2014

## BRIEF

### Policy Summary

Berkeley Lab encourages and facilitates the resolution of employee complaints in a prompt and equitable manner. An employee should first attempt to resolve a complaint with his/her immediate supervisor or divisional HR Center, although this does not extend the deadline for filing a written request for formal review. This policy provides information on filing a formal complaint.

### Who Should Read This Policy

- This policy applies to all non-probationary Career, Term, and Postdoctoral Fellow employees.
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement (CBA).
- This policy does not apply to probationary Career, probationary Term, Faculty, Limited, Visiting Researcher, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant employees.
- This policy does not apply to the following non-employees: affiliates, contract workers, and visitors.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For information regarding this policy, contact your Division's Human Resources Center. Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Employee Complaint Resolution
Publication date:	6/24/2014
Effective date:	6/24/2014

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) encourages and facilitates the resolution of employee complaints in a prompt and equitable manner. An employee should first attempt to resolve a complaint with his/her immediate supervisor or divisional HR Center, although this does not extend the deadline for filing a written request for formal review. This policy provides information on filing a formal complaint.

### B. Persons Affected

- This policy applies to all non-probationary Career, Term, and Postdoctoral Fellow employees.
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement (CBA).
- This policy does not apply to probationary Career, probationary Term, Faculty, Limited, Visiting Researcher, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant employees.
- This policy does not apply to the following non-employees: affiliates, contract workers, and visitors.

## C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO). Depending on the circumstances, some exceptions may require University of California Office of the President (UCOP) and/or Department of Energy (DOE) approval.

## D. Policy Statement

1. It is the policy of Berkeley Lab to encourage and facilitate the resolution of employee complaints in a prompt and equitable manner. An employee should first attempt to resolve a complaint with his/her immediate supervisor. Efforts to resolve the matter informally, however, do not extend the deadline for filing a written request for formal review.
2. **Scope**
  - a. A formal complaint is defined as:
    - i. A claim by an individual employee regarding a specific management act that is alleged to have adversely affected the employee's existing terms and conditions of employment, or
    - ii. A claim by an individual employee that he/she has been adversely affected by a management action in violation of a provision of this *Requirements and Policies Manual* (RPM) (PUB-201).
  - b. No formal complaint filed under this *Employee Complaint Resolution* policy may raise or contest any of the following actions or issues:
    - i. Classification of a position, salary ranges, or the percent change in the employee's salary as a result of the annual salary review process or a reclassification.
    - ii. Management actions that are within the scope and authority of management responsibilities and rights including, but not limited to, hiring decisions or other similar employment-related actions, temporary work deferment and temporary reduction in time decisions, decisions to reorganize and reassign work, funding or not funding projects, or decisions to support a particular research effort.
    - iii. An employee's performance evaluation unless the overall rating is less than "Acceptable," as defined in the then-current performance review process.
    - iv. As otherwise set forth in the RPM as not being subject to this Employee Complaint Resolution Policy.
  - c. Concerns or inquiries regarding the issues listed above in Sections [D.2.b.i](#) to [D.2.b.iv](#) of this policy may be submitted to the Head of Human Resources for consideration.
  - d. The Head of Human Resources will determine whether a complaint is within the scope of this Complaint Resolution Policy. An employee may appeal this decision to the University of California, Office of the President, Office of Employee Relations, which has the final responsibility for determining whether a complaint is within the scope of this policy. An appeal to the UC Office of the President shall include copies of the original grievance and related documents, and shall be received within 20 calendar days of the date of the local decision.
3. **Eligibility**
  - a. The right to submit a formal complaint under this policy is provided to all Career and Term employees covered by the RPM from the beginning of employment, with the following exceptions:
    - i. Employees required to serve a probationary period cannot submit a complaint concerning release during their probationary period.
    - ii. Senior managers whose appointments are "at will" cannot submit a complaint concerning termination of the appointment. See [RPM 2.01\(F\)\(3\)](#), [Laboratory Management](#).
    - iii. Employees in Term appointments cannot submit a complaint concerning termination at the end of their appointment.
  - b. Employees who are not eligible to file a formal complaint may raise allegations of discrimination and/or allegations of retaliation for participating in the complaint resolution process up to [Step II](#) of the formal process.
4. **Time Limits**
  - a. Time limitations set forth below are expressed in calendar days unless otherwise noted. The Laboratory's annual winter holiday shutdown period automatically extends the time limit by the length of the shutdown. If the employee complaint is not appealed to the next step of the procedure within the applicable time limits, and an extension has not been agreed to in advance, the complaint will be considered resolved on the basis of the last Laboratory management response and shall be considered ineligible for further appeal.
  - b. Issues regarding timeliness of the initial filing of the complaint and any response/action required by the employee or management will be determined by the Head of Human Resources. An employee may appeal this decision to the University of California, Office of the President, Office of Employee Relations, which has the final responsibility for determining whether a complaint is within the time limits of this policy. An appeal to the UC Office of the President shall include copies of the original grievance and related documents, and shall be received within 20 calendar days of the date of the local decision.

## 5. Informal Review

- a. An employee who has a complaint should discuss it with his or her immediate supervisor or the next higher level of management in order to provide a reasonable opportunity to resolve the complaint informally. Various problem-solving options might be used to facilitate informal resolution. The Employee & Labor Relations (ELR) unit of Human Resources can assist employees and supervisors in their efforts to informally resolve problems. Efforts to resolve the dispute informally do not extend the required 30-calendar-day filing date. However, if an informal solution is actively being pursued and it appears that such a solution may resolve the dispute, the time period for appeal to [Step I](#) of the formal review process may be extended for an additional 30 calendar days if approved in writing by the Head of Human Resources.
- b. An employee who has a question concerning the interpretation or application of Laboratory or University personnel policies, including those related to employee rights, nondiscrimination, working conditions, or other personnel matters, is encouraged to consult with his or her supervisor, responsible manager, the HR Center, or ELR, and in the case of the Laboratory's [Nondiscrimination Policy](#), the Manager, Equal Employment Opportunity/Affirmative Action (EEO/AA).

## 6. Formal Review

### a. General Provisions

- i. **Representation.** An employee may be self-represented or represented by another person at any stage of the formal review of a complaint. The responsible manager may be represented by Laboratory Counsel, the University of California Office of the General Counsel, or otherwise as the Laboratory Counsel deems appropriate.
- ii. **Retaliation.** No employee shall be subject to retaliation for using or participating in the complaint resolution process.
- iii. **Time Limits.** It is the intent of the Laboratory to complete the complaint resolution process in a timely manner. However, when circumstances warrant, the time limits may be extended by the Head of Human Resources. It is the intent that the process be completed through [Step II](#) within 60 calendar days, and the appeal be completed through [Step III](#) within the time frame stated below. The process to select the Hearing Officer in [Step III](#) should be accomplished within 30 calendar days of the appeal to [Step III](#). The Laboratory and the employee or the employee's representative should secure the earliest practicable hearing date from the Hearing Officer. The Hearing Officer will be requested to issue his/her decision or report within 30 calendar days of the close of the hearing. When the Hearing Officer's report is advisory to the Director, the Director should issue the final decision within 30 calendar days of receipt of the report and recommendation (see [Section D.6.d, Step III, Appeal to a Hearing](#) of this policy). As stated above, once a complaint has been filed on a timely basis, the Head of Human Resources may extend any subsequent time limit in the complaint resolution process. Such extension(s) must (1) be in writing, (2) include the reason for the extension, and (3) be given to the employee and the responsible manager.
- iv. **Computation of Time Limits.** Any time limit, including the original filing time limit that expires on a Saturday, Sunday, administrative holiday, or other nonworking day observed by the Laboratory will be extended to the next scheduled working day.
- v. **Pay Status for Time Spent in Complaint Resolution.** The responsible manager will approve requests for reasonable time off with pay during scheduled working hours for an employee and/or an employee's representative (if the representative is a Laboratory employee, and such representation is not paid for by the employee filing the complaint or by others) for time spent in informal resolution of a complaint, investigating a complaint, and presenting a grievance complaint at a formal hearing. Time spent by the employee or the representative in the above activities outside scheduled working hours is without pay. Time spent by an employee and/or an employee's representative in preparing for the various steps of the complaint resolution procedure (e.g., preparation of documents, preparing testimony, investigation) is unpaid. An employee who serves as a witness will be on pay status while testifying at a hearing. In addition, the responsible manager must grant reasonable time off with pay during scheduled working hours to an employee-witness for other meetings related to resolution of an employee complaint; however, an employee-witness's time spent outside of scheduled working hours, other than testifying at a hearing, will be without pay.
- vi. **Informal Resolution.** Informal resolution of a complaint may be agreed to by the employee and responsible manager at any stage of the complaint resolution process.
- vii. **Review and Appeal.** All complaints that are within the scope of this policy are eligible for review through [Step I](#) and [Step II](#). Only those complaints listed in [Section D.6.d.ii](#) of this policy can be appealed to [Step III](#).
- viii. **Termination of Complaint Resolution Procedure.** If the employee resigns prior to the completion of the complaint resolution procedure, the process ends regardless of the stage. If one or more employees in a complaint resolution procedure terminates voluntarily or resigns prior to the end of the procedure, the process continues only for the remaining employees.

**b. Step I: Appeal to the Responsible Manager**

- i. Complaints that are within the scope of this policy must be submitted in writing to the Manager, HR-ELR, for transmittal to the responsible manager. The complaint must be filed within 30 calendar days of the date on which the employee knew or could reasonably be expected to have known of the event or action that gave rise to the complaint, or within 30 calendar days after the last day of employment, whichever occurs first. A former employee separated by layoff who is eligible for recall or preference for reemployment may file a complaint alleging violations of the recall or preference for reemployment provisions within 30 calendar days after the date on which the employee knew or could be reasonably expected to know of the alleged violation.
- ii. When a complaint alleges sexual harassment, the complainant may elect to substitute the University of California Procedures for Responding to Complaints of Sexual Harassment ([RPM 2.05\[E\]](#), [University of California Procedures for Responding to Reports of Sexual Harassment](#)) to attempt to resolve the issue. The complaint is considered to be filed in a timely manner if it is filed within 30 calendar days after the alleged incident or action occurred. If the attempt to resolve the complaint is unsuccessful, the complainant may proceed to [Step II](#) of this procedure.
- iii. The written complaint must describe the specific actions that are requested for review, the specific provisions of the RPM alleged to have been violated, the manner in which it was violated, how the employee was adversely affected, and the specific remedy requested.
- iv. The responsible manager must provide a written decision to the employee within 21 calendar days unless the deadline is extended by the Head of Human Resources under the conditions stated in [Section D.4, Time Limits](#), of this policy.
- v. If the responsible manager does not respond within the stated deadline or extension thereof, or the employee does not agree with the decision, the employee has the right to appeal to [Step II](#) of the Complaint Resolution Policy.

**c. Step II: Appeal to the Associate Laboratory Director for Operations**

- i. If the employee elects to appeal the responsible manager's decision, the employee must submit a written appeal to the Manager, HR-ELR, within 15 calendar days of receipt of the responsible manager's decision or the date the decision was due. The appeal must specify the aspects of the complaint that have not been resolved by the decision of the responsible manager, and specifically state the issues that are being appealed in [Step II](#).
- ii. If the issues under review are not eligible for appeal to Step III, the Associate Laboratory Director for Operations (ALDO) or the employee may request an Independent Party Reviewer (IPR). The IPR will conduct fact-finding and, if asked by the ALDO, make recommendations regarding the complaint and requested remedies. The IPR is selected by the ALDO. The employee and the management representative shall have an opportunity to meet with and present information directly to the IPR. The IPR may engage in further review and investigation as he/she deems necessary and appropriate. After the conclusion of the IPR review, the IPR will submit his/her report to the ALDO. The ALDO will consider the report of the IPR and other relevant information, and will issue a written decision to the employee and the responsible manager. The decision of the ALDO is final for all complaints that are ineligible for [Step III](#).
- iii. An employee may elect to have an IPR review his/her complaint even though it is eligible for appeal to [Step III](#). If this occurs, the decision of the ALDO is final, and the complaint cannot be appealed to [Step III](#), as set forth in [Section D.6.d.ii.1, Final and Binding Hearing](#), below.
- iv. If a complaint filed under this section involves an action initiated by the ALDO, the Deputy Director will have the authority for the Step II process and any required appointments or decisions. If the complaint involves an action taken by the Laboratory Director, it will be forwarded to the University of California, Office of the President, for final resolution.

**d. Step III: Appeal to a Hearing**

- i. If the employee elects to appeal the ALDO's decision for matters that are eligible for appeal to [Step III](#), the employee shall submit a written appeal to the Manager, HR-ELR, within 15 calendar days of receipt of the ALDO's decision. The appeal shall specify the aspects of the complaint that have not been resolved by the ALDO, and specifically state the issues that are being appealed in Step III of this process.

- ii. Complaints not satisfactorily resolved at **Step II** that allege specific violations of personnel policies listed below may be appealed in writing to the **Step III** hearing process. The appeal will be heard by a Hearing Officer.
  - 1. **Final and Binding Hearing.** The Hearing Officer will render a final and binding decision when the issue reviewed under this policy alleges violations of the following policies:
    - a. Discriminatory practices as listed in the *Nondiscrimination Policy* pertaining only to an alleged discriminatory application of a personnel policy listed below in this section:
      - i. Hours of work
      - ii. Overtime
      - iii. Shift and weekend differential
      - iv. Holidays
      - v. Vacation (except the scheduling of a vacation)
      - vi. Sick leave
      - vii. Leave of absence
      - viii. Corrective action and dismissal as defined in the *Corrective Action and Discipline* policy
      - ix. Medical separation
      - x. Layoff or reduction in time for Career employees pertaining only to the notice, order of layoff, recall, or preference for reemployment provisions in the *Reduction in Force* policy. The management decision to implement a layoff or reduction in time is not subject to any provisions of this complaint resolution policy.
      - xi. Retaliation for utilizing the complaint resolution process.
  - 2. **Advisory Hearings.** The Hearing Officer will render an advisory decision and recommendation to the Laboratory Director, who will render a final and binding decision for the following two issues:
    - a. Harassment as defined in the *Nondiscrimination Policy* and the *University of California Policy on Sexual Harassment* (Anti-Harassment Policy).
    - b. Retaliation for filing an allegation of improper government activity (whistleblower), filing an allegation of discrimination or harassment, or filing an allegation of scientific misconduct. See also the *Whistleblower Protection* policy.

### iii. Hearing Process

#### 1. Selection of the Hearing Officer

- a. The Laboratory will maintain a list of professional non-University hearing officers. These hearing officers will hear all Step III appeals. The cost of these Laboratory/University hearing officers will be borne by the Laboratory. The responsible manager and the employee or their representative(s) will select a hearing officer by striking names of available members on the list until a hearing officer is selected. The determination of who strikes first will be determined by the toss of a coin.
- b. As an alternative to the procedures set forth directly above, the employee may elect, in writing, that the hearing be heard by a non-University hearing officer selected from a list other than that maintained by the Laboratory. The Laboratory shall obtain a list of five names of prospective non-University hearing officers from the Federal Mediation and Conciliation Service (FMCS) who (1) are National Academy of Arbitrators (NAA) members and (2) reside in or geographically serve the Berkeley Lab locale. Using this list, the responsible manager and the employee or their representative(s) will select a hearing officer by striking names of available members on the list until a hearing officer is selected. The determination of who strikes first will be determined by the toss of a coin.

The election of this alternative non-University hearing officer selection procedure may result in a cost to the employee. If the issue is one in which the decision of the hearing officer is final and binding, the fees will be borne equally by the Laboratory and the employee. If the issue is one in which the hearing officer makes a recommendation to the Laboratory Director:

- i. The fees and costs of the hearing officer will be borne equally by the Laboratory and the employee if the Laboratory Director accepts the recommended decision of the hearing officer.
  - ii. If the Laboratory Director rejects or substantively changes a recommended decision of a hearing officer under this section, the fee will be borne by the Laboratory.
2. The hearing process provides an opportunity for the employee and the responsible manager or their representatives to examine witnesses and submit relevant evidence. See [Section D.6.a.i, Representation](#), of this policy. Each party will provide the other with the documents and other materials that it intends to use at the hearing, and the names of all witnesses who are to be called to testify at the hearing. This material-and-witness list should be provided at least 14 calendar days before the hearing.
  3. The hearing will be closed to nonparticipants.
  4. The hearing will be recorded unless a stenographic record is prepared. A copy of the recording tapes will be given to the employee. Either party may make provisions for a stenographic record of the hearing, subject to payment of the cost, or the parties may agree in advance to share the expense of a stenographic record.

iv. Responsibility and Authority of the Hearing Officer

1. The Hearing Officer will:
  - a. Identify the issues submitted in the original written complaint for hearing.
  - b. Conduct a hearing to determine the facts and whether the management action that resulted in the complaint was in violation of Laboratory policies or procedures, or if the complaint involves corrective action or dismissal, and whether the management action was reasonable under the circumstances.
  - c. Submit a written hearing report. If the nature of the decision is advisory, the report will be provided to the Laboratory Director. If the decision is final and binding, the report will be provided to the employee filing the complaint, the manager, HR-ELR, and the Responsible Manager.
2. The hearing report will include a description of the following:
  - a. Each incident or management action that resulted in the complaint.
  - b. Each issue under submission.
  - c. The positions of the parties.
  - d. The findings of fact and any policy violations. Findings of fact must be supported by the evidence, and the decision, whether final and binding or recommended, must be supported by the findings.
3. The Hearing Officer will have authority to issue a final and binding decision for complaints related to issues listed in [Section D.6.d.ii.1, Final and Binding Hearing](#), of this policy. For all other complaints, the Hearing Officer will have authority to issue an advisory recommendation only. The advisory recommendation will be made to the Laboratory Director.
4. The Hearing Officer shall have no authority to depart from, or otherwise modify, Laboratory or University personnel policies.
5. If the management action under review is determined to be in violation of Laboratory policy or if the corrective action or dismissal is determined not to be reasonable under the circumstances, the remedy shall not exceed restoring to the employee the pay, benefits, or rights lost as a result of the action, less any income earned from any other source or any other employment.
6. Except by mutual agreement of both parties, no new issues may be added to a complaint or introduced at a hearing that were not included in the original written complaint.
7. The resolution of an employee complaint must be in accordance with Laboratory policies. Any decision, whether recommended or final and binding, that involves an exception to Laboratory or University policy requires the prior approval of the Office of the President of the University of California.

v. **Decision of the Laboratory Director.** A recommended decision of a hearing officer will be accepted, rejected, or modified by the Laboratory Director within 15 calendar days after receipt. The decision of the Laboratory Director is final and binding for those issues as identified in [Section D.6.d.ii.2, Advisory Hearings](#). The decision will be made in writing and forwarded to the parties with a copy of the hearing officer's report.

vi. **General Hearing Provisions**

1. **Similar Complaints.** When agreed upon by the employees and Laboratory before the hearing, individual complaints of two or more employees may be included in one hearing when the complaints were caused by the same action. All complaints from one employee that relate to a single incident or issue must be included in one hearing.
2. **Jurisdiction.** An employee is subject to the hearing procedures of the campus or facility where the action that resulted in the complaint occurred, or as approved by the University of California, Office of the President, Office of Employee Relations.
3. **Facilities.** HR-ELR will be responsible for making all physical arrangements, including tape recording of the hearing, providing staff and clerical assistance to the hearing officer as required, ensuring that all parties are advised of procedural requirements, and keeping the calendar record of the complaint process.
4. HR-ELR will receive copies of all reports and documents pertaining to the complaint and will be the official custodian of the complete files and tapes.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Employee and Labor Relations (ELR)	Provides advice to HR Centers and supervisors on corrective action and discipline matters
Human Resource Center (HRC)	Have the responsibility to advise management and employees on how to comply with this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy
Employees	Have the right to utilize this policy



## F. Definitions/Acronyms

Term	Definition
NAA	National Academy of Arbitrators
IPR	Independent Party Reviewer
FMCS	Federal Mediation and Conciliation Service

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

For information regarding this policy, contact your Division's Human Resources Center. Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki (brief)	All	Minor
6/24/2014	1	L. Westphal	Re-write for wiki (policy)	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Employee Complaint Resolution
Document number	02.11.003.000
Revision number	1
Publication date:	6/24/2014
Effective date:	6/24/2014
Next review date:	6/24/2017
Policy Area:	Problem Resolution
RPM Section (home)	Human Resources
RPM Section (cross-reference)	None
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.05(D)

### Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 62, [Corrective Action-Professional and Support Staff](#)
- University of California Personnel Policies for Staff Members (PPSM) 63, [Investigatory Leave](#)
- University of California Personnel Policies for Staff Members (PPSM) 64, [Termination of Career Employees-Professional and Support Staff](#)

### Implementing Documents

None

# Employee Development Leaves of Absence - B

Title:	Employee Development Leaves of Absence
Publication date:	1/2/2012
Effective date:	11/15/2000

## BRIEF

### Policy Summary

#### *Professional Research or Teaching Leave (PRT)*

To promote the continuing professional growth and competence of senior administrative professional (job titles identified as "professional" in the Human Resources Information System [HRIS]) and scientific staff members, the Laboratory Director may grant professional research or teaching leave (PRT Leave) to a limited number of employees. Approval and recommendation from the division director must be obtained before submitting the request to the Laboratory Director. Approval for such leave will be based on evidence that Berkeley Lab will benefit from the proposed work and that the candidate will continue employment at the Laboratory or another DOE-funded employer for a reasonable period following the leave. The leave may be spent at appropriate institutions either within or outside the United States.

#### *Professional Renewal Leave (PR)*

The Laboratory Director may grant professional renewal leave to a limited number of Laboratory managers or scientific personnel who have made outstanding contributions in furtherance of Laboratory objectives. The purpose of professional renewal leave is to provide these individuals an opportunity to attach themselves to external organizations and/or programs for the purpose of professional revitalization and development. These temporary external assignments will be approved based on technical and programmatic relevance, to ensure mutual benefit to both the Laboratory and the employee.

### Who Should Read This Policy

Portions of this policy apply to the following employee classifications: [Career](#), [Term](#), and [Faculty](#).

This policy does not apply to the following employee classifications: [Postdoctoral Fellow](#), [Limited](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Rehired Retiree](#), and [Visiting Researcher](#).

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.04.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Employee Development Leaves of Absence
Publication date:	1/2/2012
Effective date:	11/15/2000

# POLICY

Details of this policy have not yet been converted to the new format.

Please go to these pages to find the details:

- Professional Research or Teaching Leave -<http://www.lbl.gov/Workplace/RPM/R2.04.html#RTFToC23>
- Professional Renewal Leave - <http://www.lbl.gov/Workplace/RPM/R2.04.html#RTFToC29>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Employee Development Leaves of Absence
Document number	02.05.004.000
Revision number	0
Publication date:	1/2/2012
Effective date:	11/15/2000
Next review date:	1/2/2015
Policy Area:	Employee Development
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Sections 2.04(H) & (I)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources

- University of California Personnel Policies for Staff Members (PPSM) 50, [Professional Development](#)
- University of California Regent's Standing Order 103.4, [Sabbatical Leaves](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Employee Owned or Managed Business

Title:	Employee Owned or Managed Business
Publication date:	10/7/2013
Effective date:	1/5/2010

## BRIEF

### Policy Summary

Employees must disclose their ownership or management interests in a business related to the work of Berkeley Lab.

### Who Should Read This Policy

This policy applies to all employees, including those working part time and those who hold faculty appointments with a University of California campus.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

Title:	Employee Owned or Managed Business
Publication date:	10/7/2013
Effective date:	1/5/2010

## POLICY

### A. Purpose

This policy summarizes the practice that goods or services are not purchased from any Lawrence Berkeley National Laboratory/University of California employee, near relative, or domestic partner because of the basic principles of separation of an employee's Laboratory/University duties and his or her private interests.

### B. Persons Affected

This policy applies to all employees.

## C. Exceptions

Exceptions to the general prohibition against procuring goods or services from employee-connected firms may be made if the company is the sole source that can provide the goods or services. Such cases must be approved by the Chief Financial Officer. Additional information regarding the appropriate procedure is available from the Procurement and Property Management Department or the Research and Institutional Integrity Office.

## D. Policy Statement

1. Employees who own or have an ownership interest of at least 10 percent in a commercial entity that has economic or technology connections with the Laboratory or may seek to have such connections with the Laboratory, or who have a management interest such as being a member of the Board of Directors in such a commercial entity, must report the interest to their division director. This requirement also extends to an employee's near relatives and domestic partner. The terms "near relative" and "domestic partner" are defined in University policy as parents, children, spouses, same or opposite sex domestic partners, brothers, or sisters, including in-laws and step relatives in these relationships.
2. As a general rule, goods or services are not purchased from any Laboratory/University employee, near relative, or domestic partner because of the basic principles of separation of an employee's Laboratory/University duties and his or her private interests. A second concern is the protection of the Laboratory/University and its employees from charges of favoritism in the acquisition of goods and services. If an employee's Laboratory assignment is such that he or she might influence or take part in negotiations or transactions with an outside entity in which the employee has a financial interest, the employee may need to disqualify himself or herself from influencing or participating in those negotiations or transactions. See [Laboratory policy on Conflict of Interest – Self Disqualification](#) for further details.
3. Business ownership or management interest as defined above must be reported on the [Notification of Outside Business Ownership or Management Interest form](#). The Research and Institutional Integrity Office receives copies of the form from the division and uses them to create an Employee-Connected Commercial Entity or Employee-Vendor list, which is used by Procurement to implement Laboratory policy that addresses conducting business with employee-connected firms.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
05.01.002.001	<a href="#">Outside Business Ownership or Management Interest</a>	Form

## I. Contact Information

[Research and Institutional Integrity Office](#)  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/7/2013	1.1	M. Stoufer	Reviewed 10/3/13, no changes	Next Review date	Minor
7/6/2012	1	M. Stoufer	Re-write for wiki (policy)	All	Minor
1/2/2012	0	M. Stoufer	Re-write for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Employee Owned or Managed Business
Document number	05.01.002.000
Revision number	1.1
Publication date:	10/7/2013
Effective date:	1/5/2010
Next review date:	10/7/2016
Policy Area:	Outside Business and Employment
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	None
Functional Division	Operations
Prior reference information (optional)	RPM Section 10.02

## Source Requirements Documents

- Contract 31, Clause I.78, Section 970.0371-6, *Incompatibility between Regular Duties and Private Interests*
- California Public Contract Code Sections 10516 and 10517
- California Political Reform Act of 1974, Government Code Section 87100
- University of California *Business and Finance Bulletin*, Number BUS-43

## Implementing Documents

Document Number	Title	Type



05.01.002.001	Outside Business Ownership or Management Interest	Form

# Employee Performance Evaluations

## Brief

Title:	Employee Performance Evaluations
Publication date:	9/22/2014
Effective date:	6/28/2002

## BRIEF

### Policy Summary

Performance feedback is an ongoing, yearlong process at Berkeley Lab. Supervisors must provide each of their direct reports with a written performance evaluation annually, using the approved process. This written evaluation is the formal part of the performance feedback process. Additional written evaluations may be done if circumstances warrant.

### Who Should Read This Policy

This policy applies to the following employee classifications: [Career](#) and [Term](#). This policy does not apply to the following employee classifications: [Limited](#), [Faculty](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Rehired Retiree](#), [Postdoctoral Fellow](#), and [Visiting Researcher](#).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Employee Performance Evaluations
Publication date:	9/22/2014
Effective date:	6/28/2002

## POLICY

### A. Purpose

This policy describes the objectives of the Laboratory's annual employee-performance evaluations. The objectives of the written evaluation are to:

1. Establish an understanding between the employee and supervisor regarding job responsibilities and expectations and work deliverables (goals)
2. Provide an opportunity for two-way discussion of employee progress, career development, and department goals
3. Establish/reestablish standards, goals, expectations, and development plans
4. Document performance and progress against previously established goals and expectations
5. Provide input to the salary process

### B. Persons Affected

This policy applies to the following employee classifications: [Career](#) and [Term](#). This policy does not apply to the following employee classifications: [Limited](#), [Faculty](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Rehired Retiree](#), [Postdoctoral Fellow](#), and [Visiting Researcher](#).

## C. Exceptions

Employees holding limited, faculty, graduate student research assistant, student assistant, rehired retiree, postdoctoral, and visiting postdoctoral fellow appointments are excluded from this policy.

## D. Policy Statement

Performance feedback is an ongoing, yearlong process. Supervisors must provide each of their direct reports with a written performance evaluation annually, using the approved process. This written evaluation is the formal part of the performance feedback process. Additional written evaluations may be done if circumstances warrant.

## E. Roles and Responsibilities

Role	Responsibility
Division directors	Are responsible for implementation of this policy within their organizations
Department heads	Are responsible for implementation of this policy within their organizations
Employees	Are responsible for: <ul style="list-style-type: none"><li>• Seeking clarification about their duties, responsibilities, and/or expectations</li><li>• Seeking input about their performance on an ongoing basis</li><li>• Improving their performance and their own development</li></ul>
Human Resources Department	<ul style="list-style-type: none"><li>• Provides training to supervisors on conducting performance evaluations</li><li>• Assesses the effectiveness of the current performance evaluation process</li><li>• Works with management to ensure that the process is an effective tool for both management and employees</li></ul>
Supervisors	<ul style="list-style-type: none"><li>• Must provide each of their direct reports with a written performance evaluation annually, using the approved process</li><li>• Are responsible for:<ul style="list-style-type: none"><li>• Ensuring that each employee has a current position description and expectations and goals, and that the employee has a clear understanding of his or her responsibilities</li><li>• Providing feedback to the employee so that he or she knows where improvement is needed</li><li>• Promoting employee-development opportunities</li><li>• Providing the employee with a formal, written evaluation of the employee's performance at least once a year</li></ul></li></ul>

## F. Definitions/Acronyms

Term	Definition
Employee	An individual who receives a paycheck from the Laboratory
Supervisory employees	Supervisory employees are defined by the Higher Education Employer-Employee Relations Act (HEERA) as individuals who, regardless of their job descriptions or titles, directly supervise two or more employees, and (1) have authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees; or (2) have responsibility to direct them, adjust their grievances, or effectively recommend such action if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature but requires the use of independent judgment. Employees whose duties are substantially similar to those of their subordinates shall not be considered to be supervisory employees.

## G. Recordkeeping Requirements

none

## H. Implementing Documents

Document number	Title	Type
	Performance Review Form	Form
	Self-Assessment Form	Form

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki (brief)	All	Minor
9/22/2014	1	L. Westphal	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Employee Performance Evaluations
Document number	02.05.001.000
Revision number	1
Publication date:	9/22/2014
Effective date:	6/28/2002
Next review date:	1/2/2015
Policy Area:	Employee Development
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.03
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.03

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 23, [Performance Management](#)

## Implementing Documents

Document number	Title	Type
	Performance Review Form	Form
	Self-Assessment Form	Form

# Employee Records Policy - B

Title:	Employee Records Policy
Publication date:	1/2/2012
Effective date:	8/23/2005

## BRIEF

### Policy Summary

In accordance with University of California policy, Berkeley Lab establishes and maintains only those employee records that pertain to individuals as employees of the Laboratory or as applicants for employment and that are relevant and necessary to the administration of Human Resources programs. Employees have the right to privacy, the right of access to their own records, and the right to request changes, additions, or deletions to such records.

### Who Should Read This Policy

All employees are affected by this policy. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.17.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Employee Records Policy
Publication date:	1/2/2012
Effective date:	8/23/2005

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.17.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

**DOCUMENT INFORMATION**

Title:	Employee Records Policy
Document number	02.08.001.000
Revision number	0
Publication date:	1/2/2012
Effective date:	8/23/2005
Next review date:	1/2/2015
Policy Area:	Employee Records
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.17

**Source Requirements Documents**

- California Civil Code 1798.85, California Social Security Card Number Law
- California Civil Code 56 - 565.37, California Confidentiality of Medical Information Act (CCMIA)
- California Labor Code Section 206.5, false time records
- California Constitution, Article I, the Declaration of Rights (privacy rights)
- California Labor Codes
- California Fair Employment and House Act (FEHA)
- DOE Contract 31, Clause H.7, Privacy Act Records
- DOE Contract 31, Clause I.31, FAR 52.224-1 PRIVACY ACT NOTIFICATION (APR 1984)
- DOE Contract 31, Clause I.32, FAR 52.224-2 PRIVACY ACT (APR 1984)
- Electronic Communications Privacy Act (ECPA)
- Fair and Accurate Credit Transactions Act (FACTA)
- Fair Labor Standards Act (FLSA)
- HIPAA Privacy Rule

- Lilly Ledbetter Fair Pay Act of 2009
- Privacy Act of 1974 (documented in I.31 and I.32)
- Title VII of the Civil Rights Act of 1964
- University of California Personnel Policies for Staff Members (PPSM) 80, [Staff Personnel Records](#)
- University of California [Records management and Privacy](#)
- University of California [Records Disposition Schedules Manual](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Employment of Minors, Near Relatives, and Domestic Partners

Title:	Employment of Minors, Near Relatives, and Domestic Partners
Publication date:	1/2/2012
Effective date:	6/30/2011

## BRIEF

### Policy Summary

This policy provides information when employing individuals under age 18 and near relatives including domestic partners.

### Who Should Read This Policy

All employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Employment of Minors, Near Relatives, and Domestic Partners
Publication date:	1/2/2012
Effective date:	6/30/2011

## POLICY

### A. Purpose

This policy provides information for employing individuals under age 18 and near relatives, including domestic partners, at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

This policy applies to all employee classifications: [Career](#), [Term](#), [Faculty](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), [Rehired Retiree](#), [Graduate Student Research Assistant \(GSRA\)](#), and [Student Assistant](#). This policy applies to nonrepresented employees. Represented employees should consult their collective-bargaining agreement.



## C. Exceptions

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Chief Human Resources Officer (CHRO).

## D. Policy Statement

1. **Employment of Minors:** Under specific circumstances, Berkeley Lab may employ persons who are under age 18.

a. **Eligibility:** The minor must be:

### Other Policies of Interest

[Appointments, Student Assistant](#) (or RPM Section 2.01[F][8]);

[Terms & Conditions of Employment](#) (or RPM Section 2.01(E)(6))

- i. At least 15 years of age at the time of hire for any position
- ii. A U.S. citizen or permanent resident
- iii. Enrolled in an accredited high school as a junior or senior in good standing
  1. The student is required to submit a current transcript with his or her employment application.
- iv. Attending a school in the San Francisco Bay Area
- v. Able to provide a valid work permit

b. **Approval for Employment**

### IMPORTANT!

All minors, regardless of whether they are a Berkeley Lab employee or a Berkeley Lab affiliate, must have their appointments pre-approved by the CHRO.

- i. Persons under age 18 will not be employed unless specific approval is obtained from the division director and the CHRO.
  - ii. When a person under age 18 is hired or assigned to work in areas where ionizing radiation is utilized, the hiring division or department will contact the Environment, Health & Safety Division for final clearance. Berkeley Lab does not permit minors access to any Laboratory area where an annual dose in excess of 100 mrem is possible.
- c. **Work Permit:** California state law requires work permits for all persons under age 18 who have not yet graduated from high school. Individuals under the age of 18 who have been awarded a certificate of proficiency pursuant to Section 48412 of the California Education Code do not need a work permit.

### For more information, see:

[California Work Permits](#)

d. **Mentor**

- i. A minor is assigned to a mentor, who may also be his or her direct supervisor. The mentor is required to provide a [description of work](#) the minor will be performing.
- ii. A mentor to a student in a Berkeley Lab educational program such as the [Center for Science and Engineering Education's \(CSEE's\) programs](#) is required to complete the program's mentor-training workshop.

2. **Employment of Near Relatives, Including Domestic Partners**

- a. Employment of near relatives, including domestic partners in the same department or work group, may be permitted when such concurrent employment would be in the best interest of Berkeley Lab.
- b. Employment of near relatives requires the recommendation of the Human Resources Center Manager (HRCM) and the approval of the CHRO. Approval is required, including when:

### More information for Domestic Partners:

[UC Benefits for Domestic Partners](#)

[UC Declaration of Domestic Partnership form](#)

[UC Termination of Domestic Partnership form](#)

- i. There is a supervisory relationship
  - ii. The near relative has the same immediate supervisor
  - iii. There is a close working relationship with a near relative
  - iv. Near relatives are working in the same department or group
- c. If the request is not approved by the CHRO, the supervisor may request further review by the Chief Operating Officer.
  - d. If two employees in any of the above types of working relationships become near relatives, the same approval process must be followed to allow them to continue in the same working relationship.
  - e. Minors may not work in the same group with a near relative.

## E. Roles and Responsibilities

Roles	Responsibilities
Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Hiring division management	Has the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy

## F. Definitions/Acronyms

Term	Definition
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students

Domestic Partner	<p>The individual designated as an employee's domestic partner under one of the following methods:</p> <ul style="list-style-type: none"> <li>• Registration of the partnership with the state of California</li> <li>• Establishment of a same-sex legal union, other than marriage, formed in another jurisdiction that is substantially equivalent to a state of California-registered domestic partnership</li> <li>• Filing of a Declaration of Domestic Partnership form with the University of California</li> </ul> <p>If an individual has not been designated as an employee's domestic partner by any of the above methods, the following criteria are applicable in defining domestic partner:</p> <ul style="list-style-type: none"> <li>• The individual is the employee's sole domestic partner in a long-term, committed relationship with the intention to remain so indefinitely and</li> <li>• Neither individual is legally married to someone else or a partner in another domestic partnership and</li> <li>• The individuals are not related by blood to a degree of closeness that would prohibit legal marriage in the state of California and</li> <li>• Each individual is 18 years of age or older and capable of consenting to the relationship and</li> <li>• The individuals share a common residence and are financially interdependent</li> </ul>
Near Relatives	<p>Near relatives are parents, children (including the child of a domestic partner), spouses, same- or opposite-sex domestic partners, brothers, or sisters, including in-laws and step-relatives in these relationships. Relatives of the domestic partner who would be covered if the domestic partner were the employee's spouse are also so defined.</p>

Acronym	Term
CHRO	Chief Human Resources Officer
COO	Chief Operating Officer
CSEE	Center for Science and Engineering Education
GSRA	Graduate Student Research Assistant
HR	Human Resources
HRCM	Human Resources Center Manager
LBNL	Lawrence Berkeley National Laboratory
UC	University of California

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Division HR Center	<p>If the student is a minor, a work permit and the Parental Consent for Minor at the Lab form are required and are maintained in the student's employee or affiliate file. These forms are in addition to forms required by all employees or affiliates.</p>

## H. Implementing Documents

Audience	Document number	Title	Type
Lab Staff	02.03.001.002	Parental Consent for Minor at Lab	Form
Lab Staff	UCOP 3301 (11/07)	<a href="#">UC Benefits for Domestic Partners</a>	Process and forms
Lab Staff	UCOP UBEN 250 (R1006)	<a href="#">UC Declaration of Domestic Partnership form</a>	Form
Lab Staff	UCOP UBEN 253 (10/06)	<a href="#">UC Termination of Domestic Partnership form</a>	Form
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training
HR Staff	02.03.011.002	Student Assistant Offer Letter	Template
HR Staff	02.03.011.003	Student Assistant Position Description	Template

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
6/30/2011	0	M. Bello	Rewrite for new format in HTML	All	Minor
1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Employment of Minors , Near Relatives, and Domestic Partners
Document number	02.04.003.000
Revision number	1

Publication date:	1/2/2012
Effective date:	6/30/2011
Next review date:	6/30/2014
Policy Area:	Compensation and Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(E)(5)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.01(E)(5)

## Source Requirements Documents

- Federal Fair Labor Standards Act (FLSA)
- University of California Personnel Policies for Staff Members (PPSM) 21, [Appointment](#)

## Implementing Documents

Audience	Document number	Title	Type
Lab Staff	02.03.001.002	Parental Consent for Minor at Lab	Form
Lab Staff	UCOP 3301 (11/07)	<a href="#">UC Benefits for Domestic Partners</a>	Process and forms
Lab Staff	UCOP UBEN 250 (R1006)	<a href="#">UC Declaration of Domestic Partnership form</a>	Form
Lab Staff	UCOP UBEN 253 (10/06)	<a href="#">UC Termination of Domestic Partnership form</a>	Form
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training
HR Staff	02.03.011.002	Student Assistant Offer Letter	Template

HR Staff	02.03.011.003	Student Assistant Position Description	Template
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# Environment, Health & Safety (EHS) Training

Title:	Environment, Health & Safety (EHS) Training
Publication date:	8/9/2013
Effective date:	7/28/2009

## BRIEF

### Policy Summary

The Environment, Health & Safety (EHS) Training Program explains the requirements and purpose of EHS training at Berkeley Lab. It also explains the roles and responsibilities for the development, delivery, and assignment of training requirements.

### Who Should Read This Policy

Berkeley Lab employees, affiliates, students, visitors, contractors, subcontractors, and vendors whenever they are planning and performing work at the Laboratory and off-site user locations and facilities, including UC Berkeley controlled spaces

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For assistance with EHS Training, contact:

Training Program Assistant

Carmen Ayala

(510) 495-2228

[Cayala@lbl.gov](mailto:Cayala@lbl.gov)

For questions regarding the EHS Training Program, contact:

James Basore

(510) 486-7524

[JDBasore@lbl.gov](mailto:JDBasore@lbl.gov)

Title:	Environment, Health & Safety (EHS) Training
Publication date:	8/9/2013
Effective date:	7/28/2009

## POLICY

### A. Purpose

The EHS Training Program explains the requirements and purpose of Environment, Health & Safety (EHS) training. It also explains the roles and responsibilities for the development, delivery, and assignment of training requirements.

## B. Persons Affected

Berkeley Lab employees, affiliates, students, visitors, contractors, subcontractors, and vendors whenever they are planning and performing work at Lawrence Berkeley National Laboratory (LBNL) and LBNL controlled off-site user locations and facilities, including UC Berkeley controlled spaces.

## C. Exceptions

1. Waivers from required training may be granted by the Work Lead through the work authorization processes. Waivers may be given for one of three reasons:
  - a. The individual has sufficient skills, knowledge, and ability in that subject area to enable him/her to perform the work safely and within compliance of all Berkeley Lab policies without fulfilling the training requirement.
  - b. The work being performed by the individual is below the level of hazard that necessitates this institutional training requirement.
  - c. The individual works solely at the UC Berkeley campus and this work is governed by UC Berkeley EHS requirements.
2. The EHS Training Program Manager (or designee) may grant training credit by equivalence. Certain training received from other Department of Energy (DOE) facilities or related institutions (e.g., UC Berkeley) is recognized as equivalent upon receipt of proper training documentation, and concurrence by EHS Training and the SME associated with the training topic.

## D. Policy Statement

1. Berkeley Lab policy and federal law require that all Berkeley Lab staff, affiliates, visitors, and others who perform work at, or for, the Laboratory receive appropriate training necessary to protect their health, and to perform work in a safe and environmentally sound manner.
2. EHS Training requirements originate from many sources:
  - a. DOE regulations, Occupational Safety and Health Administration (OSHA) regulations, Environmental Protection Agency (EPA) regulations, Department of Transportation (DOT) regulations
  - b. California Code of Regulations (Titles 8 and 22), Berkeley Lab's environmental permits
  - c. The Laboratory's Operating and Assurance Program
  - d. The Laboratory's policies and best practices covering specific hazards
3. How training requirements are identified:
  - a. Training requirements are interpreted and promulgated to the individual employee through the Integrated Safety Management (ISM) processes of defining work, analyzing hazards, identifying required controls, performing the work according to the controls, and providing feedback and continuous improvement.
  - b. Job Hazards Analysis (JHA) and other work authorization programs as means for identifying, analyzing, and controlling work, which includes identification of required training
  - c. Supervisors or Work Leads are responsible for analyzing work, including identifying EHS Training requirements, for staff (including affiliates and students) under their direction.
4. Purpose of EHS Training requirements:
  - a. The purpose of EHS required training is to help ensure that all Berkeley Lab personnel are aware of the hazards associated with their jobs, understand the health and safety effects of exposure to those hazards, know how to protect themselves and those around them, and know how to perform operations safely and in accordance with all environmental protection requirements.
    - i. This includes understanding the job hazards, the methods for controlling those hazards, the possible health effects and environmental impacts, and the required work practices and operating procedures.
5. Job-specific and on-the-job training (OJT):
  - a. OJT is used to supplement general EHS Training to provide detailed instructions and controls for performing a specific task or operation.
  - b. OJT is training conducted and evaluated in the work environment through interaction between line management and the staff.
  - c. Hazard-specific training explains the specific health and safety hazards of an operation and must include information on health effects, risks, and proper means of protection.

## E. Roles and Responsibilities



Role	Responsibility
Supervisor or Work Lead	<ul style="list-style-type: none"> <li>Identifies and ensures completion of EHS Training requirements for staff and affiliates under his or her direction</li> <li>Provides and documents OJT as required</li> </ul>
EHS Training Group	<ul style="list-style-type: none"> <li>Develops an EHS Training curriculum that addresses pertinent regulatory requirements, Laboratory policy, and best practices</li> <li>Works with line managers, instructors, and subject-matter experts to develop course objectives, instructional strategies, assessments, and training evaluation</li> <li>Works with divisions and line management to develop and evaluate division-specific EHS Training programs and new EH&amp;S courses</li> <li>Works with line management to identify and complete all required EHS Training</li> <li>Provides Berkeley Lab staff with EHS Training courses that offer the necessary knowledge and awareness to operate in a safe and environmentally protective manner</li> <li>Establishes and implements EHS Training procedures and policies</li> <li>Reviews and approves institutional EHS courses</li> <li>Provides mechanisms to track training completion</li> <li>Works with line management to develop OJT programs that result in direct skill transference to the job</li> <li>Ensures that training-related records and reports are accessible for use by Laboratory management</li> <li>Works with line management to qualify EHS instructors</li> </ul>
Safety Advisory Committee (SAC)	<ul style="list-style-type: none"> <li>Provides input on EHS Training Program policies</li> <li>Reviews and provides advice as requested on significant changes to EH&amp;S Training requirements as well as newly proposed courses to ensure these efforts meet the needs of the Laboratory and achieve necessary regulatory compliance</li> </ul>
Instructors	EHS Division line management is responsible for determining the qualifications and the most appropriate candidate for teaching an EHS course. This recommendation must be approved by the EHS Training Program Manager.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
EHS Training Group	EHS Training records: DOE Administrative Records Schedule 29.2 Administrative Training Records.

## H. Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.04.001.001	Chapter 24	EHS Training	Program
	Section 5.8.12	<a href="#">Accidental Releases During Transportation</a>	Procedure

## I. Contact Information

For questions regarding the EHS Training program, contact:  
 James Basore  
 (510) 486-7524  
[JDBasore@lbl.gov](mailto:JDBasore@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/9/2013	1.1	J. Basore	Review completed 8/7/2013; change EH&S to EHS, add clarification C.2, remove listed Work Processes, update Next Review date	C.2, H, Implementing Docs	Minor
1/2/2012	1	J. Basore	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Environment, Health & Safety Training
Document number	07.04.001.000
Revision number	1.1
Publication date:	8/9/2013
Effective date:	7/28/2009
Next review date:	8/9/2016
Policy Area:	EH&S Training
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Chapter 24

## Source Requirements Documents

- 10 CFR 851.25, DOE Worker Safety and Health Program, Training and Information
- 29 CFR 1910, OSHA General Industrial Standards
- 29 CFR 1926, OSHA Construction Standards

- 10 CFR 835.103, Occupational Radiation Protection at Department of Energy Facilities Environmental Protection Standards

## Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.04.001.001	Chapter 24	EHS Training	Program
	Section 5.8.12	<a href="#">Accidental Releases During Transportation</a>	Procedure

# Environmental Management System

## Brief

Title:	Environmental Management System
Publication date:	9/24/2013
Effective date:	4/3/2009

## BRIEF

### Policy Summary

Through its Environmental Management System (EMS), Berkeley Lab has established a broad-based environmental policy stating that it is committed to:

- Complying with applicable environmental, public health, and resource conservation laws and regulations
- Preventing pollution, minimizing waste, and conserving natural resources
- Correcting environmental hazards and cleaning up existing environmental problems and
- Continually improving the Laboratory's environmental performance while maintaining operational capability and sustaining the overall mission of the Laboratory

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

[Environmental Management System Plan \(PUB-3180\)](#)

## Contact Information

Environmental Services Group  
EHS Division  
[PAThorson@lbl.gov](mailto:PAThorson@lbl.gov)

## Policy

Title:	Environmental Management System
Publication date:	9/24/2013
Effective date:	4/3/2009

## POLICY

### A. Purpose

Executive Order 13423, *Strengthening Federal Environmental, Energy, and Transportation Management*, established the policy that federal agencies conduct their environmental, transportation, and energy-related activities in a manner that is environmentally, economically, and fiscally sound; integrated; continually improving; efficient; and sustainable. Subsequently, Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*, expanded on this policy to require federal agencies to lead by example in creating a clean energy economy that will promote energy security, safeguard the environment, and increase the nation's prosperity. In response to these actions, the Department of Energy (DOE) approved DOE Order 436.1, *Departmental Sustainability*, to manage sustainability activities within the department. The purpose of this directive is to:

- Ensure that DOE carries out its missions in a sustainable manner that addresses national energy security and global environmental challenges, and advances sustainable, efficient, and reliable energy for the future
- Institute wholesale cultural change to factor sustainability and greenhouse gas reductions into all DOE corporate management decisions, and
- Ensure that DOE achieves the sustainability goals established in the annual DOE *Strategic Sustainability Performance Plan* pursuant to applicable laws, regulations, and Executive Orders, related performance scorecards, and sustainability initiatives.

The directive's objectives flow down from DOE Order 436.1 to Lawrence Berkeley National Laboratory (Berkeley Lab) through a Contract 31 requirement that Berkeley Lab have an Environmental Management System (EMS) in place that is either certified to or conforms with the International Organization of Standardization (ISO) 14001:2004(E) standard.

## B. Persons Affected

This policy applies to all individuals at Berkeley Lab: Employees, visitors, affiliates, and subcontractors. The degree to which individuals are involved in carrying out the policy varies. This is described below in Section E, *Roles and Responsibilities*, and presented graphically in the Process tab of this policy.

## C. Exceptions

None

## D. Policy Statement

1. Berkeley Lab's Environmental Management System is a structured process designed to maintain compliance of Berkeley Lab programs with environmental laws and regulations, and minimize overall environmental impacts. The framework for achieving these objectives is an environmental policy with the following requirements that apply to all staff, affiliates, subcontractors, and visitors:
  - a. Comply with applicable environmental, public health, and resource conservation laws and regulations
  - b. Prevent pollution, minimize waste, and conserve natural resources
  - c. Correct environmental hazards and clean up existing environmental problems and
  - d. Continually improve the Laboratory's environmental performance while maintaining operational capability and sustaining the overall mission of the Laboratory
2. Administering this policy through the Berkeley Lab EMS requires the following measures:
  - a. Initiating a core leadership team to perform a continual cycle of process improvement
  - b. Identifying environmental impacts (air, water, waste, resource usage, land use, and transportation)
  - c. Developing targets to reduce identified environmental impacts and implement plans for reduction, which are called Environmental Management Programs (EMPs) and
  - d. Auditing and assessing the Laboratory's environmental programs to determine that all activities are being performed
3. In applying these measures, the Laboratory follows a performance-based approach to achieve the elements of the ISO 14001 standard for environmental management systems. This approach provides real and tangible business value rather than applying all the requirements of an ISO 14001-based EMS. A performance-based approach allows the Laboratory to focus resources on activities that have a more valuable and stronger environmental benefit and to maintain the current strengths of the environmental compliance programs. Performance of the EMS is measured by multiple methods and involves various internal and external organizations, including a comprehensive annual review by senior management.

## E. Roles and Responsibilities

Role	Responsibility
Senior management	<ul style="list-style-type: none"> <li>• Represents divisions who have staff serving as members of the EMS Core Team as well as the EMS Program Manager</li> <li>• Participates in the annual management review of the EMS. This review will include at least one member of EHS senior management.</li> <li>• Makes recommendations for the continual improvement of the EMS</li> </ul>
EMS Program Manager	<ul style="list-style-type: none"> <li>• Develops the EMS Plan and its implementing procedures; manages improvements to each</li> <li>• Attends training required to achieve competence at the EMS implementation level</li> <li>• Facilitates training for senior management and Core Team members</li> <li>• Develops training strategy and measures to increase staff awareness of their environmental impacts</li> <li>• Convenes and facilitates Core Team meetings where the following topics will generally be discussed: <ul style="list-style-type: none"> <li>• Development and maintenance of EMPs</li> <li>• Identifying environmental aspects, impacts, and significance of Berkeley Lab activities</li> </ul> </li> <li>• Manages the following activities: <ul style="list-style-type: none"> <li>• Internal assessments and external audits of the EMS</li> <li>• External communication about the EMS and EMPs, including performance status</li> <li>• Interdivisional programs that are part of the EMS</li> <li>• Annual senior management review of the EMS: Ensures that all required elements are discussed during this review</li> </ul> </li> <li>• Liaises between the senior management and the Core Team</li> <li>• Enters assessment and audit findings into Berkeley Lab's Corrective Action Tracking System</li> <li>• Oversees the implementation of any corrective actions</li> <li>• Manages document control of required EMS documents, including audit records and any resulting corrective actions</li> </ul>
EMS Core Team members	<ul style="list-style-type: none"> <li>• Assist in the continual improvement of the EMS</li> <li>• Attend training required to maintain comprehensive EMS awareness</li> <li>• Coordinate internal communications about EMS or EMP activities</li> <li>• Support management reviews of the EMS by preparing the information and data necessary for the review</li> <li>• Participate in appraisals, audits, and reviews of the EMS</li> <li>• Coordinate any training of staff critical to implementing applicable EMPs</li> <li>• Identify environmental aspects and impacts</li> <li>• Participate in the selection of significant aspects</li> <li>• Develop objectives and targets for significant aspects applicable to individual's role on Core Team</li> <li>• Recommend and assist in the development of any operational control that will be needed to achieve environmental objectives and targets</li> <li>• Determine and manage necessary actions and associated target deadlines for applicable EMPs associated with a determined significant aspect</li> <li>• Develop, collect, and maintain performance metrics for applicable EMPs</li> <li>• Review performance results and prepare recommendations on improvements to applicable EMPs</li> </ul>
Office of Contractor Assurance	<ul style="list-style-type: none"> <li>• Provides oversight to Berkeley Lab's management and assurance systems</li> </ul>
General Laboratory employees, affiliates, visitors, and subcontractors	<ul style="list-style-type: none"> <li>• Must be aware of the Laboratory's environmental policy statements</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Assessment	A formal review that is normally conducted by an organization with an appropriate degree of independence
Audit	A systematic and documented verification process of objectively obtaining and evaluating evidence to determine the adequacy of a program or system within an organization
Continual improvement	A recurring process of enhancing the environmental management system to achieve improvements in overall environmental performance consistent with an organization's environmental policy
Core Team	A group of Berkeley Lab employees charged with implementing the essential elements of the Environmental Management System
DOE	Department of Energy
Environment	The surroundings, including air, water, land, natural resources, flora, fauna, humans, and their interrelations, in which an organization operates
Environmental aspect	An activity, product, or service that can interact with the environment
Environmental impact	A change to the environment, whether adverse or beneficial, wholly or partially resulting from an organization's activities, products, or services
Environmental Management Program (EMP)	A formal mechanism that summarizes how the objectives and targets will be achieved, including timescales and personnel responsible for implementing the appropriate actions.
Environmental Management System (EMS)	A systematic approach to ensuring that environmental activities are well managed. It includes organization structure, planning activities, responsibilities, practices, procedures, processes and resources.
Environmental objective	Overall environmental goal that an organization attempts to attain
Environmental target	Detailed performance goal that results from the establishment of an environmental objective. Where practicable, the target will be quantified and include a completion date.
Executive Order	A presidential policy directive that implements or interprets a federal statute, a constitutional provision, or a treaty.
Management review	A review by senior management on the performance of the EMS in relationship to the expectations specified in the ISO 14001 standard.
Operational control	The identification, planning, and management of the organization's operations and activities in line with the policy, objectives and targets, and significant aspects
Senior management	The highest levels of organizational management having the day-to-day responsibilities for managing the organization and the authority to make decisions affecting the site or facility. Also may be referred to as senior leadership or top management.
Significant environmental aspect	An activity, product, or service that has or can have a significant environmental impact. A significant environmental impact will generally result in the establishment of an environmental management program.

## **G. Recordkeeping Requirements**

Recordkeeping requirements are identified in the procedures listed in Implementing Documents section.

## **H. Implementing Documents**

Document number	EHS reference number	Title	Type
N/A	PUB-3180	Environmental Management System Plan	Program
N/A		LBNL Site Sustainability Plan (current version)	Plan
N/A	ESG Procedure 271	Environmental Management System Implementation (Core) Team	Procedure
N/A	ESG Procedure 272	Identification of Significant Environmental Aspects and Impacts for the Environmental Management System	Procedure
N/A	ESG Procedure 273	Environmental Management Programs of the Environmental Management System	Procedure
N/A	ESG Procedure 274	Training for the Environmental Management System	Procedure
N/A	ESG Procedure 275	Assessments and Audits of the Environmental Management System	Procedure
N/A	ESG Procedure 276	Management Review of the Environmental Management System	Procedure

## I. Contact Information

Environmental Services Group  
EHS Division  
[PATHorson@lbl.gov](mailto:PATHorson@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2013	0	P. Thorson	Rewrite for wiki (brief)	All	Minor
9/24/2013	1	P. Thorson	Rewrite for wiki (policy)	All	Minor

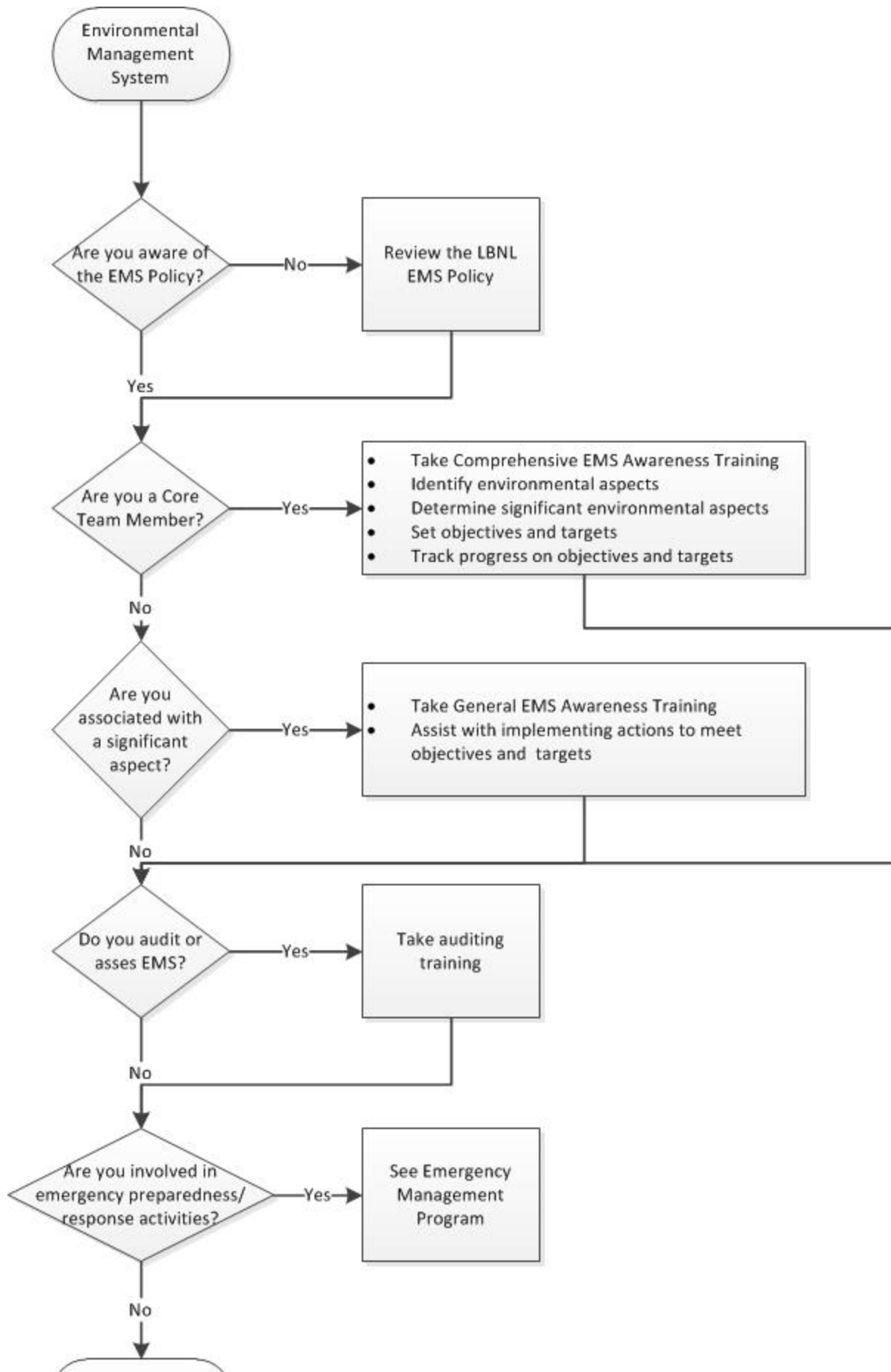
### Process

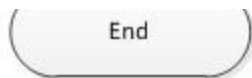
Title:	Environmental Management System
Publication date:	9/24/2013
Effective date:	4/3/2009

## PROCESS

### Roles in Implementing the Berkeley Lab Environmental Management System (Applicable to all Berkeley Lab Employees, Affiliates, Subcontractors, and Visitors)







**Document Information**

**DOCUMENT INFORMATION**

Title:	Environmental Management System
Document number	07.09.002.000
Revision number	1
Publication date:	9/24/2013
Effective date:	4/3/2009
Next review date:	9/24/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Section 11.3.3

**Source Requirements Documents**

- DOE O 436.1, *Departmental Sustainability*
- Executive Order 13423, *Strengthening Federal Environmental, Energy and Transportation Management*
- Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*
- Contract 31, Clause I.139, DEAR 970.5223-6, Executive Order 13423, *Strengthening Federal Environmental, Energy and Transportation Management*
- Contract 31, Clause I.145, FAR 52.223-19, *Compliance with Environmental Management Systems*

**Other Driving Requirements**

- ISO 14001:2004(E), *Environmental Management Systems – Requirements with guidance for use*

**Implementing Documents**

Document number	EHS reference number	Title	Type
N/A	PUB-3180	<a href="#">Environmental Management System Plan</a>	Program
N/A		<a href="#">LBNL Site Sustainability Plan (current version)</a>	Plan
N/A	ESG Procedure 271	<a href="#">Environmental Management System Implementation (Core) Team</a>	Procedure
N/A	ESG Procedure 272	<a href="#">Identification of Significant Environmental Aspects and Impacts for the Environmental Management System</a>	Procedure
N/A	ESG Procedure 273	<a href="#">Environmental Management Programs of the Environmental Management System</a>	Procedure
N/A	ESG Procedure 274	<a href="#">Training for the Environmental Management System</a>	Procedure
N/A	ESG Procedure 275	<a href="#">Assessments and Audits of the Environmental Management System</a>	Procedure
N/A	ESG Procedure 276	<a href="#">Management Review of the Environmental Management System</a>	Procedure



# Environmental Monitoring

## Brief

Title:	Environmental Monitoring
Publication date:	2/19/2013
Effective date:	2/19/2013

## BRIEF

### Policy Summary

Berkeley Lab monitors Laboratory activities with potential to adversely impact public health or environmental quality. Berkeley Lab's environmental-monitoring program consists of four major activities:

- **Effluent Monitoring:** The collection and analysis of samples, or measurements of liquid and gaseous effluents, for the purpose of characterizing and quantifying contaminants, assessing radiation exposures to members of the public, providing a means to control effluents at or near the point of discharge, and demonstrating compliance with applicable standards and permit requirements.
- **Environmental Surveillance:** The collection and analysis of samples, or direct measurements, of air, water, soil, vegetation, and other media from the Berkeley Lab site and its environs for the purpose of determining compliance with applicable standards and permit requirements, assessing radiation exposures to members of the public, and assessing the effects, if any, on the local environment
- **Meteorological Monitoring:** The collection of representative meteorological data to characterize atmospheric transport and diffusion conditions in the vicinity of Berkeley Lab, and to represent conditions that are important to environmental surveillance activities, such as air quality monitoring and exposure assessments
- **Pre-operational Monitoring:** An environmental study conducted prior to the start-up of a new facility, or a process for the purpose of establishing a baseline for environmental conditions

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors who measure potentially harmful environmental discharges or emissions and report the information to DOE or external regulatory agencies

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH62.html>

### Contact Information

Environmental Protection Group Manager, Environmental Releases Program Manager  
EHSS Division

## Policy

Title:	Environmental Monitoring
Publication date:	2/19/2013
Effective date:	2/19/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) monitors Laboratory activities that have potential to adversely impact public health or environmental quality. Berkeley Lab's environmental-monitoring program consists of four major activities:

- **Effluent monitoring.** The collection and analysis of samples or the measurement of liquid and gaseous effluents in order to characterize and quantify contaminants, assess radiation exposures to members of the public, provide a means to control effluents at or near the point of discharge, and demonstrate compliance with applicable standards and permit requirements
- **Environmental surveillance.** The collection and analysis of samples or direct measurements of air, water, soil, vegetation, and other media from the Berkeley Lab site and its environs in order to determine compliance with applicable standards and permit requirements, assess radiation exposures to members of the public, and assess the effects, if any, on the local environment
- **Meteorological monitoring.** The collection of representative meteorological data to characterize atmospheric transport and diffusion conditions in the vicinity of Berkeley Lab, and to report conditions important to environmental surveillance activities such as air-quality monitoring and exposure assessments
- **Pre-operational monitoring.** An environmental study conducted prior to the start-up of a new facility, or a process to establish a baseline for environmental conditions

## B. Persons Affected

All Berkeley Lab employees, visitors, affiliates, and subcontractors who measure potentially harmful environmental discharges or emissions and report the information to the Department of Energy (DOE) or external regulatory agencies

## C. Exceptions

None

## D. Policy Statement

1. Berkeley Lab's Environmental Monitoring Program helps ensure that Laboratory activities are conducted in a manner that protects public health and maintains environmental quality.
2. The Environmental Services Group prepares, implements, and maintains the Environmental Monitoring Plan and performs the environmental monitoring activities.
3. Information about environmental monitoring activities is reported annually in the Berkeley Lab [Site Environmental Reports](#).
4. Meteorological monitoring data is collected every 15 minutes from a 20-meter weather tower located on site. The tower measures wind speed and direction, temperature, dew point, barometric pressure, solar radiation, and precipitation.

## E. Roles and Responsibilities

Role	Responsibility
Principal Investigators and Supervisors	<ul style="list-style-type: none"> <li>• Ensure that environmental laws, regulations, and policies are followed</li> <li>• Request technical advice from the Environmental Services Group on environmental requirements and an appropriate compliance strategy</li> <li>• Provide employee training in operational requirements pertaining to environmental protection, and maintain records of such training</li> <li>• Ensure that activities are performed within acceptable operating standards and that required records are current</li> <li>• Notify the Environment, Health, Safety, and Security (EHSS) Division immediately of unplanned accidental releases</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable environmental laws, regulations, and policies</li> <li>• Must be fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li> <li>• Adhere to all environmental requirements contained in Berkeley Lab air permits for their facility</li> <li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li> <li>• Ensure that exposures of the public and the environment to radioactive emissions are kept as low as is reasonably achievable</li> <li>• Participate in programs for energy conservation, recycling, pollution prevention, and waste minimization</li> <li>• Take immediate action to stop unplanned releases to the environment, and report all instances of unplanned environmental releases to EHSS</li> <li>• Complete all required training provided by supervisors and EHSS</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Laboratory policies and procedures to assure that operations are conducted in an environmentally safe manner and fully comply with all applicable environmental laws, regulations, and DOE orders</li> <li>• Prepares environmental compliance plans and reports as mandated by environmental laws, regulations, and DOE orders</li> <li>• Assesses current and planned Berkeley Lab programs, and assists in defining environmental protection compliance upgrades and corrective actions</li> <li>• Identifies significant institutional environmental compliance issues, and develops cost-effective mechanisms for resolving them</li> <li>• Performs environmental dose assessments to document that radiation doses to the public and environment are maintained well below applicable standards and regulations</li> <li>• Prepares budget requests for, and manages, environmental-protection upgrades and corrective actions for institutional projects</li> <li>• Provides training, makes presentations, and participates in discussions regarding environmental-protection matters with Berkeley Lab employees, regulatory agencies, concerned public citizens, community organizations, and the media</li> <li>• Manages the preparation of environmental operating permit applications</li> <li>• Curtails or suspends operation posing an immediate danger to members of the public or the environment</li> <li>• Monitors Laboratory emissions and discharges to the environment to verify compliance with applicable regulations and permits</li> <li>• Investigates reports of unplanned environmental releases, and notifies federal, state, and local authorities in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by regulatory agencies and DOE</li> <li>• Responds to information requests from the public</li> <li>• Participates in DOE audits of off-site analytical laboratories to ensure the quality of analytical results received for environmental monitoring programs</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
As low as reasonably achievable (ALARA)	An approach to radiological management and control intended to keep exposures (individual and collective) to the general public and the environment at levels as low as is reasonable, taking into account social, technical, economic, practical, and public-policy considerations. As used in the Berkeley Lab Environmental Monitoring Program, ALARA is not a dose limit but a process with the objective of attaining doses as far below the applicable controlling limits as is reasonably achievable.
Bay Area Air Quality Management District (BAAQMD)	The local agency that regulates stationary sources of regulated or hazardous air pollutants in the San Francisco Bay Area
Department of Toxic Substances Control (DTSC)	The department within the California Environmental Protection Agency that regulates remedial actions
East Bay Municipal Utility District (EBMUD)	The local municipal wastewater treatment facility that accepts and regulates sanitary sewer discharges from Berkeley Lab
Effluent	Any treated or untreated liquid discharge from Berkeley Lab or from a Laboratory facility
Emission	Any filtered or unfiltered substance released to the air from Berkeley Lab or from a Laboratory facility
Environmental monitoring	The collection and analysis of environmental samples or direct measurements of environmental media. Environmental monitoring consists of three major activities: effluent monitoring, environmental surveillance, and meteorological monitoring.
Environmental surveillance	The collection and analysis of samples, or direct measurements of air, water, soil, foodstuff, biota, and other media from Berkeley Lab and its environs in order to determine compliance with applicable standards and permit requirements, assess radiation exposures of members of the public, and assess the effects, if any, on the local environment
Environmental occurrence	Any sudden or sustained deviation from a regulated or planned performance at an operation that has environmental protection and compliance significance
Hazardous air pollutant	Any pollutant listed in Section 112(b) of the Clean Air Act
Publicly Owned Treatment Works (POTW)	A general term used for sewage treatment plants. The EBMUD plant is the POTW that accepts sewage from Berkeley Lab.
Radionuclide	A natural or manmade atom that spontaneously undergoes radioactive decay
Regulated air pollutants	Pollutants controlled by standards authorized by the Clean Air Act. They include the classes of substances defined as nitrogen oxides, volatile organic compounds, toxic air contaminants, or ozone-depleting substances.
State Water Resources Control Board (SWRCB)	The agency responsible for promulgating the California General Permit for Storm Water Discharge Associated with Industrial Activities. At Berkeley Lab, this permit is administered and enforced by the San Francisco Regional Water Quality Control Board, with assistance from the city of Berkeley.
Underground storage tank (UST)	A stationary device designed to contain an accumulation of hazardous material or waste. A UST is constructed primarily of non-earthen material, but its entire surface area is totally below the surface of, and covered by, the ground.
United States Environmental Protection Agency	A federal agency responsible for enforcing environmental laws. In California, some of this responsibility is typically delegated to state and local regulatory agencies.

## **G. Recordkeeping Requirements**

## H. Implementing Documents

Document Number	EH&S Reference	Title	Type
07.09.011.001	ES&H Manual (PUB-3000), Chapter 62	Environmental Monitoring	Program
07.09.011.002	ES&H Manual (PUB-3000), Chapter 62, Work Process A	Environmental Monitoring	Process
07.09.011.003	LBNL-PUB-3180-2009	Environmental Management System Plan	Plan

## I. Contact Information

Environmental Protection Group Manager, Environmental Releases Program Manager  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
7/5/2012	0	R. Pauer	Rewrite for the wiki (brief)	All	Minor
2/19/2013	1	R. Pauer	Rewrite for wiki (policy)	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Environmental Monitoring
Document number	07.09.011.000
Revision number	1
Publication date:	2/19/2013
Effective date:	2/19/2013
Next review date:	2/19/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.5 moved to Chapter 62

## Source Requirements Documents



Regulations, Requirements, Guidelines	Topic	Oversight Agency
10 CFR 20.2003	Disposal by Release to the Sanitary Sewerage	EPA
17 CCR 30253	Standards for Protection Against Radiation	EBMUD, DPH
22 CCR 64443	Domestic Water Quality Maximum Contaminant Level for Radioactivity	RWQCB
23 CCR 2550 and 2610	Underground Storage Tanks	RWQCB
23 CCR 2610-2727	Underground Storage Tanks	City of Berkeley
40 CFR Part 122-125	National Pollutant Discharge Elimination System Regulations, including Stormwater Discharge (Clean Water Act)	SWRCB, RWQCB
40 CFR Part 136	Guidelines Establishing Test Procedures for the Analysis of Pollutants (under the Clean Water Act)	EPA
40 CFR Part 280	Standards and corrective actions for owners and operators of USTs	City of Berkeley
40 CFR Part 401, Subchapter N	Effluent Guidelines and Standards (Clean Water Act)	EBMUD
40 CFR Part 50	National Primary and Secondary Ambient Air Standards	EPA
40 CFR Part 60	Standards of Performance for New and Modified Stationary Sources	BAAQMD
40 CFR Part 61	National Emission Standards for Hazardous Air Pollutants	EPA
40 CFR 403, Subchapter N	General Pretreatment Regulations for Existing and New Sources of Pollution	EBMUD
California Health and Safety Code 25280-25299	Underground Storage Tanks	City of Berkeley
DOE Order 450.1A	Environmental Protection Program	DOE
DOE Order 458.1 Change 2	Radiation Protection of the Public and Environment	DOE

## Other Driving Requirements

Regulations, Requirements, Guidelines	Topic	Oversight Agency
40 CFR Part 58	Ambient Air Quality Surveillance	EPA
DOE-STD-1153-2002	A Graded Approach for Evaluating Radiation Doses to Aquatic and Terrestrial Biota	DOE
SW-846	Test Methods for Evaluating Solid Waste	EPA

## Implementing Documents

Document Number	EH&S Reference	Title	Type
07.09.011.001	ES&H Manual, Chapter 62	<a href="#">Environmental Monitoring</a>	Program
07.09.011.002	ES&H Manual, Chapter 62, Work Process A	<a href="#">Environmental Monitoring</a>	Process
07.09.011.003	LBNL-PUB-3180-2009	<a href="#">Environmental Management System Plan</a>	Plan

# Environmental Radiological Protection

## Brief

Title:	Environmental Radiological Protection
Publication date:	3/7/2013
Effective date:	12/18/2012

## BRIEF

### Policy Summary

This policy describes Berkeley Lab's approach to protect the public and the environment against undue risk from radiation associated with radiological activities. This policy ensures that potential exposure to the public and environment from Berkeley Lab activities are as low as reasonably achievable by limiting:

- Emissions of radionuclides into the air
- Discharges of radioactive liquids to the sanitary sewer
- Doses from radioactive waste management
- Radiological contamination of groundwater
- Doses from property released for reuse

### Who Should Read This Policy

Berkeley Lab managers, supervisors, employees, and affiliates who plan to work with or support work with radiation-generating equipment or radioactive materials

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH50.html>

### Contact Information

For assistance regarding environmental radiological protection, contact:  
The Air Quality: Environmental/Radioactive Subject Matter Expert

## Policy

Title:	Environmental Radiological Protection
Publication date:	3/7/2013
Effective date:	12/18/2012

## POLICY

### A. Purpose

This policy describes the Lawrence Berkeley National Laboratory (Berkeley Lab) approach to protecting the public and the environment against undue risk from radiation associated with radiological activities. This policy ensures that doses to the public and animal and plant life from Berkeley Lab activities are as low as reasonably achievable (ALARA) by limiting:

- Emissions of radionuclides into the air
- Discharges of radioactive liquids to the sanitary sewer and storm-water systems
- Radiological contamination of groundwater, drinking water, and soil
- Exposure of animal and plant life to radionuclide emissions and discharges

## B. Persons Affected

Berkeley Lab managers, supervisors, employees, and affiliates who plan to work with or support work with radiation-generating equipment or radioactive materials

## C. Exceptions

None

## D. Policy Statement

Berkeley Lab has an established and implemented program to protect the public and the environment against undue risk from radiation associated with radiological activities. Using a graded approach, this program is tailored to Berkeley Lab activities. The program ensures compliance with public dose limits and ensures that potential radiation exposure to the public and environment from Berkeley Lab activities is as low as reasonably achievable.

## E. Roles and Responsibilities

Role	Responsibilities
Principal Investigators and Supervisors	<ul style="list-style-type: none"><li>• Ensure that environmental laws, regulations, and policies are followed</li><li>• Request technical advice from the Environmental Services Group on pertinent environmental requirements and appropriate compliance strategies</li><li>• Ensure that activities are performed within acceptable operating standards and that any required records are current</li><li>• Notify the Environment, Health, Safety, and Security (EHSS) Division immediately of any unplanned accidental releases</li></ul>
Employees	<ul style="list-style-type: none"><li>• Follow applicable environmental laws, regulations, and policies</li><li>• Must be fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li><li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li><li>• Ensure that exposures of the public and the environment to radioactive emissions and discharges are kept as low as reasonably achievable</li><li>• Take immediate action to stop unplanned releases to the environment, and report all instances of unplanned environmental releases to the EHSS Division</li><li>• Complete all required training provided by supervisors and the EHSS Division</li></ul>
Environmental Services Group	<ul style="list-style-type: none"><li>• Develops Laboratory policies and procedures to assure that operations are conducted in an environmentally safe manner and that they fully comply with all applicable environmental laws, regulations, and Department of Energy (DOE) orders</li><li>• Prepares environmental compliance plans and reports as mandated by DOE orders and Environmental Protection Agency (EPA) requirements</li><li>• Assesses current and planned Berkeley Lab programs, and assists in defining environmental protection compliance upgrades and corrective actions</li><li>• Identifies significant institutional environmental compliance issues, and develops cost-effective mechanisms to resolve them</li><li>• Performs environmental dose assessments to document that radiation doses to the public and environment are maintained well below applicable standards and regulations</li><li>• Prepares budget requests for and manages environmental protection upgrades and corrective actions for institutional projects</li><li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li><li>• Monitors radioactive emissions and discharges to the environment to verify compliance with applicable regulations</li><li>• Investigates reports of unplanned environmental releases, and notifies appropriate authorities in a timely manner, as required</li><li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by regulatory agencies and DOE</li><li>• Responds to information requests from the public</li></ul>

## F. Definitions/Acronyms

Term	Definition
As low as reasonably achievable (ALARA)	An approach to radiological management and control that aims to keep exposures to the general public (individual and collective) and the environment at levels as low as are reasonable, taking into account social, technical, economic, practical, and public policy considerations. ALARA is not a dose limit but a process with the objective of attaining doses as far below the applicable controlling limits as can be reasonably achieved.
Effluent	Any treated or untreated liquid discharge from Berkeley Lab or a Laboratory facility
Emission	Any filtered or unfiltered substance released to the air from Berkeley Lab or a Laboratory facility
Environmental monitoring	The collection and analysis of environmental samples or direct measurements of environmental media. Environmental monitoring consists of three major activities: effluent monitoring, environmental surveillance, and meteorological monitoring.
Environmental surveillance	The collection and analysis of samples, or direct measurements of air, water, soil, foodstuff, animal and plant life, and other media from Berkeley Lab and its environs to determine compliance with applicable standards and permit requirements; assess radiation exposures of members of the public; and assess the effects, if any, on the local environment
Environmental occurrence	Any sudden or sustained deviation from a regulated or planned performance at an operation that has environmental protection and compliance significance
Radionuclide	A natural or manmade atom that spontaneously undergoes radioactive decay
United States Environmental Protection Agency (EPA)	A federal agency responsible for enforcing environmental laws, including Clear Air Act regulations for radionuclide air emissions

## G. Recordkeeping Requirements

Environmental Radiation Survey Results maintained by EHSS

## H. Implementing Documents

Document number	Title	Type
07.08.001.001	<i>Radiation Protection</i>	Program
07.09.010.001	<i>Environmental Radiological Protection</i>	Program
07.09.010.002	<i>Work Process A, Environmental Radiological Protection Program</i>	Process

## I. Contact Information

The Air Quality: Environmental/Radioactive Subject Matter Expert

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Wahl	Rewrite for wiki (brief)	All	Minor
3/7/2013	1	L. Wahl	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Environmental Radiological Protection
Document number	07.09.010.000
Revision number	1
Publication date:	3/7/2013
Effective date:	12/18/2012
Next review date:	12/18/2015
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000, Chapter 11, Section 11.3.4 moved to Chapter 50

## Source Requirements Documents

Document number	Title	Type
Department of Energy Order 458.1	<i>Radiation Protection of the Public and the Environment</i> June 6, 2011	Order
Title 40 CFR Part 61, Subpart H (1989, as amended)	Environmental Protection Agency, <i>National Emission Standards for Emissions of Radionuclides Other Than Radon from Department of Energy Facilities</i>	Standard

## Implementing Documents

Document number	Title	Type
07.08.001.001	<i>Radiation Protection</i>	Program
07.09.010.001	<i>Environmental Radiological Protection</i>	Program
07.09.010.002	Work Process A, <i>Environmental Radiological Protection Program</i>	Process

# Environmental Releases Policy

## Brief

Title:	Environmental Releases Policy
Publication date:	3/27/2013
Effective date:	3/27/2013

## BRIEF

### Policy Summary

Berkeley Lab's Environmental Releases Policy ensures that significant accidental releases of hazardous materials, pollutants, or chemical agents are properly reported, investigated, and cleaned up.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who work with hazardous materials and wastes, including personnel who transport hazardous materials

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH51.html>

## Contact Information

Environmental Releases Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Environmental Releases Policy
Publication date:	3/27/2013
Effective date:	3/27/2013

## POLICY

### A. Purpose

The Environmental Releases Policy at Lawrence Berkeley National Laboratory (Berkeley Lab) ensures that significant accidental releases of hazardous materials, pollutants, or chemical agents are properly reported, investigated and cleaned up.

### B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who work with hazardous materials and wastes, including personnel who transport hazardous materials

### C. Exceptions

None

## D. Policy Statement

1. Berkeley Lab must report any significant environmental spills or releases of hazardous materials, pollutants, or chemical agents to the appropriate federal, state and/or local agencies.
2. Line organization is responsible for immediately reporting accidental releases and spills of any magnitude that enter the environment.
3. The Environmental Services Group will investigate all reports of environmental spills or unplanned releases to determine the appropriate reporting and clean up requirements for each instance ([Work Process A, General Requirements](#)).

## E. Roles and Responsibilities

Role	Responsibilities
Principal Investigators and Supervisors	<ul style="list-style-type: none"> <li>• Notify the Environment, Health, Safety, and Security (EHSS) Division immediately of any unplanned environmental releases</li> <li>• Ensure that laws, regulations, and policies pertaining to environmental protection and release reporting are followed</li> <li>• Request technical advice from the Environmental Services Group on appropriate environmental protection requirements and compliance strategies</li> <li>• Provide employee training in operational requirements for preventing environmental releases, and maintain records of such training</li> <li>• Ensure that activities are performed within acceptable operating standards and that any required records are current</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Take immediate action to stop unplanned releases to the environment, and report all instances of unplanned environmental releases to the EHSS Division</li> <li>• Follow applicable laws, regulations, and policies on environmental protection and release reporting</li> <li>• Must be fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li> <li>• Adhere to all environmental requirements contained in regulatory agency permits for their activities</li> <li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li> <li>• Ensure that exposures of the public and the environment to radioactive emissions are kept as low as reasonably achievable</li> <li>• Complete all required training provided by supervisors and the EHSS Division</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Investigates reports of unplanned environmental releases, and notifies appropriate federal, state, and/or local authorities in a timely manner, as required by regulatory agencies and DOE</li> <li>• Develops Laboratory policies and procedures to assure that operations are conducted in an environmentally safe manner and fully comply with all applicable environmental laws and regulations and DOE orders</li> <li>• Assesses current and planned Berkeley Lab programs, and assists in defining environmental protection compliance controls and practices.</li> <li>• Provides training, makes presentations, and participates in discussions regarding environmental protection practices and releases with Berkeley Lab employees, regulatory agencies, concerned public citizens, community organizations, and the media</li> <li>• Curtails or suspends any operations that pose an immediate hazard to members of the public or to the environment</li> <li>• Evaluates environmental releases to determine the potential impacts to environmental and public health, and the appropriate compliance actions</li> <li>• Coordinates and represents Berkeley Lab activities during follow-up inspections by regulatory agencies and DOE</li> <li>• Responds to information requests from regulatory agencies and the public</li> <li>• Participates in DOE audits of off-site analytical laboratories to ensure the quality of analytical results received for environmental samples</li> </ul>

## F. Definitions/Acronyms

See the ES&H Manual [Environmental Releases program](#) for technical terms related to the details of this policy and its implementation.

Term	Definition
As low as reasonably achievable (ALARA)	An approach to radiological management and control intended to keep exposures (individual and collective) to the general public and the environment at levels as low as is reasonable, taking into account social, technical, economic, practical, and public-policy considerations. As used in this manual, ALARA is not a dose limit but a process with the objective of attaining doses as far below the applicable controlling limits as is reasonably achievable.
Effluent	Any treated or untreated liquid discharge from Berkeley Lab or from a Laboratory facility
Emission	Any filtered or unfiltered substance released to the air from Berkeley Lab or from a Laboratory facility
Hazardous air pollutant	Any pollutant listed in Section 112(b) of the Clean Air Act
Hazardous wastes	Wastes exhibiting any of the following characteristics: ignitability, corrosivity, reactivity, or toxicity. In addition, the Environmental Protection Agency has listed specific wastes as hazardous that do not necessarily exhibit these characteristics.
U.S. Environmental Protection Agency	A federal agency responsible for enforcing environmental laws. In California, some of this responsibility is typically delegated to state and local regulatory agencies.

## G. Recordkeeping Requirements

Incident reports maintained by the EHSS Division

## H. Implementing Documents

Document Number	Other Reference Number	Title	Type
07.03.003.001		Environmental Releases	Program
07.03.003.002		Work Process A, <i>General Requirements</i>	Process
07.06.002.001		Emergency Response	Program
	LBNL/PUB-533	Berkeley Lab <i>Master Emergency Program Plan (MEPP)</i>	Plan

## I. Contact Information

[Environmental Releases Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Pauer	Rewrite for wiki (brief)	All	Minor
3/27/2013	1	Pauer	Rewrite for wiki (policy)	All	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	Environmental Releases Policy
Document number	07.03.003.000
Revision number	1
Publication date:	3/27/2013
Effective date:	3/27/2013
Next review date:	3/27/2016
Policy Area:	Incident Review and Reporting
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.1 moved to Chapter 51

## Source Requirements

- Clean Water Act: Section 307, Toxic and Pretreatment Effluent Standards; and Section 311, Oil and Hazardous Substance Liability
- Comprehensive Environmental Response, Compensation and Liability Act, Section 102, Hazardous Substances Releases, Liability, Compensation – Reportable Quantities and Additional Designations
- Resource Conservation and Recovery Act, Section 3001, Identification and Listing of Hazardous Waste
- Clean Air Act, Section 112, Air Pollution Prevention and Control – Air Quality and Emission Limitations – Hazardous air pollutants
- Toxic Substances Control Act, Section 7, Control of Toxic Substances – Imminent hazards
- California Health and Safety Code, Section 25501

## Implementing Documents

Document Number	Other Reference Number	Title	Type
07.03.003.001		Environmental Releases	Program
07.03.003.002		Work Process A, <i>General Requirements</i>	Process
07.06.002.001		Emergency Response	Program
	LBNL/PUB-533	Berkeley Lab <i>Master Emergency Program Plan (MEPP)</i>	Plan

# Equal Employment Opportunity & Affirmative Action - B

Title:	Equal Employment Opportunity & Affirmative Action
Publication date:	1/2/2012
Effective date:	5/13/2009

## BRIEF

### Policy Summary

Berkeley Lab is an equal employment opportunity/affirmative action (EEO/AA) employer. The Laboratory undertakes affirmative action for minorities and women, for persons with disabilities, and for covered veterans.

### Who Should Read This Policy

All employees and applicants for employment

### To Read the Full Policy, Go To:

- <http://www.lbl.gov/Workplace/RPM/R2.01.html#seca>
- <http://www.lbl.gov/Workplace/RPM/R2.01.html#secc>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Equal Employment Opportunity & Affirmative Action
Publication date:	1/2/2012
Effective date:	5/13/2009

## POLICY

### Purpose

Details of this policy have not yet been converted to the new format.

Please go to these pages to find the details:

- <http://www.lbl.gov/Workplace/RPM/R2.01.html#seca>
- <http://www.lbl.gov/Workplace/RPM/R2.01.html#secc>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Equal Employment Opportunity & Affirmative Action
Document number	02.02.003.000
Revision number	0
Publication date:	1/2/2012
Effective date:	5/13/2009
Next review date:	1/2/2015
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01 (C)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.01 (C)

## Source Requirements Documents

- DOE Contract 31, Clause I.24, FAR 52.222-26 Equal Opportunity (MAR 2007)
- DOE Contract 31, Clause I.26, FAR 52.222-35 Equal Opportunity for Veterans (SEP 2010)
- DOE Contract 31, Clause I.27, FAR 52.222-36 Affirmative Action for Workers with Disabilities (OCT 2010)
- DOE Contract 31, Clause I.28, FAR 52.222-37 Employment Reports Veterans (SEP 2010)
- DOE Contract 31, Clause I.89, DEAR 970.5226-1 Diversity Plan (DEC 2000)
- DOE Contract 31, Clause I.90, DEAR 970.5226-3 Community Commitment (DEC 2000)
- (Federal) Executive Order 11246 (1965)
- (Federal) Executive Order 11375 (1967)
- (Federal) Executive Order 11478 (1969)
- (Federal) Vietnam-Era Veterans Adjustment Act (1974)

- University of California Personnel Policies for Staff Members (PPSM) 14, [Affirmative Action](#)
- University of California Office of the President [UC Nondiscrimination and Affirmative Action regarding Academic and Staff Employment](#)
- University of California Office of the President [UC Guidelines for Academic and Staff Affirmative Action Compliance Programs for Minorities and Women, Individuals with Disabilities, Covered Veterans](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Ergonomics

## Brief

Title:	Ergonomics
Publication date:	10/7/2103
Effective date:	10/7/2013

## BRIEF

### Policy Summary

The Ergonomics Program at Berkeley Lab assists all divisions in identifying, preventing, and controlling ergonomic-related risk factors. The goal of the Ergonomics Program is to optimize work practices, software, furniture, tools, and equipment used at Berkeley Lab to increase employee effectiveness and minimize employee exposure to risk factors for work-related musculoskeletal disorders.

### Who Should Read This Policy

All Berkeley Lab employees, affiliates, and Berkeley Lab-supervised subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH17.html>

### Contact Information

Ergo Team  
EHS Division  
[MMAlexandre@lbl.gov](mailto:MMAlexandre@lbl.gov) or [ergo@lbl.gov](mailto:ergo@lbl.gov)

## Policy

Title:	Ergonomics
Publication date:	10/7/2103
Effective date:	10/7/2013

## POLICY

### A. Purpose

The Ergonomics Program facilitates work performed at Lawrence Berkeley National Laboratory (Berkeley Lab) by taking a systematic view of people, their work goals, and their work space, software, and equipment to help create an environment in which people can perform their work safely and effectively.

### B. Persons Affected

All Berkeley Lab employees, affiliates, and Berkeley Lab-supervised subcontractors

### C. Exceptions

None

## D. Policy Statement

The Ergonomics Program at Berkeley Lab assists all Laboratory divisions in identifying, preventing, and controlling ergonomic-related risk factors. The Ergonomics Program strives to be a value-added program that is woven into the safety culture fabric at Berkeley Lab.

The goal of the Ergonomics Program is to optimize work practices, software, furniture, tools, and equipment used at Berkeley Lab to increase employee effectiveness and to minimize employee exposure to risk factors for work-related musculoskeletal disorders.

The Ergonomics Program operates at three levels to achieve these goals:

1. **Prevention:** Work with designers, project managers, vendors, procurement representatives, and end-users to ensure that the tools, equipment, work processes, and computer software are user-friendly and do not present unnecessary risks such as repetition, high force, awkward postures, or wasted time and motion. The emphasis here is designing-out risks before investing in new tools or implementing new processes.
  - a. **Ergo Control Measures:** Provide personnel with general information on understanding and eliminating risk factors, other control measures, and the value of early reporting and intervention. ([Work Process A](#))
  - b. **Office, Lab, and Industrial Ergo:** Provide personnel with general controls for the risks of their specific work. ([Work Process B](#))
2. **Customer Care:** Work with individual employees and supervisors to minimize employee discomfort; make physical and work process changes to mitigate risk factors for musculoskeletal problems; and to accommodate people's sizes and work styles to allow them to work as comfortably and effectively as possible.
  - a. **Ergo Evaluations:** Describe the process for requesting and receiving an ergonomic evaluation of the work area. ([Work Process C](#))
  - b. **Training:** Provides ergonomic training resources. ([Work Process D](#))
  - c. **Support for Off-site/Remote Computer Users:** Describes ergonomic support services for personnel using computers off site. ([Work Process E](#))
3. **Alignment:** Reach out to science and Operations divisions/departments that are faced with challenging ergonomic issues that might impact the health and safety of their employees (e.g., injury-prone tasks, complex material-handling jobs, unique equipment integration, new laboratories). Work with these divisions and their Safety Coordinators to ensure ergonomic program elements are in place, with emphasis on building self-reliance, to mitigate their ergo issues at a local level.
  - a. **Resources:** A list of other ergonomic resources available to Berkeley Lab personnel. ([Work Process F](#))

## E. Roles and Responsibilities

Role	Responsibilities
Division directors	<ul style="list-style-type: none"><li>• Ensure that the work performed by their division is planned and executed to minimize employees' exposure to hazards, including those related to ergonomics</li><li>• Ensure division Integrated Safety Management (ISM) Implementation Plans specifically address ergonomic hazards and controls in practical and meaningful terms, and that these measures are effectively implemented</li><li>• Ensure that the division fully participates in those elements of the Berkeley Lab Ergonomics Program that affecting that division's staff</li><li>• Ensure that managers, supervisors, and work leads address ergonomic hazards as they perform routine safety walk- arounds</li><li>• Work with their Division Safety Coordinator to develop and implement a division-wide Ergonomics Program with emphasis on self-reliance</li></ul>

<p>Managers, supervisors, and work leads</p>	<ul style="list-style-type: none"> <li>• Conduct safety walk-arounds and self-assessments that include observation of ergonomic practices, workplace conditions, and monitoring of employee comfort status</li> <li>• Contact the <a href="#">Ergo Team</a> for assistance with any concerns regarding ergonomic issues</li> <li>• Ensure that employees complete ergonomic training for computer users, laboratory tasks, and manual material handling as needed</li> <li>• Work with employees whose online ergo training results (EHS0058 <i>Ergo Self-Assessment Refresher</i> and EHS0059 <i>Ergo Self-Assessment for Computer Users</i>) indicate that they are in moderate or high risk, and implement corrective actions in their Remedy Interactive risk profile to lower their risk level</li> <li>• Specify and acquire necessary furniture, tools, and accessories that support the types of tasks they supervise and that minimize awkward postures and/or motions</li> <li>• Frequently encourage staff to take hourly rest breaks or to periodically change work activities to minimize repetition and static working postures</li> <li>• Frequently ask staff if they are experiencing any work-related discomfort and encourage early reporting</li> <li>• Request a discomfort evaluation in the <a href="#">Ergo Database</a> for any employee who is experiencing discomfort</li> <li>• During the discomfort evaluation and the ensuing problem-solving process, check in with the employee to make sure changes are producing desirable outcomes and that the employee is making steady progress. If discomfort is not subsiding several weeks after ergonomic changes are in place, send the employee to Health Services.</li> <li>• Request preventive evaluations for employees whose risk exposures might be amplified due to new projects, cyclical spikes in workloads, new technologies, or new work settings</li> <li>• Access the <a href="#">Ergo Database</a> for ergonomic evaluation findings, action items, and information after their employee's ergonomic evaluation, and implement recommendations in a timely manner</li> <li>• Implement actions assigned to a supervisor and monitor the employee's compliance with recommendations from ergo evaluations, including habit/behavioral changes</li> <li>• Ensure work groups with non-computer ergonomic concerns (e.g., those who work in biological and other laboratory settings, custodial services, and manual material handling) request that the Ergo Team provide ergonomic training, review, and/or evaluations focused on such areas, as needed.</li> <li>• Support and monitor employees with ergo-related injuries to ensure they are comfortable and safe. Further information regarding injury review and reporting can be found in the ES&amp;H Manual, Section 5.1, <i>Incident Reviewing and Reporting</i></li> </ul>
<p>Employees</p>	<ul style="list-style-type: none"> <li>• Complete required ergonomics training and the Ergo Self-Assessment for Computer Users and WorkSmart material-handling training (as required)</li> <li>• Properly utilize tools, equipment, and accessories; and perform work safely</li> <li>• Promptly notify your supervisor of the presence of ergonomic risk factors or early signs of musculoskeletal discomfort, even if you are not sure if the discomfort is work-related. Early reporting is essential to reduce the likelihood of developing an injury.</li> <li>• Request an ergonomic evaluation in the <a href="#">Ergo Database</a> if you are concerned with the presence of ergonomic risk factors or discomfort</li> <li>• With assistance from your supervisor and Division Safety Coordinator, implement ergo evaluation recommendations in a timely manner</li> <li>• Report to the Health Services medical clinic for assistance if discomfort/symptoms are severe or if you are not making slow and steady progress in reducing discomfort several weeks after ergonomic changes are in place</li> </ul>
<p>Division Safety Coordinators (DSCs)</p>	<ul style="list-style-type: none"> <li>• Administer the division's Environment, Safety &amp; Health (ES&amp;H) program, including ergonomics. Division Safety Coordinators may also be Division Ergo Advocates and/or work closely with Division Ergo Advocates. Refer to <a href="#">Section 1.7, Roles and Responsibilities</a>, in the General ES&amp;H Requirements, Responsibilities, and Work Practices program of the ES&amp;H Manual for further details.</li> <li>• Work with supervisors and the Ergo Team to triage employees' ergonomic risk exposures and discomfort evaluations to facilitate early intervention</li> <li>• Perform ergonomic walk-throughs to proactively identify ergonomic problems and/or employee discomfort cases</li> <li>• Develop division ergonomics program elements with emphasis on the risk exposures that have the most impact on staff</li> <li>• Manage a small inventory of ergonomic "quick fix" products to reduce response time</li> <li>• Select one or more Ergo Advocates to collaborate with the DSC and the Ergo Team to provide effective coverage of ergonomic issues at multiple locations within each division</li> </ul>

Division Ergo Advocates	<ul style="list-style-type: none"> <li>• Act as a resource to employees, managers, and Division Safety Coordinators for ergonomic-related concerns</li> <li>• Reinforce good work practices to reduce at-risk behaviors</li> <li>• Access the results of employee self-evaluations, such as Remedy Interactive, and follow up with computer users who are at moderate risk (yellow zone) and high risk (red zone)</li> <li>• Perform preventive ergo evaluations for new hires, moves, new computer equipment or processes, and moderate- and high-risk Remedy Interactive profiles</li> <li>• Enter ergonomic evaluation results into the online <a href="#">Ergo Database</a> in a timely manner, and close out ergo evaluations when action items are completed and the employee is satisfied with the results</li> <li>• Assist with move evaluations and ergonomic sweeps as indicated</li> <li>• Refer evaluations involving employee discomfort or complex situations to the Ergo Team</li> <li>• Monitor the implementation and effectiveness of ergonomic interventions</li> <li>• Be familiar with relevant resources including the <a href="#">Ergonomics @LNBL Web site</a>, the <a href="#">Ergo Catalogs Web page</a>, the <a href="#">Ergo Database</a>, the <a href="#">Remedy Interactive</a> system, and <a href="#">RSIGuard</a> break-reminder software</li> </ul>
Ergonomist	<ul style="list-style-type: none"> <li>• Monitors employee risk profiles in Remedy Interactive, and alerts supervisors, Ergo Advocates, and employees to make improvements as needed to lower risk levels</li> <li>• Performs discomfort evaluations to mitigate ergonomic problems and to provide symptom control for employees</li> <li>• Works closely with Health Services staff to address first aid or recordable-injury cases to understand the full scope of an employee's condition, to glean advice on the possible ergonomic solution, and to help case-manage the employee until issues subside</li> <li>• Provides ergonomic fittings of chairs and desks, and uses tests of ergonomic input devices to ensure they produce desirable health outcomes</li> <li>• Adjusts or modifies furniture, equipment, and/or technology to ensure desired health outcomes</li> <li>• Provides administrative and behavioral techniques, such as rest breaks, keyboard shortcuts, speech recognition, writing recognition, etc., to mitigate risks</li> <li>• Works with divisions on a project basis to do systematic problem-solving on ergo issues that might impact the health and safety of employees</li> <li>• Assists the Division Ergo Advocates with training and consultations on an ongoing basis</li> <li>• Supports Division Ergo Advocates and Division Safety Coordinators in maintaining up-to-date knowledge of the science and art of ergonomics through their participation in professional communications and conferences</li> </ul>
Health Services Group	<ul style="list-style-type: none"> <li>• Maintains a medical management program that includes evaluation of employees with symptoms of work-related musculoskeletal disorders <ul style="list-style-type: none"> <li>• Vision is an important component of ergonomics. Some computer users who wear corrective lenses/contacts should wear lenses designed specifically for computer use. Contact Health Services, ext. 6266, regarding eligibility requirements for computer glasses.</li> <li>• Refer to the <a href="#">Health Services</a> program in the <i>ES&amp;H Manual</i> for further details.</li> </ul> </li> </ul>
Procurement & Property Management Department, Office of the Chief Financial Officer	Prepares purchase requisitions to acquire furniture, equipment, and accessories. The buyers in this department monitor the types of products being ordered to ensure they meet ergonomic criteria specified by the EHS Division.
Facilities Division	Integrates ergonomic considerations into workspace planning, workstation design, building modifications, and move coordination with the goal of accommodating employees of various sizes and job functions while facilitating changes in technology and work processes over time

## F. Definitions/Acronyms



Term	Definition
Discomfort evaluation	Performed by Ergo Team. Requested to address the needs of employees with discomfort.
Ergonomics	The study of human interaction with tools, equipment, software, work processes, and the environment in which people function. The goal is to fit the job to the person. Ergonomics recognizes the capabilities, differences, and limitations of individuals, and adjusts the tools, work process, or work environment accordingly.
Ergonomic evaluation	An ergonomic evaluation (ergo eval) is performed by the Ergo Team to observe a worker's workstation, workplace, and/or behaviors (e.g., body mechanics) to identify risk factors
Manual material handling	Materials being moved directly by people: Includes lifting, carrying, pushing, pulling, reaching, bending, and crouching to move and handle objects manually.
Move evaluation	Performed by the Ergo Team. Can be requested when an office move occurs and an employee wants to ensure the new set up is optimal and safe.
Preventive evaluation	Commonly performed by Ergo Advocates. Can be requested to proactively address ergonomic issues for new or existing employees.
Risk factors	Conditions that contribute to the risk of developing a disorder. In the case of work-related musculoskeletal disorders, these include awkward postures, highly repetitive activities, the application of high forces, static positions (maintained over long periods of time), exposure to hand-arm or whole-body vibration, and exposure of hands or feet to temperatures cold enough to cause discomfort.
Work-related musculoskeletal disorder	The term used for health disorders arising from biomechanical stresses on the body, including those of a cumulative nature. Work-related musculoskeletal disorders are disorders of the muscles, tendons, and/or nerves that develop from or are aggravated by repeated or sustained exertions on the body. Work-related musculoskeletal disorders are also referred to as cumulative trauma disorders, repetitive motion injuries, repetitive strain injuries, repetitive trauma disorders, and overuse injuries.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
07.07.012.001	<a href="#">Ergonomics</a>	Program
07.07.012.002	<a href="#">Work Process A – Ergo Control Measures</a>	Work Process
07.07.012.003	<a href="#">Work Process B – Office, Lab, and Industrial Ergo</a>	Work Process
07.07.012.004	<a href="#">Work Process C – Ergo Evaluations</a>	Work Process
07.07.012.005	<a href="#">Work Process D – Training</a>	Work Process
07.07.012.006	<a href="#">Work Process E – Support for Off-Site/Remote Computer Users</a>	Work Process
07.07.012.007	<a href="#">Work Process F – Resources</a>	Work Process

## I. Contact Information

Ergo Team  
EHS Division  
[MMAlexandre@lbl.gov](mailto:MMAlexandre@lbl.gov) or [ergo@lbl.gov](mailto:ergo@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	I. Janowitz	Reformat for wiki (brief)	All	Minor
10/7/2013	1	M. Alexandre	Rewrite for wiki (policy), new program implemented	All	Major

## Document Information

### DOCUMENT INFORMATION

Title:	Ergonomics
Document number	07.07.012.000
Revision number	1
Publication date:	10/7/2013
Effective date:	10/7/2013
Next review date:	10/7/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHS
Prior reference information (optional)	

### Source Requirements Documents

- 10 CFR 851, *Worker Safety and Health Program*
  - 10 CFR 851.10(a)(1), *General Requirements*
  - 10 CFR 851.11, *Development and Approval of Worker Safety and Health Program*
- American Conference of Governmental Industrial Hygienists (ACGIH), "Threshold Limit Values for Physical Agents," *Ergonomics*, Publication #7DOC-734, 2005

### Implementing Documents

Document number	Title	Type
07.07.012.001	<a href="#">Ergonomics</a>	Program
07.07.012.002	<a href="#">Work Process A – Ergo Control Measures</a>	Work Process
07.07.012.003	<a href="#">Work Process B – Office, Lab, and Industrial Ergo</a>	Work Process
07.07.012.004	<a href="#">Work Process C – Ergo Evaluations</a>	Work Process
07.07.012.005	<a href="#">Work Process D – Training</a>	Work Process
07.07.012.006	<a href="#">Work Process E – Support for Off-Site/Remote Computer Users</a>	Work Process
07.07.012.007	<a href="#">Work Process F – Resources</a>	Work Process

# ES&H Core Policy

Title:	ES&H Core Policy
Publication date:	10/24/2012
Effective date:	11/10/2011

## BRIEF

### Policy Summary

The Environment, Safety & Health (ES&H) Core Policy requires all persons who work at or visit Berkeley Lab to perform all work safely with full regard to the well-being of workers, affiliates, the public, and the environment.

To achieve this, Berkeley Lab has adopted the guiding principles and core functions of the Integrated Safety Management System (ISMS) from Department of Energy (DOE) DEAR Clause 970.5204-2, and incorporated them into the UC-DOE Prime Contract, Contract Number DE-AC02-05CH11231 (Contract 31).

This wiki page presents:

- The Laboratory's ES&H Core Policy and philosophy
- An overview of roles and responsibilities of various stakeholders in the ISMS
- A summary of the Laboratory's Integrated Safety Management (ISM) principles and guidelines, which are fundamental to the Laboratory's ES&H programs
- An illustration of the relationship between this Requirements and Policies Manual (RPM), Contract 31, and the *Health and Safety Manual* (PUB-3000) and its supporting work processes and procedures

### Who Should Read This Policy

All persons who visit or work at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### To Read the ES&H Program Details, Go To:

- <http://www.lbl.gov/ehs/pub3000/CH01/CH01.html>
- <https://commons.lbl.gov/display/rpm2/EHSS+Division+Charter>

### Contact Information

EHSS Division  
[WHWells@lbl.gov](mailto:WHWells@lbl.gov)

Title:	ES&H Core Policy
Publication date:	10/24/2012

Effective date:

11/10/2011

## POLICY

### A. Purpose

This describes the Environment, Safety & Health (ES&H) Core Policy of Lawrence Berkeley National Laboratory.

To achieve this, Berkeley Lab has adopted the guiding principles and core functions of the Integrated Safety Management System (ISMS) from Department of Energy (DOE) DEAR Clause 970.5204-2, and incorporated them into the UC-DOE Prime Contract, Contract Number DE-AC02-05CH11231 (Contract 31).

### B. To Whom This Applies

All persons who visit or work at Berkeley Lab

### C. Exceptions

None

### D. Policy

1. Berkeley Lab policy requires all work to be performed safely with full regard to the well-being of workers, affiliates, the public, and the environment.
  - a. Keys to implementing this policy are the following core safety values:
    - i. The institution demonstrates a strong commitment to safety by integrating safety into all facets of work.
    - ii. Managers, supervisors, and work leads are actively involved and demonstrate leadership in performing work safely.
    - iii. Individuals take ownership to work safely and continuously strive to improve.
    - iv. Individuals demonstrate an awareness and concern for the safety of others and strive to prevent harm to other workers, the general public, and the environment.
2. Berkeley Lab has adopted the DOE Integrated Safety Management System (ISMS) approach for establishing ES&H policies and programs. This is a requirement in Contract 31, Clause I.86, DEAR 970.5223-1, *Integration of Environment, Safety, and Health into Work Planning and Execution (Dec 2000)*.
3. Berkeley Lab's overall ES&H philosophy is as follows:
  - a. In the context of carrying out the Laboratory's technical missions, ES&H policies and programs are the most important day-to-day consideration given the emphasis on doing good science.
  - b. Accidents are preventable by each individual and responsible organization paying close attention to potential hazards and taking appropriate action.
  - c. Responsible stewardship of environmental resources is an integral part of ES&H management, and results in the reduction of environmental impacts locally, regionally, and globally.
  - d. The Laboratory recognizes that humans are fallible and that everyone makes errors. The most common causes of human error are weaknesses in the organization, not lack of skill or knowledge. When events occur, management's first reaction should be to look within the organization rather than to blame an individual.
  - e. Managers, supervisors, safety line managers, and work leads are responsible for ensuring that an adequate system is in place to carry out work safely while also being environmentally responsible. An identifiable line management chain is ultimately responsible for each work activity.
  - f. Each supervisor and safety line manager is expected to ensure that all individuals reporting to him or her understand the ES&H expectations, governing work controls, and the means by which they can safely and successfully perform their assignments while providing stewardship of the environmental resources in their care.
  - g. Each individual is directly responsible for ensuring his or her own safety and environmental stewardship, looking out for fellow workers, and promoting a safe, healthful, and environmentally sound workplace and community. Individuals may participate in setting policy, establishing coordinating processes, and assessing and improving activities. All individuals must follow ES&H-related work instructions. If the work instructions cannot be followed safely or present a new hazard, the employee is responsible for notifying the appropriate individuals and assisting, as appropriate, in modifying the work instructions.

- h. Employees, contractors, and affiliates are held accountable for their performance with respect to ES&H policies and principles.
4. The Laboratory's *Integrated Environment, Safety & Health Management Plan* (PUB-3140) describes the institutional management system requirements for all operations associated with this ES&H Core Policy. The Laboratory's *Health and Safety Manual* (PUB-3000) describes detailed and technical work processes.
5. New – or changes to existing – ES&H policies or implementing programs and documents must comply with the Laboratory's *Requirements Management Policy* (document number 04.04.001.000) and *Document Management Policy* (document number 10.06.001.000).

## E. Roles and Responsibilities

The principal roles and responsibilities of the various stakeholders in the ISMS are listed in the table below. A complete list of stakeholders and their responsibilities is in PUB-3000, Chapter 1, [Section 1.4](#).

Role	Responsibility
Laboratory Director	<ul style="list-style-type: none"> <li>• Has ultimate responsibility for safety at the Laboratory, and for the establishment and administration of ES&amp;H policies, including implementation of the <i>Integrated Environment, Safety &amp; Health Management Plan</i> (PUB-3140)</li> <li>• Ensures that ES&amp;H policies meet the requirements of Contract 31 and the Laboratory ES&amp;H Standards Set, and carries out the terms of Contract 31 between the University of California and DOE</li> <li>• Delegates responsibility for ES&amp;H policy making, implementation, and daily operation of ES&amp;H programs to the Associate Laboratory Director for Operations/Chief Operating Officer</li> <li>• In his or her absence, delegates overall ES&amp;H responsibility to senior management in the normal chain of command</li> </ul>
Associate Laboratory Director for Operations/Chief Operating Officer	<ul style="list-style-type: none"> <li>• Is responsible for ES&amp;H policy making and implementation and the daily operation of ES&amp;H programs</li> <li>• Delegates to the Environment, Health &amp; Safety (EH&amp;S) Division Director responsibilities for developing and publishing the Laboratory's ES&amp;H policies, developing and operating effective service and support programs, and ensuring that Laboratory ES&amp;H objectives and requirements are met</li> <li>• Delegates to the EH&amp;S Division Director and his or her staff responsibility for stopping unsafe work activities in the absence of cognizant line management or work leads</li> <li>• Manages requests for variances from DOE orders and regulations and appeals for denials of variances from Laboratory policy</li> <li>• Provides oversight of the <a href="#">LBNL Employee Concerns Program</a></li> </ul>
Division directors and heads of independent departments	<ul style="list-style-type: none"> <li>• Ensure that the Laboratory's ES&amp;H policies are observed within their divisions</li> <li>• Develop and implement Division ISMS implementation plans tailored to the work and to the hazards found in their divisions</li> <li>• Ensure that their divisions provide sufficient resources for division ES&amp;H efforts</li> <li>• Ensure that clear roles and responsibilities for compliance with all applicable ES&amp;H policies are defined within their divisions</li> <li>• Ensure that their divisions' research projects, work locations, and unique work activities are evaluated for potential hazards, and that safety controls are specified and implemented</li> </ul>
Laboratory managers, supervisors, and work leads	<ul style="list-style-type: none"> <li>• Protect their staff, other workers, the public, and the environment by ensuring a safe and healthful working environment that is free from undue hazards</li> <li>• Integrate ES&amp;H into all work activities</li> <li>• Ensure that all people under their supervision are properly trained in safety and emergency procedures, ISMS concepts, and the five core ISM functions</li> <li>• May delegate authority and assign responsibility for particular operations, activities, or areas to others, but must retain accountability for worker and workplace safety</li> </ul>
All persons at the Laboratory	<ul style="list-style-type: none"> <li>• Take ownership for safety by protecting themselves, other workers, the public, and the environment</li> <li>• Adopt and practice ISM concepts and core functions by integrating ES&amp;H into all work activities</li> <li>• Actively communicate ES&amp;H and ISM issues to promote continuous improvement</li> </ul>

EH&S Division	<ul style="list-style-type: none"> <li>• Protects workers, the public, and the environment by providing professional and technical expertise and follow-up services, and integrating ES&amp;H policies into the Laboratory's research and support programs</li> <li>• Supports and partners with line management by incorporating the protection of workers, the public, and the environment into the primary research and support functions of each division or unit</li> <li>• Supports and provides expertise directly to each Laboratory worker who seeks ES&amp;H advice and help, or who voices a concern</li> </ul> <p>See document number 07.01.002.000, <a href="#">EH&amp;S Charter</a>.</p>
Safety Advisory Committee (SAC)	<ul style="list-style-type: none"> <li>• Makes recommendations to the EH&amp;S Division Director on the development and implementation of the ES&amp;H Core Policy, guidelines, codes, and regulatory interpretation</li> <li>• Performs research for and makes recommendations to the Laboratory Director on the development and implementation of ES&amp;H policies, guidelines, codes, and regulatory interpretation</li> <li>• Conducts reviews of special safety problems, and recommends possible solutions if requested by the Laboratory Director</li> <li>• Reviews appeals concerning disagreements between a division and the EH&amp;S Division on the interpretation or application of criteria, rules, or procedures, and advises the Associate Laboratory Deputy for Operations/Chief Operating Officer. Such advice and counsel may include options for a resolution.</li> <li>• Is responsible for scheduling and conducting the portion of institutional self-assessment known as the ES&amp;H Peer Review in cooperation with the Office of Contractor Assurance (OCA)</li> </ul> <p>See the <a href="#">SAC Web site</a> for the SAC Charter and other information about the SAC.</p>
Office of Contractor Assurance (OCA)	<ul style="list-style-type: none"> <li>• Supports the SAC in planning and conducting ES&amp;H Peer Reviews</li> <li>• Manages the Division ES&amp;H Self-Assessment Program</li> <li>• Supports the EH&amp;S Division Director in ES&amp;H Technical Assurance Program, Contract 31, and Appendix B self-assessments (see document number 04.03.001.000, <a href="#">Quality Assurance Policy</a>, or <a href="#">RPM Section 8.01</a>)</li> <li>• Analyzes all self-assessment reports to improve the effectiveness of the technical and management aspects of Laboratory ES&amp;H programs</li> </ul> <p>See the <a href="#">OCA Web site</a> for the OCA Charter and other information about the OCA.</p>

## F. Definitions/Acronyms

Terms	Definitions
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: facility users, scientific collaborators, students
Contract 31	U.S. Department of Energy Contract No. DE-AC02-05CH11231, also referred to as the UC-DOE Prime Contract or Contract 31. The Contract describes the terms for UC's management of Berkeley Lab. The Contract includes a statement of work (SOW) for the science missions, and details the requirements for managing the operations and business of Berkeley Lab.
EH&S	Environment, Health & Safety (the Laboratory division)
ES&H	Environment, Safety & Health (the subject matter associated with DOE programs)
ES&H Peer Reviews	Periodic reviews designed to ensure management systems consistent with ISM are in place at all Laboratory divisions, and that these systems lead to the effective implementation of the Laboratory's ES&H programs. Results are submitted to the division directors.
ISM	Integrated Safety Management

ISMS	Integrated Safety Management System
Matrixed Employees	Persons from one division (the home division) who provide special technical expertise for another division (the host division)
Supervisor (HEERA)	Supervisory employees are defined by the Higher Education Employer-Employee Relations Act (HEERA) as "any individual, regardless of the job description or title, having authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward or discipline other employees, or responsibility to direct them, or to adjust their grievances, or to effectively recommend such action, if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgment. Employees whose duties are substantially similar to those of their subordinates shall not be considered to be supervisory employees."
Visitors	Individuals who are visiting the Laboratory for typically one week or less and are not engaged in Laboratory research or use of Laboratory facilities. Examples of visitors are meeting attendees or speakers, participants in scientific discussions, tour groups, and interviewees.
Work Lead	A work lead is anyone who directs, trains, and/or oversees the work and activities of one or more workers. Work leads provide instruction on working safely, and on the precautions necessary to use equipment and facilities safely and effectively. Work leads do not need to be line managers, HEERA-designated supervisors, or Laboratory employees.
Workers	Defined broadly to include anyone who performs work at or for the Laboratory. Individuals who work at the Laboratory, including but not limited to employees, affiliates, and contractors.

## G. Recordkeeping Requirements

See the [PUB-3000](#) for record-keeping requirements associated with an ES&H program's work processes.

## H. Implementing Documents

Document Number	Other Reference	Title	Type
PUB-3000		<i>Health and Safety Manual</i>	Manual
07.01.001.001	PUB-3000, Ch. 1, Section 1.6	General Policy and Responsibilities, <a href="#">Required Work Processes</a>	Work Process
07.10.002.001	PUB-3000, Chapter 20	<a href="#">Waste Management</a>	Program
07.08.001.001	PUB-3000, Chapter 21	<a href="#">Radiation Safety</a>	Program
07.07.004.001	PUB-3435E	<i>Biosafety Manual</i>	Program
07.09.002.001	PUB-3180	Environmental Management System	Program
		<a href="#">Safety Advisory Committee Charter</a>	Charter

## I. Related Berkeley Lab Policies

- Requirements Management Policy, 04.04.001.000
- Document Management Policy, 10.06.001.000

## J. Contact Information

EHSS Division  
 WHWells@lbl.gov


## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	W. Wells	Re-write for wiki	all	Minor
8/31/2012	1.1	W. Wells	Revision to ISM tab	ISM tab	Minor
10/24/2012	1.2	W. Wells	Revision to Integrated Safety Management System Overview tab	Integrated Safety Management System Overview tab	Minor
2/20/2013		M. Wisherop	Changed PUB-3000 Chapter 2 link to RPM EHSS Charter	BRIEF/To Read the ES&H Program Details, Go To:	Editorial

Title:	ES&H Core Policy
Publication date:	10/24/2012
Effective date:	11/10/2011

## INTEGRATED SAFETY MANAGEMENT SYSTEM OVERVIEW

Berkeley Lab has adopted the principles and functions of the Integrated Safety Management (ISM) system to assure that work is performed safely. All employees and visitors at Berkeley Lab are expected to exercise the ISM process whenever they plan or do work. The five ISM core functions are as follows:

<ul style="list-style-type: none"> <li>• Define the scope of work</li> <li>• Analyze the hazards</li> <li>• Develop and implement hazard controls</li> <li>• Perform work within controls</li> <li>• Provide feedback for continuous improvement</li> </ul>	
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The seven guiding principles of ISM are as follows:

- Line management responsibility for safety



- Clear roles and responsibilities
- Competence commensurate with responsibilities
- Balanced priorities
- Identification of safety standards and requirements
- Hazard and environmental controls tailored to the work being performed
- Operations are authorized

The ISM core functions and guiding principles are reflected in Berkeley Lab's detailed policies and procedures. Principal investigators, managers, supervisors, and work leads are expected to incorporate these principles into the management of their work activities. They are also responsible for integrating ES&H requirements into work procedures, and for ensuring active, rigorous communication between the management chain and the workforce. Specific details on responsibilities at each level are described in the *ES&H Core Policy* and *ES&H General Requirements, Responsibilities, and Work Practices*.

## Implementing the ISM Process

The seven guiding principles of ISM are achieved through implementing the five ISM core functions, which must become part of every aspect of work at Berkeley Lab.

### 1. Define the Scope of Work (Work Planning)

Missions are translated to work, expectations are set, tasks are identified and prioritized, and resources are allocated.

### 2. Analyze the Hazards

Hazards and risks associated with the work to be performed are identified, analyzed, and categorized as to impact on employees, public, and the environment. A formal hazard analysis is performed using a graded approach, and tailored to the work and workers. Each worker has an individual Job Hazards Analysis (JHA) for the tasks he or she will perform. Subcontractors use a similar process called the Subcontractor Job Hazards Analysis (sJHA) for nonconstruction work, or the Construction JHA for construction work.

EHSS provides a number of special-purpose institutional data tracking systems in which hazards must be identified for analysis and communication (e.g., Activity Hazard Document (AHD), Chemical Management System (CMS), Laser Management System, RADAR). The Hazard Management System (HMS) is used to collect baseline hazard information for a work location, in part, to determine if higher-level hazard analysis and authorization is required. It also provides a hub to compile institutional hazard identification and tracking systems. For example, the Facilities Division planning data system, Maximo, references the HMS to identify location-based hazards when planning work.

### 3. Develop and Implement Controls

Controls are established based on identified applicable standards and requirements to reduce the risks to acceptable levels. Acceptable levels are determined by responsible line management or work leads, but are always in conformance with all applicable laws and the ES&H Standards Set included in Contract 31, and as described in the hazard-control programs developed in the EHSS Manual.

### 4. Perform Work within Controls

Activities are conducted in accordance with controls, procedures, requirements, and authorizations.

### 5. Feedback and Continuous Improvement

Information is gathered from employee suggestions, assessments, lessons learned, operational awareness, and worker/customer/regulator and stakeholder feedback, as appropriate, to improve the work activity.

Supervisors and work leads must regularly review work practices and operations in light of any new hazard information or changes in actual work practices. Occurrence reporting, self-assessment, peer reviews, and lessons learned can be used as ways of improving the cost-effectiveness and reliability of hazard controls (engineering and administrative). Based on findings from occurrence reporting and other assessments, improvements are made to work planning and, in rare instances, used as a basis for changing line management responsibility, roles and responsibilities, worker competence, or other appropriate parts of the work cycle.

To ensure continued effectiveness, periodic reviews of procedures and operations are conducted by each division, the EHSS Division, and the Safety Advisory Committee (SAC). Each division conducts an annual self-assessment based on Office of Institutional Assurance guidelines and divisional areas of interest. The EHSS Division assesses the effectiveness of divisions' programs and processes on a triennial basis (more frequently if deemed necessary or if required by regulation). The SAC also conducts Management of Environment, Safety & Health (MESH) Reviews on a triennial basis. Special assessments and peer reviews may also be conducted as needed under the coordination of the EHSS Division Director.

## Source Requirements Documents for ISM

- Contract 31, Clause I.86, DEAR 970.5223-1, *Integration of Environment, Safety, and Health into Work Planning and Execution* (DEC 2000)

## Implementing Documents for ISM

Document Number	Title	Type
07.01.001.000	<a href="#">ES&amp;H Core Policy</a>	Policy
PUB-3000	<a href="#">Health and Safety Manual</a>	Manual
PUB-3140	<a href="#">Integrated Environment, Safety &amp; Health Management Plan</a>	Plan

## Contact Information

EHSS Division  
[WHWells@lbl.gov](mailto:WHWells@lbl.gov)

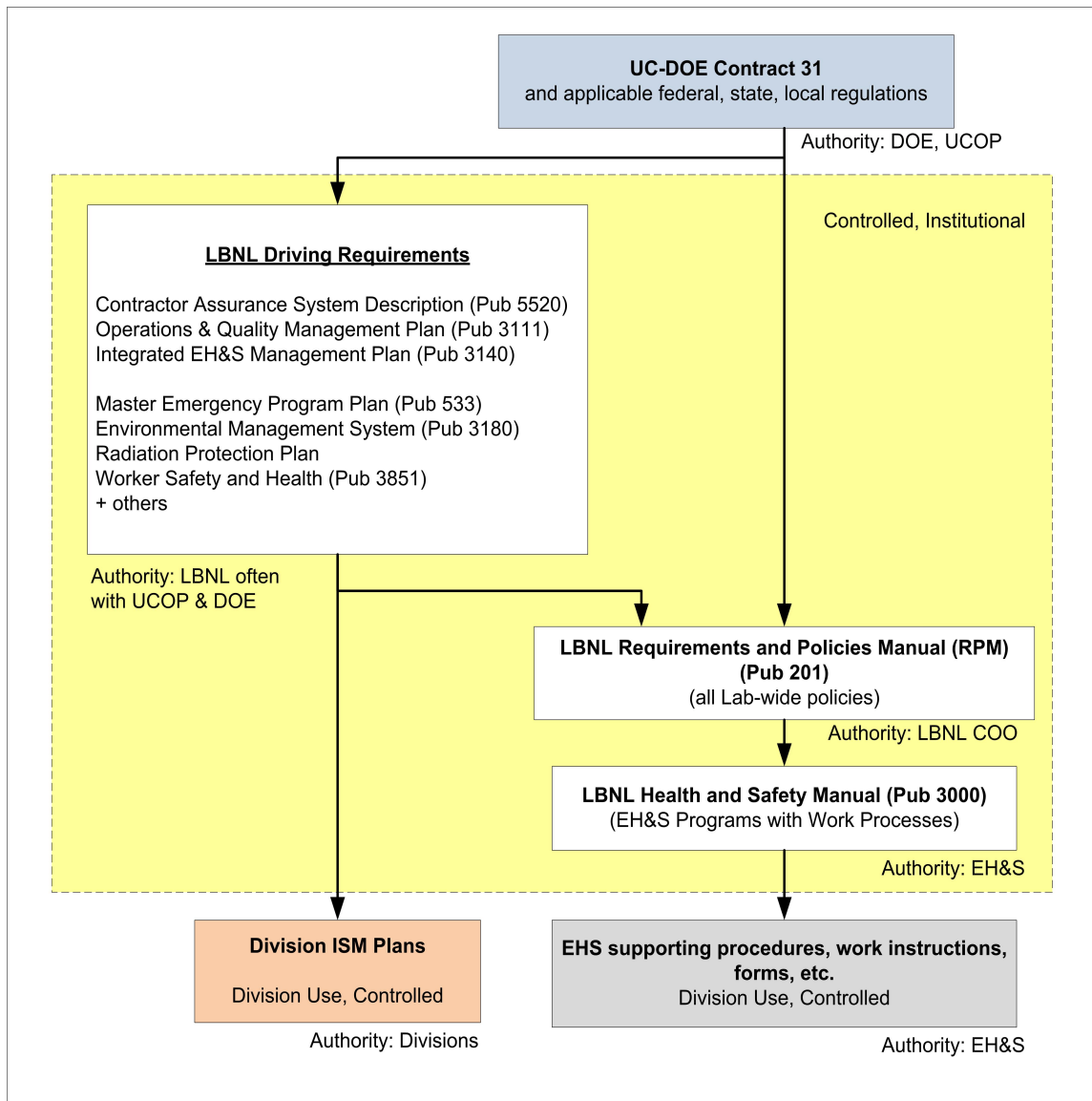
Title:	<a href="#">ES&amp;H Core Policy</a>
Publication date:	10/24/2012
Effective date:	11/10/2011

## ES&H DOCUMENT HIERARCHY

Figure 1 below illustrates the document hierarchy of Laboratory ES&H documents relative to Contract 31 (and applicable federal, state, and local regulations) and the Laboratory *Requirements and Policies Manual* (RPM). The documents listed under "LBNL Driving Requirements" are mandated by the Contract; must be reviewed and approved by Laboratory management; and drive institutional policies, processes, or other documents. LBNL Driving Requirements documents do not include Laboratory policies, but are typically program or system descriptions. They are often titled a "plan" in accordance with the Contract or regulation requirement. The authority or authorities for each document category are also noted in Figure 1.

Laboratory documents that guide or are used by more than one function or department are considered "institutional." Institutional documents are subject to document management and control practices as required by the Laboratory's [Document Management Policy](#) (document number 10.06.001.000).

Links to the documents listed in Figure 1 are in the Implementing Documents table on the DOCUMENT INFORMATION tab of this wiki page.



**Figure 1**

This RPM wiki contains all the Laboratory's ES&H policies, and is mapped to PUB-3000 programs and work processes. Figure 2, below, illustrates the relationship between the RPM and the PUB-3000.

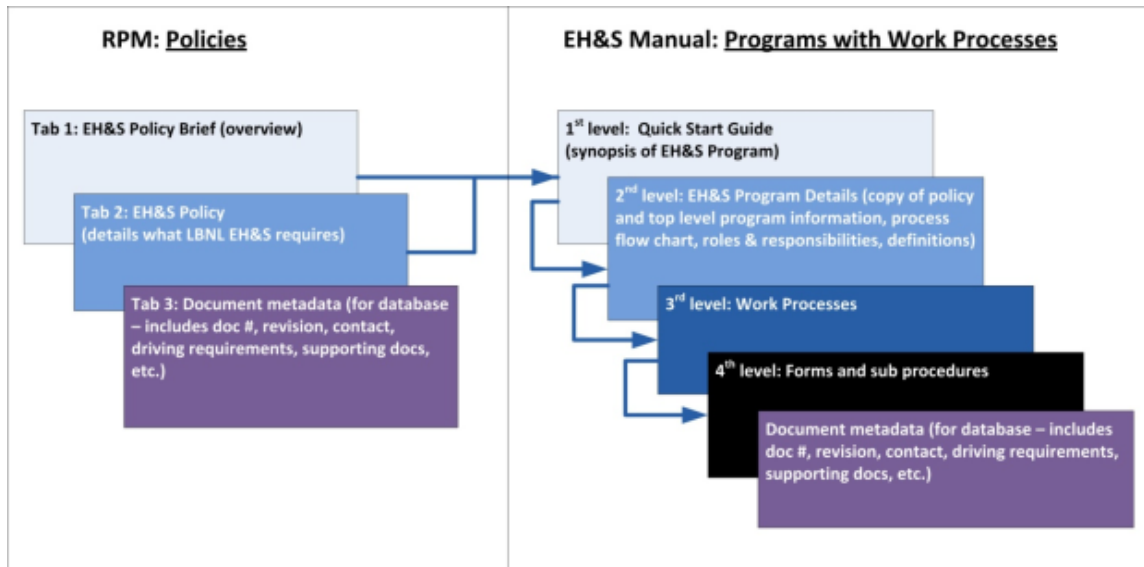


Figure 2

## DOCUMENT INFORMATION

Title:	ES&H Core Policy
Document number	07.01.001.000
Revision number	1.2
Publication date:	10/24/2012
Effective date:	11/10/2011
Next review date:	11/10/2014
Policy Area:	General Policy – ES&H
RPM Section (home)	ESH
RPM Section (cross-reference)	7.01
Functional Division	EH&S
Prior reference information (optional)	RPM, Chapter 7, Section 7.01 PUB-3000, Chapters 1 and 2

## Source Requirements Documents

- Contract 31, I.86, DEAR 970.5223-1, *Integration of Environment, Safety, and Health into Work Planning and Execution (Dec 2000)*
- Contract 31, I.79, DEAR Clause 970.5204-2, *Laws, Regulations and DOE Directives (Dec 2000)*

- Contract 31, Appendix I, *Environment, Safety and Health Standards for LBNL*
- PUB-3140, *Integrated Environment, Safety & Health Management Plan*

## Related Berkeley Lab Policies

- Requirements Management Policy, 04.04.001.000
- Document Management Policy, 10.06.001.000

## Implementing Documents

Document Number	Other Reference	Title	Type
PUB-3000		<i>Health and Safety Manual</i>	Manual
07.01.001.001	PUB-3000, Ch. 1, Section 1.6	General Policy and Responsibilities, <a href="#">Required Work Processes</a>	Work Process
07.10.002.001	PUB-3000, Chapter 20	<a href="#">Waste Management</a>	Program
07.08.001.001	PUB-3000, Chapter 21	<a href="#">Radiation Safety</a>	Program
07.07.004.001	PUB-3435E	<i>Biosafety Manual</i>	Program
07.09.002.001	PUB-3180	Environmental Management System	Program
		<a href="#">Safety Advisory Committee Charter</a>	Charter

# Ethics and Conduct at Berkeley Lab

Title:	Ethics and Conduct at Berkeley Lab
Publication date:	1/31/2012
Effective date:	5/2005

## BRIEF

### Policy Summary

As a member of the University of California community, Berkeley Lab is subject to and strives to achieve the ethical values and standards set forth by the University. All members of the Berkeley Lab community are expected to conduct their work with integrity, accountability, excellence and respect. This policy summarizes the elements of these standards of ethical conduct.

### Who Should Read This Policy

All persons who work at or visit Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### Contact Information

Research and Institutional Integrity Office (RIIO)

Title:	Ethics and Conduct at Berkeley Lab
Publication date:	1/31/2012
Effective date:	5/2005

## POLICY

### A. Purpose

As a member of the University of California community, Lawrence Berkeley National Laboratory (Berkeley Lab) is subject to and strives to achieve the ethical values and standards set forth by the University. This policy summarizes the elements of these standards of ethical conduct.

### B. Persons Affected

All persons who work at or visit Berkeley Lab

### C. Exceptions

None

## D. Policy Statement

As a member of the University of California community, Berkeley Lab is subject to and strives to achieve the ethical values and standards set forth by the University. The University's *Statement of Ethical Values* and *Standards of Ethical Conduct* may be found in detail [here](#), and are as follows:

The *Statement of Ethical Values* is:

"Members of the University of California community are committed to the highest ethical standards in furtherance of our mission of teaching, research and public service. We recognize that we hold the University in trust for the people of the State of California. Our policies, procedures, and standards provide guidance for application of the ethical values stated below in our daily life and work as members of this community. We are committed to:

- **Integrity.** We will conduct ourselves with integrity in our dealings with and on behalf of the University.
- **Excellence.** We will conscientiously strive for excellence in our work.
- **Accountability.** We will be accountable as individuals and as members of this community for our ethical conduct and for compliance with applicable laws and University policies and directives.
- **Respect.** We will respect the rights and dignity of others."

The University's *Standards of Ethical Conduct* apply to members of the Berkeley Lab community. These set forth a statement of belief in ethical, legal, and professional behavior in all dealings inside and outside the Laboratory and University. The *Standards* state:

### "Purpose

Pursuit of the University of California mission of teaching, research and public service requires a shared commitment to the core values of the University as well as a commitment to the ethical conduct of all University activities. In that spirit, *the Standards of Ethical Conduct* are a statement of our belief in ethical, legal and professional behavior in all of our dealings inside and outside the University.

### Applicability

*The Standards of Ethical Conduct* apply to all members of the University community, including The Regents, Officers of The Regents, faculty and other academic personnel, staff, students, volunteers, contractors, agents and others associated with the University. Organizationally, the *Standards* apply to campuses, the National Laboratories, the Office of the President, the Division of Agriculture and Natural Resources, campus organizations, foundations, alumni associations and support groups.

1. **Fair Dealing** : Members of the University community are expected to conduct themselves ethically, honestly and with integrity in all dealings. This means principles of fairness, good faith and respect consistent with laws, regulations and University policies govern our conduct with others both inside and outside the community. Each situation needs to be examined in accordance with the *Standards of Ethical Conduct*. No unlawful practice or a practice at odds with these standards can be justified on the basis of customary practice, expediency, or achieving a "higher" purpose.
2. **Individual Responsibility and Accountability:** Members of the University community are expected to exercise responsibility appropriate to their position and delegated authorities. They are responsible to each other, the University and the University's stakeholders both for their actions and their decisions not to act. Each individual is expected to conduct the business of the University in accordance with the *Core Values* and the *Standards of Ethical Conduct*, exercising sound judgment and serving the best interests of the institution and the community.
3. **Respect for Others:** The University is committed to the principle of treating each community member with respect and dignity. The University prohibits discrimination and harassment and provides equal opportunities for all community members and applicants regardless of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. Further, romantic or sexual relationships between faculty responsible for academic supervision, evaluation or instruction and their students are prohibited. The University is committed to creating a safe and drug free workplace. The University's health sciences enterprises are committed to the ethical and compassionate treatment of patients and have established policies and statements of patient rights in support of this principle. Following is a list of the principal policies and reference materials available in support of this standard:
  - *The Faculty Code of Conduct*
  - *Academic Personnel Policy Manual*
  - *The Faculty Handbook*

- *Personnel Policies for Staff Members*
- *Policies Applying to Campus Activities, Organizations and Students*
- *Policy on Sexual Harassment and Procedures for Responding to Reports of Sexual Harassment*
- *University policies on nondiscrimination and affirmative action*

**4. Compliance with Applicable Laws and Regulations:**

- Institutions of higher education are subject to many of the same laws and regulations as other enterprises, as well as those particular to public entities. There are also additional requirements unique to higher education. Members of the University community are expected to become familiar with the laws and regulations bearing on their areas of responsibility. Many but not all legal requirements are embodied in University policies. Failure to comply can have serious adverse consequences both for individuals and for the University, in terms of reputation, finances and the health and safety of the community. University business is to be conducted in conformance with legal requirements, including contractual commitments undertaken by individuals authorized to bind the University to such commitments.
- The Office of the General Counsel has responsibility for interpretation of legal requirements.

**5. Compliance with Applicable University Policies, Procedures and Other Forms of Guidance:**

- University policies and procedures are designed to inform our everyday responsibilities, to set minimum standards and to give University community members notice of expectations. Members of the University community are expected to transact all University business in conformance with policies and procedures and accordingly have an obligation to become familiar with those that bear on their areas of responsibility. Each member is expected to seek clarification on a policy or other University directive he or she finds to be unclear, outdated or at odds with University objectives. It is not acceptable to ignore or disobey policies if one is not in agreement with them, or to avoid compliance by deliberately seeking loopholes.
- In some cases, University employees are also governed by ethical codes or standards of their professions or disciplines---some examples are attorneys, auditors, physicians and counseling staff. It is expected that those employees will comply with applicable professional standards in addition to laws and regulations.

**6. Conflicts of Interest or Commitment:** Employee members of the University community are expected to devote primary professional allegiance to the University and to the mission of teaching, research and public service. Outside employment must not interfere with University duties. Outside professional activities, personal financial interests, or acceptance of benefits from third parties can create actual or perceived conflicts between the University's mission and an individual's private interests. University community members who have certain professional or financial interests are expected to disclose them in compliance with applicable conflict of interest/conflict of commitment policies. In all matters, community members are expected to take appropriate steps, including consultation if issues are unclear, to avoid both conflicts of interest and the appearance of such conflicts.

**7. Ethical Conduct of Research:** All members of the University community engaged in research are expected to conduct their research with integrity and intellectual honesty at all times and with appropriate regard for human and animal subjects. To protect the rights of human subjects, all research involving human subjects is to be reviewed by institutional review boards. Similarly, to protect the welfare of animal subjects, all research involving animal subjects is to be reviewed by institutional animal care and use committees. The University prohibits research misconduct. Members of the University community engaged in research are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

**8. Records: Confidentiality/Privacy and Access:**

- The University is the custodian of many types of information, including that which is confidential, proprietary and private. Individuals who have access to such information are expected to be familiar and to comply with applicable laws, University policies, directives and agreements pertaining to access, use, protection and disclosure of such information. Computer security and privacy are also subject to law and University policy.
- Information on the University's principles of privacy or on specific privacy laws may be obtained from the respective campus or laboratory information privacy office.
- The public right to information access and the individual's right to privacy are both governed by state and federal law, as well as by University policies and procedures. The legal provisions and the policies are based upon the principle that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person, as is the right of individuals to privacy.

**9. Internal Controls:** Internal controls are the processes employed to help ensure that the University's business is carried out in accordance with these *Standards*, University policies and procedures, applicable laws and regulations and sound business practices. They help to promote efficient operations, accurate financial reporting, protection of assets and responsible fiscal management. All members of the University community are responsible for internal controls. Each business unit or department head is specifically responsible for ensuring that internal controls are established, properly documented and maintained for activities within their jurisdiction.



Any individual entrusted with funds, including principal investigators, is responsible for ensuring that adequate internal controls exist over the use and accountability of such funds. The University has adopted the principles of internal controls published by the Committee of Sponsoring Organizations (COSO) of the Treadway Commission.

10. **Use of University Resources:** *University resources* may only be used for activities on behalf of the University. They may not be used for private gain or personal purposes except in limited circumstances permitted by existing policy where incidental personal use does not conflict with and is reasonable in relation to University duties (e.g. telephones). Members of the University community are expected to treat University property with care and to adhere to laws, policies and procedures for the acquisition, use, maintenance, record keeping and disposal of University property. For purposes of applying this policy, *University resources* is defined to include but not be limited to the following, whether owned by or under the management of the University (for example, property of the federal government at the National Laboratories):
  - *Cash, and other assets whether tangible or intangible; real or personal property;*
  - *Receivables and other rights or claims against third parties;*
  - *Intellectual property rights;*
  - *Effort of University personnel and of any non-University entity billing the University for effort;*
  - *Facilities and the rights to use University facilities;*
  - *The University's name; University of California*
  - *University records, including student and patient records; and*
  - *The University information technology infrastructure.*
11. **Financial Reporting :** All University accounting and financial records, tax reports, expense reports, time sheets and effort reports, and other documents including those submitted to government agencies must be accurate, clear and complete. All published financial reports will make full, fair, accurate, timely and understandable disclosures as required under generally accepted accounting principles for government entities, bond covenant agreements and other requirements. Certain individuals with responsibility for the preparation of financial statements and disclosures, or elements thereof, may be required to make attestations in support of the *Standards*.
12. **Reporting Violations and Protection from Retaliation:** Members of the University community are strongly encouraged to report all known or suspected improper governmental activities (IGAs) under the provisions of the *Policy on Reporting and Investigating Allegations of Suspected Improper Governmental Activities* (Whistleblower Policy). Managers and persons in supervisory roles are required to report allegations presented to them and to report suspected IGAs that come to their attention in the ordinary course of performing their supervisory duties. Reporting parties, including managers and supervisors, will be protected from retaliation for making such a report under the *Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints* (Whistleblower Retaliation Policy)."

*These Standards of Ethical Conduct were adopted by The Regents of the University of California, May, 2005.*

## E. Roles and Responsibilities

All members of the Berkeley Lab community have responsibility to integrate these *Standards of Ethical Conduct* into their actions and work at the Laboratory.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office (RIIO)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/31/2012	0	L. Young	Re-write for wiki	all	Minor
5/13/2012	1	L. Young	Copy Standards explicitly into policy per M. Montgomery	Section D	Minor

## DOCUMENT INFORMATION

Title:	Ethics and Conduct at Berkeley Lab
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RPM Section (cross-reference)	None
Functional Division	Research and Institutional Integrity Office (RIIO)
Prior reference information (optional)	Berkeley Lab Web

## Source Requirements Documents

- The University of California's [Statement of Ethical Values](#)
- The University of California's [Standards of Ethical Conduct](#)
- UC/DOE Prime Contract (Contract 31), Clause I.120, FAR 52.203-13, *Contractor Code of Business Ethics and Conduct*

h3. Implementing Documents

None

# Events and Meals – Planning and Reporting

## Brief

Title:	Events and Meals – Planning and Reporting
Publication date:	4/23/2014
Effective date:	4/23/2014

## BRIEF

### Policy Summary

This policy describes the requirements for planning, managing, and reporting events and meals that are hosted or co-hosted, whether on site or off site by Berkeley Lab.

For information about attending conferences and events (irrespective of whether Berkeley Lab is hosting or co-hosting), please see the [Attending Conferences and Events policy](#).

All costs incurred in support of events, including meal costs, will comply with the terms of DOE Contract 31, and with the requirements set forth in other relevant federal regulations and DOE requirements.

The term "event" refers to meetings, conferences, and special events (e.g., vendor fairs, open houses, or site visits). Event costs will only be considered as allowable if they are directly and programmatically related to Berkeley Lab's mission, are reasonable in amount, and are managed and reported in compliance with this policy.

All requests for on- or off-site Berkeley Lab events (meetings, conferences, or special events) with associated costs (such as meals) must be approved and processed through the Laboratory's [Event Approval Database](#). In addition, if the event meets the DOE definition of a conference, it also must be reported and approved in the DOE iPortal system. Meals provided while conducting Laboratory business will be supplied in a reasonable manner that minimizes costs and remains consistent with the public perception of appropriateness wherever possible.

### Who Should Read This Policy

Anyone involved with (1) the management, planning, or hosting of Berkeley Lab events or (2) the planning of a DOE or non-DOE conference

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Conference Services Manager](#) or [ConferenceServices@lbl.gov](mailto:ConferenceServices@lbl.gov)

## Policy

Title:	Events and Meals – Planning and Reporting
Publication date:	4/23/2014
Effective date:	4/23/2014

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D.9 Meals at Laboratory Events

D.10 Recruitment Meals

D.11 Meals for Laboratory Affiliates

D.12 Sustainable (Green) Events

## POLICY

### A. Purpose

The purpose of this policy is to provide guidance on the following:

- **Event Management:** Planning and management of Lawrence Berkeley National Laboratory (Berkeley Lab)-hosted or co-hosted events, including conferences (as defined by DOE)
- **Conference Reporting and Approvals:** Reporting and approvals for Berkeley Lab-hosted or co-hosted DOE and non-DOE conferences

The term "event" refers to meetings, conferences, and special events (e.g., vendor fairs, open houses, or site visits). Event costs will only be considered as allowable if they are directly and programmatically related to Berkeley Lab's mission and are reasonable in amount.

For information about attending conferences and events (irrespective of whether Berkeley Lab is hosting or co-hosting), please see the [Attending Conferences and Events policy](#).

### B. Persons Affected

Anyone involved with (1) the hosting, planning, and management of Berkeley Lab events or (2) the planning of a Berkeley Lab-hosted or co-hosted DOE or non-DOE conference

### C. Exceptions

None

### D. Policy Statement

#### D.1 General

This policy applies to Berkeley Lab-hosted or co-hosted events conducted on site or off site.

1. Berkeley Lab-hosted or co-hosted event and conference costs, including meals, must comply with the requirements set forth in DOE Contract 31 and other relevant federal regulations and DOE guidance.
  - a. Conferences must adhere to specific DOE approval and reporting requirements (See [Section D.3, Approvals](#)). Employees who plan events must coordinate with Conference Services to determine whether the planned event is reportable to DOE.
  - b. The term "event" refers to all meetings, conferences, and special events (e.g., vendor fairs, open houses, or site visits).
  - c. Conferences are a subset of all events. Throughout this policy, all references to conferences rely on the DOE definition of "conference." The DOE definition of "conference" as defined in the Federal Travel Regulation (FTR) is a "meeting, retreat, seminar, symposium, or event that involves attendee travel. The term 'conference' also applies to training activities that are considered to be conferences under 5 CFR 410.404." (See [DOE December 6, 2012, memorandum, "[Updated Guidance on Conference-Related Activities and Spending](#)."]")
  - d. Examples of events that DOE defines as conferences and non-conferences are provided in Appendix 1 (See the Appendix tab of this policy).
2. Funding for Laboratory-hosted and co-hosted events may originate from both internal and external sources, including:
  - DOE funds (including general and administrative, organization burden, royalty, and Laboratory Directed Research and Development [LDRD] funds)
  - Work for Others funds
  - Registration fees
  - Exhibitor fees
  - Event Sponsorship funds
  - a. All funds and revenue used to support events must be deposited into the appropriate Laboratory project(s) established by the Controller's Office. This includes all monetary support coming from other organizations.
  - b. The event chairperson must ensure that adequate funding is secured and that the event complies with this policy, Contract 31, Department of Energy (DOE) requirements, and the [FTR](#).
3. Events are to be conducted with the highest level of professionalism and ethical behavior.

## D.2 Allowability

Laboratory funds and registration fees can only be used for allowable costs (See [DOE Federal Acquisition Regulation \[FAR\] 31.201-2, Determining Allowability](#)).

1. Allowable event costs may include, but are not limited to:
  - a. Meeting room rental
  - b. Audio/visual equipment
  - c. Transportation
  - d. Meals in accordance with [Section D.9](#) of this policy
2. Unallowable event costs may include, but are not limited to:
  - a. Alcohol
  - b. Entertainment
  - c. Promotional items and gifts
  - d. Décor
  - e. Non-working meals
3. Private funds, event sponsorships, and exhibitor fees may be used for unallowable event costs as long as the activity is conducted in a reasonable manner, minimizing excessive costs and the appearance of extravagance wherever possible.
4. **Alcoholic Beverages:** Alcohol cannot be purchased with DOE funds. Alcoholic beverages must not be served at any Berkeley Lab site, including the main site; Laboratory offices on the UC Berkeley campus; and all off-site offices, warehouses, and buildings leased by Berkeley Lab (See [Serving Alcohol at Berkeley Lab Events](#) policy).
5. **Contractual Agreements:** Conference Services and Procurement are the only parties authorized to negotiate and sign third-party contracts for hotels and meeting services for Berkeley Lab-hosted events. Any third-party contract not approved by Conference Services or Procurement may be considered an unauthorized procurement, subject to administrative discipline and personal financial liability. Conference Services should also be contacted to conduct site visits and assist with site selection.
6. **Gratuities:** Gratuities or service charges are allowable expenses but may not exceed 25% of the total.

Employees and divisions must exercise discretion and judgment in ensuring that event expenses are appropriate, necessary, and managed in a cost-effective manner.

## D.3 Approvals

1. **General and Berkeley Lab Approvals**

- a. All Berkeley Lab hosted and co-hosted events with an associated cost (including those that meet the DOE definition of a conference) must be entered and **approved** in the Event Approval Database **prior** to the event.
- b. All events must be approved by both the division approver or designee and Conference Services.
- c. **Financial commitments and costs may not be incurred** without the required approvals.
  - i. Events held in a foreign location will typically require a separate DOE approval for foreign travel. Approval for travel via the Foreign Travel Management System (FTMS) does not constitute DOE approval to attend or host an event or conference.
  - ii. Approval of a conference via the DOE iPortal system or by a DOE program manager does not constitute Laboratory approval to host a conference.
- d. Events entered in the Event Approval Database after the event date are at risk of having costs disallowed, and require a strong justification that must be included in Step 2 under *Meeting Request Form* in the database.

2. **DOE Approvals for Conferences**

- a. In addition to the Berkeley Lab internal approvals, conferences are subject to approval by DOE. See Appendix 1 (under the Appendix tab of this policy) for guidance on determining whether an event is considered a conference.

- b. Conferences may or may not require reporting and approval, depending on funding source. In addition, certain expenses for reportable conferences do not have to be included in reported expenses. *Table A, Event/Conference Funding Sources*, below, identifies the funding sources that require DOE approval and reporting. *Table B, Event/Conference Expenses*, below, identifies the types of cost that must be reported to DOE for a reportable event/conference. Conferences with estimated net DOE complex-wide DOE expenses over \$100,000 but under \$500,000 must be approved by a DOE Under Secretary through an approval package process that Conference Services coordinates in collaboration with the hosting division.

**Table A**

<b>Event/Conference Funding Sources</b>	
<b>DOE Approval/Reporting Required</b>	<b>DOE Approval/Reporting Not Required</b>
DOE direct funds	Work for Others (WFO) funds
General and Administrative (G&A) funds	
Organizational burden funds	
Royalty funds	
LDRD	

**Table B**

<b>Event/Conference Expenses</b>	
<b>DOE Reporting/Approval Required</b>	<b>DOE Reporting/Approval Not Required</b>
Conference or workshop registration costs	Labor costs while attending conferences
All travel expenses paid by DOE (airfare, hotel, meals, etc.)	Burdens on reportable costs
Monetary support for an event hosted by an entity other than Berkeley Lab	
Logistical costs (venue/meeting room rental, audio/visual equipment, allowable group meals)	
Booths and associated exhibit costs (such as printing materials)	

- i. Conferences with estimated net DOE complex-wide expenses over \$500,000 are prohibited, unless a waiver is granted by the DOE Secretary.
  - ii. Recurring, non-DOE conferences (e.g., professional society conferences) with net expenses under \$500,000 may be pre-approved by DOE on a quarterly basis. CS will provide guidance as these pre-approvals are received.
  - iii. Note: DOE may approve a conference, but only the Contracting Officer (BSO) has the authority to determine whether the costs are allowable, allocable, and meet the test of reasonableness under FAR 31.201-3.
- c. Any individuals, such as affiliates, attending a conference whose attendance is funded by Berkeley Lab must be included in the submission to Conference Services.
  - d. Conference Services aggregates estimated Laboratory conference attendance and expense information and reports it to DOE using the DOE Conference Management reporting tool (iPortal). Actual costs for DOE conferences with estimated net DOE complex-wide expenses over \$100,000 must be entered in iPortal by the established DOE deadline.
  - e. DOE reviews reported expenses to ensure consistency with the Federal Travel Regulation (FTR), Federal Acquisition Regulation (FAR), and current guidance on conferences. Attendance and estimated costs for DOE and non-DOE conferences and Laboratory-hosted conferences must be reported to Conference Services no later than 60 calendar days prior to the conference start date, but should typically be reported earlier to obtain timely DOE approval and to accommodate early registration, discounted travel, etc.
  - f. Financial commitments or expenses for conferences cannot be incurred prior to DOE approval or a determination that approval is not required. Approvals must be obtained as set forth above and in compliance with the most recent DOE guidance.

#### **D.4 Management of Events/Conferences**



1. **General.** The event host is responsible for identifying the type of event and ensuring that the execution of the event complies with this policy. Conference Services should be contacted for assistance in interpreting the policy when needed.
  - a. All requests for on- or off-site events with associated costs must be processed and approved through the Laboratory's [Event Approval Database](#) unless they are funded by non-DOE funds.
  - b. For the purpose of this policy, "on-site" refers to any Laboratory-owned or leased facility located in the San Francisco Bay Area. The University of California campus building space is not considered an on-site facility.
2. **Event/Conference Fees.** Fees may be collected from attendees to offset the costs of the event/conference. The hosting division should coordinate with Conference Services to determine the appropriate type and amount of fee(s) to charge.
  - a. **Registration Fees**
    - i. A registration fee may be charged to event attendees. The event chairperson within the hosting division determines the appropriate registration fee. The registration fee should be set at an amount that generates sufficient revenue to cover the specified items to be financed through registration fees, but not an amount that would lead to excess revenue.
    - ii. Registration fees may only be used for **allowable** expenses. Separate fees may be collected for optional **unallowable** activities (e.g., entertainment, excursions) and will be deposited into the BZ project designated for unallowable expenses.
    - iii. Laboratory employees are charged the same registration fee as other attendees. The hosting division may, at its discretion, waive or reduce registration fees for speakers, affiliates, students, or others.
    - iv. The collection of registration fees is handled through an online registration tool managed by Conference Services. All registration fees collected are deposited into the BZ project established for each event and designated for allowable expenses.
  - b. **Exhibitor Fees.** An exhibitor is a party who participates in the event to display products and services that relate to the purpose of the event. The event chairperson should coordinate with Conference Services to determine the appropriate amount to charge for exhibitor fees. Exhibitor fees collected can be used for allowable or unallowable expenses. The allocation of allowable or unallowable funds from exhibitor fees is determined by the division and is included in the event budget.
  - c. **External Sponsorship of Berkeley Lab-Hosted Events.** Event sponsorships from outside organizations are typically monetary contributions that can be used to support allowable or unallowable event costs. The funds provided by the event sponsor can be designated for general use, or for a specific cost or activity. The allocation of allowable or unallowable funds from sponsorships is determined by the division and is included in the event budget.
  - d. **Berkeley Lab Sponsorships of Events Hosted by Other Organizations.** Monetary sponsorships provided by Berkeley Lab must be approved by the sponsoring division director and Conference Services, and if the event is reportable to DOE, by DOE. A Request for Issuance of Check (RFIC) is submitted to Conference Services for processing. The RFIC must include a justification verifying that the sponsorship supports the Laboratory's mission. Written instructions for the hosting organization stating that the sponsorship funds are only to be used for specifically designated allowable costs subject to validation and/or audit must also be included in the submission to Conference Services. Monetary support from Berkeley Lab for DOE or non-DOE conferences, if from a reportable funding source (See [Table A, Event/Conference Funding Sources](#)), must be reported by Conference Services as a net DOE expense in the DOE iPortal system.
    - i. **Allowable** event sponsorship costs may include equipment and rentals, logistics, audio/visual services, materials, and supplies.
    - ii. **Unallowable** sponsorship costs include alcohol, food, decorations, gifts, and payments to individuals, such as speakers (See [Cost Allowability](#) policy, Section D.6, *Examples of Unallowable Costs*).
  - e. The DOE Office of Conference Management recommends that a Memorandum of Understanding (MOU) be created for all event co-sponsorship arrangements, which is intended to protect both parties.

## D.5 Off-Site Events/Conferences

1. Divisions are encouraged to conduct events on site whenever possible.
2. For off-site events with 30 or more attendees, the off-site meeting request in the Event Approval Database must demonstrate that the decision to conduct the event off site was reasonable in cost and nature and must adhere to Procurement guidelines.
  - a. For off-site events with 30 or more attendees, a cost analysis comparing three venues must be included in the request. It is required that Conference Services oversee the venue comparisons and, ultimately, recommend the most appropriate site.
  - b. Overall pricing (guest room, audio/visual services, etc.) and cost reasonableness are primary factors, but function space, proximity to transportation, audio/visual capabilities, and other factors are all considered part of the review process.
3. If the event location has already been predetermined for one or more of the following reasons, the applicable meal cost limits referenced below still apply.
  - a. Attendees are already present at the selected site, so co-locating is most cost effective (i.e., an adjunct meeting associated with an existing event).
  - b. The selected venue is the only option in the area.
  - c. Berkeley Lab is a co-host and the other host has already selected the venue.
4. A detailed justification for the off-site location selected is required in the Events Database under "Location Justification."
5. Meal costs for off-site events must not exceed 150% of the standard GSA rate for that location (See table, *Daily Food Service – Maximum Allowable Costs for On-Site and Off-Site Events*, below). See additional guidance on meals in [Section D.9, Meals at Laboratory Events](#).

## D.6 Community/Public Relations Events

When conducting any type of community event where information is released to the public, the Laboratory must comply with Contract 31 guidelines (Clause I.64). This requires advance coordination between Public Affairs and the DOE Berkeley Site Office (BSO). Please contact Public Affairs when planning this type of event.

## D.7 Strategic Planning and Institutional Events

1. The objective of a strategic planning meeting is to discuss goals and strategies that affect the department or division.
2. Each division (or department reporting directly to the Director's Office) is allowed four strategic planning meetings during the fiscal year. The 10% non-Laboratory attendee requirement referred to in [Section D.9.1.c](#) below is waived. Strategic planning meetings will otherwise comply with all Laboratory policies. Each division is responsible for tracking and monitoring its annual four-meeting allotment.
3. The 10% non-Laboratory attendee requirement will also be waived for institutional Laboratory-wide strategic planning meetings, non-routine institutional training programs, and volunteer staffing for institutional events.

## D.8 Other Considerations for Hosted and Co-Hosted Events

1. **Event Planning Support.** If administrative event planning support is part of an employee's normal job function, his or her time and effort should be charged to the normal benefiting project or division. However, if administrative planning support for an approved event is outside of the employee's normal job function, the event project should be charged.
2. **Expenses Incurred for Logistics Staff Working During the Event.** Staff members working at an event are considered attendees and may be provided meals at the allowable rates as outlined in [Section D.9.2.b](#), below. Working staff must be included in the participant count and costs for DOE Conference Reporting purposes. However, working staff should not be included in the calculation of the number/percent of Berkeley Lab attendees and external participants for the purpose of determining if a meeting is eligible for working meals.
3. **Revenue Accounting — BZ Projects**
  - a. To segregate event costs from other program costs, the requesting division must open a separate project for each event. This will serve as the parent project for the allowable BZ project and cannot be a summary or primary WFO project. Any programmatic costs associated with the event should be charged to this project for costs not covered by revenue collected in the BZ project.
  - b. If non-DOE funding is expected from attendees, sponsors, or exhibitors, then an unallowable BZ project will be opened and used to pay for unallowable conference costs.
  - c. Segregating event costs provides several benefits by:
    - i. Increasing event cost visibility/transparency
    - ii. Assisting with the closeout of surplus allowable BZ project revenue and costs and surplus non-DOE BZ revenue
4. **Payment of Event Expense**
  - a. Payment for event costs is made by using the following forms:
    - i. [Request for Issuance of Check \(RFIC BZ\)](#) – For events where revenue is collected
    - ii. [Request for Issuance of Check \(RFIC\)](#) – For events where revenue is not collected
  - b. Include itemized receipts or invoices (originals only).
5. **Travel/Honoraria Costs for Speakers and Invited Affiliates**
  - a. Travel costs for speakers and invited affiliates should be charged to the appropriate event project.
  - b. Honoraria payments for speakers and invited affiliates must be processed in accordance with the Berkeley Lab [Honoraria policy](#).
6. **Availability of Funds**
  - a. Invoices submitted for payment from the **unallowable** BZ project will **NOT** be paid if there are insufficient funds.
  - b. Allowable costs that exceed funds in the **allowable** BZ project will be re-allocated to the division event parent project at closeout.
7. **Surplus Event Revenue.** It is expected that any surplus event funds will be minimized. The disposition of surplus event funds is the responsibility of the event chairperson.
  - a. DOE Funds: Any surplus event revenue collected from DOE as a host, co-host, or sponsor is subject to the Miscellaneous Receipts Act (31 U.S.C. 3302) and must be deposited with the U.S. Treasury as soon as possible. The division coordinates with conference accounting to ensure this action is taken promptly.
  - b. Non-DOE Funds:
    - i. Any surplus event revenue collected from or provided by Berkeley Lab co-hosts or sponsors other than DOE or DOE contractors is not subject to the Miscellaneous Receipts Act and, therefore, does not need to be returned to the U.S. Treasury.
    - ii. The following options apply to the disposition of event-related surplus funds:
      1. Allowable surplus funds can be used to offset costs that are clearly identifiable in the division event parent project.
      2. Unallowable surplus funds can be used to offset costs in the allowable BZ project and the division event parent project.
      3. Both allowable and unallowable event-related surplus funds can be:
        - a. Refunded to attendees/sponsors (if material)
        - b. Retained in an institutional BZ project to use for future occurrences of the same event hosted at Berkeley Lab
        - c. Transferred to the next host for use of future occurrences of the same event.

## D.9 Meals at Laboratory Events

Meals provided while conducting Laboratory business will be supplied in a reasonable manner that minimizes costs and is consistent with the public perception of appropriateness wherever possible. Costs are reasonable if, in their nature and amount, they are not excessive compared to that which would be incurred by a prudent person in the conduct of business. What is considered **reasonable** can depend on a variety of considerations and circumstances, including:

- Whether the type of cost is generally recognized as ordinary and necessary for the conduct of Laboratory business or performance
- Generally accepted sound business practices
- Berkeley Lab's responsibilities to the government, other customers, business owners, employees, and the public at large
- Any significant deviations from Berkeley Lab's established practices

1. Meals provided while conducting Laboratory business may be reimbursable for Laboratory events conducted on- or off-site if all the following criteria are met:
  - a. The event is conducted for an allowable purpose that supports DOE's mission.
  - b. The event is at least three hours in duration.
  - c. At least 10% of the total event attendees must be external (non-Berkeley Lab employees). Students who are not on Berkeley Lab payroll are considered external attendees.
  - d. The event is not routine (i.e., conducting regular business, such as staff meetings, monthly or quarterly reviews, new employee orientation, or employee training) and is not solely a ceremony or celebration.
  - e. The event requires work to be conducted during food service without a break.
  - f. An attendee list with affiliations and an agenda listing business topics discussed during food service are provided.
  - g. Note: For off-site meals, an "actual" attendee list for each meal at a restaurant or other off-site venue must be attached to the [Request for Issuance of Check \(RFIC\)](#) form.
2. For both on-site and off-site events, the **maximum allowable** reimbursement amount for meals must not exceed 150% of the locality's M&IE rate for daily meals and 25% for daily refreshments. In addition, the number and cost of meals provided must be **reasonable** as they apply to the circumstances of the event's professional activities and goals.
  - a. The following table — *Daily Food Service – Maximum Allowable Costs for On-Site and Off-Site Events* — reflects the standard and maximum allowable meal limits per day for **both on-site and off-site** events. Allowable costs are applicable to that meal only and cannot be reallocated. The afternoon refreshment maximum is applicable to one refreshment service only. Rates include tax and gratuity. Delivery charges are not included in these limits and are reimbursable as a separate item.
  - b. If the off-site location is not within the Oakland/Berkeley/Walnut Creek area, divisions are responsible for calculating 150% of the General Services Administration's (GSA's) per diem rate as the maximum daily per meal cost for the event location and 25% of the GSA per diem rate for daily refreshments (See the [GSA website](#)).

DAILY FOOD SERVICE - MAXIMUM ALLOWABLE COSTS FOR ON-SITE AND OFF-SITE EVENT				
Meal Type	Oakland/Berkeley		Walnut Creek	
	Standard GSA M&IE Rate	Maximum LBNL Allowable (150%)	Standard GSA M&IE Rate	Maximum LBNL Allowable (150%)
Continental breakfast	\$10.00	\$15.00	\$11.00	\$16.50
Lunch	\$15.00	\$22.50	\$16.00	\$24.00
Dinner	\$31.00	\$46.50	\$34.00	\$51.00
Incidentals	\$5.00	n/a	\$5.00	n/a
<b>Total</b>	<b>\$61.00</b>	<b>\$84.00</b>	<b>\$66.00</b>	<b>\$97.50</b>
PM Refreshment (25% of Standard GSA M&IE Rates)	\$15.25		\$16.50	

**\*Includes tax/gratuity - does not include delivery charges**

#### D.10 Recruitment Meals

1. **Recruitment Meals Conducted in the Vicinity of a Berkeley Lab Facility.** Recruitment meals for on-site or local interviews are **limited to the interviewer and interviewee only**. Meals for additional employees, affiliates, and/or visitors will not be reimbursed. The following conditions must be met:
  2. The open Laboratory position is for a senior-level employee, which is determined at the discretion of the division.
  3. Recruitment meal costs must be reasonable and cannot exceed the allowable limit (See [Section D.9, Meals at Laboratory Events](#)).
  4. The hiring division must complete a [Recruitment Meal Reimbursement](#) form and a [Request for Issuance of Check \(RFIC\)](#) form. Both forms are submitted to Accounts Payable for payment.
5. **Recruitment Meals While on Travel.** Recruitment meals conducted while on travel are reimbursed through TREX.

#### D.11 Meals for Laboratory Affiliates

Providing meals to Laboratory affiliates, visitors, or customers, where the primary purpose *is or may appear to be social rather than business*, is unallowable and not reimbursable.

## D.12 Sustainable (Green) Events

1. Berkeley Lab is committed to reducing its impact on the environment and minimizing its dependence on non-renewable energy. A sustainable or "green" event promotes the use of energy-efficient materials, conservation, waste reduction, and recycling.
2. Sustainable practices for Laboratory-hosted events are supported by Berkeley Lab in accordance with DOE Order 436.1, *Departmental Sustainability*. In addition, division organizers may qualify for a green meeting or conference award from Berkeley Lab's Chief Sustainability Officer. For information on conducting sustainable events and/or qualifying for a green meeting award, see Berkeley Lab's website on sustainability, [sbl.lbl.gov](http://sbl.lbl.gov).

## E. Roles and Responsibilities

### 1. Conference Reporting

Role	Responsibility
Conference Services	<ul style="list-style-type: none"> <li>• Provides consultation and guidance to divisions, and functions as a liaison to DOE and other labs</li> <li>• Assigns Conference Services points of contact (POCs) for each division</li> <li>• Ensures conference attendance and expense information received from divisions is aggregated and entered into iPortal</li> <li>• Provides conference reporting status reports for divisions</li> <li>• Maintains conference reporting website information for division access</li> <li>• Ensures approval packages are managed in accordance with DOE requirements</li> </ul>
Divisions	<ul style="list-style-type: none"> <li>• Identify a POC for conference reporting</li> <li>• Ensure funds are not committed prior to obtaining DOE approval</li> <li>• Control costs to ensure costs are reasonable and do not exceed the reported estimate.</li> <li>• Ensure division POC submits attendance and expense data for each conference to Conference Services</li> <li>• Ensure conference reporting requirements are communicated broadly within their division</li> <li>• Make every effort to close out events within three months of their conclusion</li> </ul>
DOE	<ul style="list-style-type: none"> <li>• Manages the iPortal system for the entire DOE complex</li> <li>• Reviews reported DOE expenses to ensure consistency with FTR, FAR, and current guidance</li> <li>• Approves complex-wide conferences over \$100,000 but under \$500,000</li> <li>• May grant a waiver for conferences with estimated net complex-wide DOE expenses over \$500,000</li> </ul>

### 2. Event Management

Role	Responsibility
Conference Services	<ul style="list-style-type: none"> <li>• Provides specialized event planning and management services</li> <li>• Reviews, approves, and manages all Laboratory event information entered into the <a href="#">Event Approval Database</a> to ensure timeliness and compliance with Laboratory policy and DOE Contract 31</li> <li>• Negotiates, reviews, and approves third-party contractual agreements for event services such as hotel contracts, audio/visual services, chartered transportation services, etc.</li> <li>• Reconciles registration payments to ensure all applicable fees have been paid and all payment information is captured</li> <li>• Provides General Accounting with the registration payment list</li> <li>• Reviews invoices and receipts against BZ Projects to ensure allowable and unallowable costs are separated appropriately</li> <li>• Manages the event-registration database</li> <li>• Reports event data to DOE as required</li> </ul>
Hosting division	<ul style="list-style-type: none"> <li>• Has overall responsibility for the financial management of the event</li> <li>• Designates Event Host who has responsibility for working closely with Conference Services to plan and manage event</li> <li>• Provides administrative support for the event</li> <li>• Establishes a separate project for each event that serves as the parent project for the allowable BZ project, which <b>is not</b> a summary or Work for Others (WFO) project</li> <li>• Completes the applicable entries, forms, and documents in the Laboratory's <a href="#">Event Approval Database</a>, which includes funding and budget information, for approval by Conference Services</li> <li>• Develops and maintains the event budget and appropriate financial records</li> <li>• Identifies allocation of <b>allowable</b> and <b>unallowable</b> costs and income from exhibitors and/or sponsors in the event budget</li> <li>• Reviews and verifies event revenues and expenditures within 120 days after completion of the event</li> <li>• Provides a justification for each RFIC with total expenses exceeding the original estimate by <b>more than \$250</b></li> <li>• Provides an explanation to be <b>included with the RFIC</b> for material changes to the original event attendee list for working meals.</li> <li>• Ensures that all <b>allowable</b> and <b>unallowable</b> expenses are tracked, separated, and identified on the final invoices and receipts prior to submitting to Conference Services for payment</li> </ul>
Division approver (or designee)	<ul style="list-style-type: none"> <li>• Approves all Laboratory-hosted or co-hosted events</li> </ul>
Laboratory Director (or designee)	<ul style="list-style-type: none"> <li>• Approves all Laboratory-wide Strategic Planning meetings</li> <li>• Note: The designee for the Laboratory Director is the Deputy Laboratory Director, Associate Laboratory Director for Operations, or Laboratory Director's Chief of Staff.</li> </ul>
Controller's Office	<ul style="list-style-type: none"> <li>• Deposits registration fees and/or sponsorship funding and records revenue in the Laboratory's Financial Management System (FMS)</li> <li>• Upon approval from Conference Services: <ul style="list-style-type: none"> <li>• Opens <b>unallowable</b> BZ project for the event</li> <li>• Sets up an <b>allowable</b> BZ project and requests it be opened by the Budget Office</li> <li>• Issues payment for event expenses approved by Conference Services</li> </ul> </li> <li>• Closes and reconciles event project(s)</li> <li>• Provides general guidance on event accounting</li> <li>• Prepares final resource adjustments to zero out the BZ projects at closeout</li> </ul>
Budget Office	Opens the <b>allowable</b> BZ project for the event

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students
Allocable	A cost charged to one or more cost objectives in accordance with the relative benefit received or other equitable relationship.
BZ Project	Allowable and/or unallowable project established for each Laboratory-hosted/co-hosted event. The BZ project is used to collect registration fees and other external funds and to pay invoices for event costs. Overhead costs (i.e., burdens or taxes) within a BZ project are applied to travel, procurement, and event expenses.
Co-host	An organization that shares event hosting responsibilities with another (See definition for "Host"). An event co-host exists if more than one organization shares control of the conduct or management of the event, or provides some form of non-monetary services
Co-sponsor	An organization or individual that provides support to the event and shares in the planning and/or decision-making. A co-sponsor is an official co-lead for the event.
Conference	A meeting, retreat, seminar, symposium, or event that involves attendee travel. This also applies to training activities considered to be conferences under 5 CFR 410.404, <i>Determining if a Conference Is a Training Activity</i> .
Event	Any formal activity that involves the dissemination or exchange of trade, business, professional, or technical information with employees or peers
Exhibitor	An individual or organization that participates in the event to display or present products and services relative to the purpose of the event
Host	An organization that has control over the conduct or management of the event (e.g., sufficient to influence costs, venue, program content, or similar aspects)
M&IE	Meals and incidental expenses
Sponsor	An organization outside the Laboratory (i.e., a benefactor) that makes a voluntary contribution to support the event
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## **G. Recordkeeping Requirements**

None

## **H. Implementing Documents**

Document Number	Title	Type
11.03.003.000	<a href="#">Serving Alcohol at Berkeley Lab Events</a>	Policy
11.03.002.002	<a href="#">Recruitment Meal Reimbursement form</a>	Form
11.01.019.005	<a href="#">Request for Issuance of Check (RFIC) form</a>	Form
11.01.019.000	<a href="#">Request for Issuance of Check</a>	Policy
11.06.001.000	<a href="#">Travel Policy</a>	Policy
11.03.003.006	<a href="#">Cost Allowability, D.6, Examples of Unallowable Costs</a>	Policy
Reference	<a href="#">Updated Guidance on Conference-Related Activities and Spending</a>	Official DOE Guidance
Reference	<a href="#">Berkeley Lab DOE Conference Reporting (as of June 4, 2013)</a>	Guidance
Reference	<a href="#">5 CFR 414.404, <i>Determining if a Conference Is a Training Activity</i></a> ,	Official Federal Guidance
Reference	<a href="#">Federal Travel Regulation (FTR)</a>	Official Federal Guidance
Reference	<a href="#">DOE Conference Reporting Update 10-16-13</a>	Guidance
Reference	<a href="#">Training Registration Fee Guidance</a>	Guidance

## I. Contact Information

Conference Services Manager or [ConferenceServices@lbl.gov](mailto:ConferenceServices@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	More	Reformat for wiki	All	Minor
6/22/2012	1.1	L.Young	Align to revised Serving Alcohol at Berkeley Lab Events	D.13.4, Implementing Docs	Minor
11/11/2012	1.2	Hennessey	Annual review complete 9/30/12, no changes	Pub & rev dates	Minor
12/14/2012	1.3	Hennessey	Included changes reflecting recommended audit actions	Added Gratuities, Staff Working section, updated Roles/Resp, D.7, D.9 & D.10	Minor
1/29/2013	1.4	Hennessey	Added guidance. Staff working at events are not to be included in calculation for non-employee attendees.	D.15	Minor
9/10/2013	1.5	Hennessey	Added guidance re 150% per diem limit.	Brief/Policy Summary, Policy/Purpose, D.1, D.2, D.6, D.8, D.9–D.11, D.14.4, D.16.1, D.19	Minor
10/15/2013	1.6	Hennessey	Added guidance re conference reporting and sponsorships	Brief/Policy Summary, Policy/Purpose, D.1, D.2, D.6, Roles and Responsibilities, Definitions	Major
4/23/2014	2	Hennessey	Reformat entire document-Move information about attending conferences to new policy. Retitle policy.	All	Major

### Appendix

Title:	Events and Meals – Planning and Reporting
Publication date:	4/23/2014
Effective date:	4/23/2014



# APPENDIX 1

## Examples of Events Defined by DOE as Conferences and Non-Conferences

Is Considered a Conference and Requires Reporting	Is Not Considered a Conference and Does Not Require Reporting
A meeting to develop "best practices" or update others regarding developments in the DOE complex	Operational meetings such as: <ul style="list-style-type: none"> <li>• Peer reviews</li> <li>• Program reviews</li> <li>• Strategic planning meetings</li> <li>• Construction project review evaluation of discrete projects/initiatives of DOE)</li> <li>• User facility meetings</li> <li>• DOE meetings discussing internal business</li> </ul>
Training programs to improve the knowledge, skills, or abilities of the attendees	Training programs held at government facilities
Employee participation in professional society meetings	Formal certificate programs requiring attendance
Workshops sponsored by others in which Berkeley Lab employees attend or participate, including speakers	Advisory committees (not Federal Advisory Committees)
Workshops or forums at which DOE seeks to "showcase" programs to the public or provide the opportunity for an "exchange of information" or sharing of "best practices" with other entities (whether federal or non-federal)	Operational meetings in which DOE employees meet with DOE contractors concerning work under a contract
Federal Advisory Committee meetings, as they are advisory in nature and related to how the Department of Energy does its work, as opposed to actually carrying out the work	Conducting or performing work or other activities with others (i.e., working rather than discussing work)
Conducting or participating in discussions relating to work or collaboration (i.e., discussing, not working)	Principal investigator (PI) meetings

Further guidance on "non-conferences" and exemptions.

### Document Information

## DOCUMENT INFORMATION

Title:	Events and Meals – Planning and Reporting
Document number	11.03.002.000
Revision number	2
Publication date:	4/23/2014
Effective date:	4/23/2014
Next review date:	3/1/2015
Policy Area:	Events – Planning and Financial Management
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.02
Functional Division	OCFO
Prior reference information (optional)	Sections 11.01, 11.02, 11.10

## Source Requirements Documents

- [Contract 31, Section H, Clause H.49 – Conference Spending Consolidated and Further Continuing Appropriations Act, 2013 for Management and Operating Contracts \(MAY 2013\)](#)
- [DOE Acquisition Regulation Letter, No. AL 2012-15, Meal Costs in Management and Operating Contracts](#)
- [Updated Guidance on Conference-Related Activities and Spending \(December 6, 2012\)](#), embedded requirement in Clause H.49

## Other References

- [5 CFR 414.404, Determining if a Conference Is a Training Activity](#)
- [Federal Travel Regulation \(FTR\)](#)
- [DOE Conference Reporting Update 10-16-13](#)
- [Training Registration Fee Guidance](#)
- [Berkeley Lab DOE Conference Reporting \(as of June 4, 2013\)](#)

## Implementing Documents

Document Number	Title	Type
11.03.003.000	<a href="#">Serving Alcohol at Berkeley Lab Events</a>	Policy
11.03.002.002	<a href="#">Recruitment Meal Reimbursement form</a>	Form
11.01.019.005	<a href="#">Request for Issuance of Check (RFIC) form</a>	Form
11.01.019.000	<a href="#">Request for Issuance of Check</a>	Policy
11.06.001.000	<a href="#">Travel Policy</a>	Policy
11.07.004.000	<a href="#">Cost Allowability, D.6, Examples of Unallowable Costs</a>	Policy

# Exposure Assessment

Title:	Exposure Assessment
Publication date:	9/24/2013
Effective date:	6/30/2010

## BRIEF

### Policy Summary

Berkeley Lab's Exposure Assessment policy requires that Laboratory personnel exposure to chemical and physical workplace hazards be maintained within acceptable exposure limits. The Exposure Assessment policy further requires that exposures be minimized by the use of hazard elimination, engineering controls, personal protective equipment, and administrative controls.

Occupational exposures addressed by this policy include, but are not limited to, chemicals and physical agents (e.g., noise, hot and cold extremes, non-ionizing radiation). Note: Assessments for confined spaces, lasers, ergonomics, biological agents, and radiological exposures are handled by their respective programs.

### Who Should Read This Policy

Berkeley Lab managers, supervisors, employees, and affiliates who might be exposed to chemical or physical hazards at Berkeley Lab or during Laboratory-sponsored work

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/ih/programs/exposure.shtml>

## Contact Information

For assistance with exposure assessments, contact the Industrial Hygienist assigned to your division (see the [Who to Call page on the EH&S Web site](#)).

For questions about the overall Exposure Assessment Program, contact:

[Subject Matter Expert for Exposure Assessment](#)  
EHSS Division

Title:	Exposure Assessment
Publication date:	9/24/2013
Effective date:	6/30/2010

# POLICY

## To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/ih/programs/exposure.shtml>

### A. Purpose

This policy describes Berkeley Lab's approach to evaluating chemical and physical workplace health hazards at the Laboratory and for Laboratory-related work at other facilities.

Occupational exposures addressed by this program include, but are not limited to, chemicals and physical agents (e.g., noise, hot and cold extremes, non-ionizing radiation). Note: Assessments for confined spaces, lasers, ergonomics, biological agents, and radiological exposures are handled within their respective programs.

### B. Persons Affected

Berkeley Lab managers, supervisors, employees, and affiliates who might be exposed to chemical or physical hazards at Berkeley Lab or during Laboratory-sponsored work

### C. Exceptions

None

### D. Policy Statement

1. Overexposure to chemical or physical agents may lead to various types of occupational diseases. A partial list of common occupational health conditions is provided below:
  - a. Heat exhaustion or heat stroke from high temperatures
  - b. Asbestosis or lung cancer from asbestos
  - c. Headaches or systemic injury associated with organic solvents
  - d. Hearing loss as a result of noise exposure
2. There are many additional hazards from possible overexposures. Chemicals may pose hazards in addition to those related to direct exposure, such as flammability.
3. Prior to handling chemicals, persons must complete training that covers (a) hazards of chemicals and (b) methods for controlling the hazards. Training may include courses such as EHS0345 *Chemical Hygiene for Facilities*, EHS0348 *Chemical Hygiene and Safety*, EHS0356 *Nano-Safety for Crafts and Technical Work*, EHS0310 *Respirator Training*, and EHS0330 *Lead Worker Training*.
4. Users of hazardous chemicals and agents must follow training guidance and written procedures covering:
  - a. Exposure controls
  - b. Use of controls for chemical handling, including PPE
5. Assessments may be initiated by multiple methods:
  - a. Identified on a Job Hazards Analysis (JHA)
  - b. Requested on the Laboratory's Chemical Management System
  - c. Requested by Work Leads where work involves any new agents or materials that pose any concern about possible exposures
  - d. Inquired about or requested by a supervisor or employee
  - e. Flagged by the EH&S Division or other Laboratory divisions/departments during a walk-through
  - f. Prompted by another EH&S Division review or approval process
6. Exposure assessments may be qualitative or quantitative:
  - a. Baseline Exposure Assessments are often performed to determine whether a more in-depth quantitative assessment is necessary.
  - b. Quantitative assessments include air monitoring, noise dosimetry, and magnetic surveys. They are performed when it is not possible to determine whether a safe level of exposure may be maintained.
7. Controls should be protective at least to the level of Permissible Exposure Limits (PELs) and Threshold Limit Values (TLVs).
8. Line management (supervisors) ensure that Environment, Safety & Health (ES&H) requirements are followed to control exposures.
9. The Exposure Assessment Program should be evaluated for effectiveness. This is routinely done through the Laboratory's ES&H

Technical Assurance Program.

## E. Roles and Responsibilities

See [PUB-3000, Chapter 4, Section 4.18](#) for roles and responsibilities related to the execution of this policy's implementation.

Role	Responsibility
Industrial Hygiene Subject Matter Expert	Is responsible for development, approval, revision, and administration of this policy and its implementing documents
Line Managers	Ensure that persons within their areas of responsibility comply with this policy and its implementing documents, and notify the Industrial Hygiene Group of process changes that may affect employee exposures
Potentially Exposed Workers	Request an Exposure Assessment when a concern is present regarding potential exposure, and follow all guidance provided in training and Work Processes to evaluate and control exposures
Supervisors and Work Leads	Request an exposure assessment when a concern is present regarding potential exposure; and ensure that persons within their areas of responsibility comply with this policy and its implementing documents, and have completed the required training prior to beginning work

## F. Definitions/Acronyms

See [PUB-3000, Chapter 4, Section 4.18](#) and the [Implementing Documents](#) of this policy for technical terms related to the details of this policy and its implementation.

Term	Definition
Activity	For purposes of workplace evaluations and setting priorities, a job (or portion of a job) involving a discrete agent or set of agents to which workers may be exposed. The word "task" is sometimes also used in a similar manner.
Baseline Exposure Assessment	A Baseline Exposure Assessment is a process to screen activities to help determine associated risks and hazards. These assessments are generally qualitative, although some quantitative data (collection or review) may be involved.
Chemical Agents	Includes all chemicals used at the Laboratory (or in Laboratory-sponsored work). This includes pure chemicals, mixtures (such as paint or cleaning agents), and materials such as asbestos, silica, and engineered nanomaterials.
Engineered Nanomaterials	Discrete materials having structures with at least one dimension between 1 and 100 nanometers, and intentionally created, as opposed to those that are naturally or incidentally formed. Engineered nanomaterials do not include larger materials that may have nanoscale features (e.g., etched silicon wafers), biomolecules (e.g., proteins, nucleic acids, and carbohydrates), or materials with Occupational Exposure Limits (OELs) that address nano-size particles for that substance.
Exposure	Inhalation, ingestion, absorption, injection, or contact with a chemical, biological, or physical agent.

Exposure Assessment	The process of defining exposure profiles and judging the acceptability of workplace exposures to environmental agents. These assessments may be quantitative, semiquantitative, or qualitative. These assessments are generally conducted by an EH&S professional, which may include industrial hygienists or safety engineers. These assessments may be conducted for representative employees and are not required to be conducted for each individual. In all cases, employees have full access to exposure-monitoring information, including situations where an individual's exposure is not monitored.
Occupational Exposure Limit (OEL)	The maximum concentration of an air contaminant to which working people can be exposed for a specified time interval, usually the maximum average exposure allowed throughout an entire 8-hour shift. OELs are typically PELs or TLVs, which are also defined in this section. In the absence of formally recognized or regulatory-defined OELs, a chemical manufacturer may establish an exposure limit that is appropriate to use. Alternatively, the occupational health staff will have to determine or develop an appropriate protective level. This process often involves industrial hygiene, occupational medicine, and toxicology staff members. The National Institute for Occupational Safety and Health also publishes Recommended Exposure Limits (RELs), which may be evaluated for use.
Permissible Exposure Limit (PEL)	The OSHA permissible exposure limits are exposure levels considered safe for employee exposure in the workplace. Permissible exposure limits for airborne concentrations of hazardous materials are listed in 29 CFR 1910, Subpart Z and 29 CFR 1926, Subpart Z; and for physical agents (i.e., noise and non-ionizing radiation), in 29 CFR 1910, Subpart G.
Physical Agents	Agents such as noise, hot and cold extremes, and non-ionizing radiation (e.g., radio frequency, electromagnetic, microwave, and magnetic fields). Laser exposure is addressed by the Laser Safety Program (refer to <a href="#">PUB-3000, Chapter 16</a> ).
Professional judgment	The application and appropriate use of knowledge gained from formal education, experience, observation, experimentation, inference, peer review, and analogy. It allows an experienced industrial hygienist with incomplete or a minimum amount of data to estimate worker exposure in nearly any scenario (adapted from DOE Guide G 440.1 and AIHA <i>A Strategy for Assessing and Managing Occupational Exposures</i> , Third Edition), although such judgments and their basis should be documented.
Qualitative exposure assessment	The estimation of exposure determinants based on integration of available information and professional judgment (adapted from DOE Guide G 440.1-3, <i>Occupational Exposure Assessment</i> ).
Quantitative exposure assessment	The determination of exposure based on collection and quantitative analysis of data sufficient to adequately characterize exposures (adapted from DOE Guide G 440.1-3 and AIHA <i>A Strategy for Assessing and Managing Occupational Exposures</i> , Third Edition).
Threshold Limit Values (TLVs):	Airborne concentrations of materials to which nearly all workers may be repeatedly exposed without adverse effect. These values are developed and published by the American Conference of Governmental Industrial Hygienists (ACGIH). There are different values established for eight-hour time-weighted averages, ceilings, and Short-Term Exposure Limits (STELs). Other TLVs are available for non-chemical exposures, such as noise and non-ionizing radiation.

## G. Recordkeeping Requirements

- Job Hazards Analysis
- Activity Hazard Document
- Baseline and Quantitative Exposure Assessments

## H. Implementing Documents

Document Number	EH&S Reference	Title	Type
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07.07.013.001		Berkeley Lab <i>Exposure Assessment Program</i>	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.002.001		Asbestos	Program
07.07.003.001		Beryllium	Program
07.07.016.001		Heat Stress	Program
07.07.023.001		Non-Ionizing Radiation	Program

## I. Contact Information

For assistance with exposure assessments, contact the Industrial Hygienist assigned to your division (see the [Who to Call page on the EH&S Web site](#)).

For questions about the overall Exposure Assessment Program, contact:

[Subject Matter Expert for Exposure Assessment](#)

EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/24/2013	0.1	T. Roberts	Reviewed, 8/26/13	SRD, ImpDocs, Next Review Date	Minor
1/2/2010	0	T. Roberts	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Exposure Assessment
Document number	07.07.013.000
Revision number	0.1
Publication date:	9/24/2013
Effective date:	6/30/2010
Next review date:	9/24/2016
Policy Area:	Industrial Hygiene and Safety

RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapter 4, Section 4.18

## Source Requirements Documents

- [10 CFR 851.21\(a\)\(5\)](#), *Worker Health and Safety Program; Hazard Identification and Assessment; Evaluate Operations, Procedures, and Facilities to Identify Workplace Hazards*
- [29 CFR 1910.1020](#), *Access to Employee Exposure and Medical Records*
- [29 CFR 1910 Subpart Z](#), *Toxic and Hazardous Substances*
- [10 CFR 850](#), *Chronic Beryllium Disease Prevention Program*

## Other Driving Requirements

- Federal Public Law 91-596, *Occupational Safety and Health Act of 1970*
- PUB-3851, *Worker Safety and Health Program*

## Implementing Documents

Document Number	EH&S Reference	Title	Type
07.07.013.001		<a href="#">Berkeley Lab Exposure Assessment Program</a>	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.002.001		Asbestos	Program
07.07.003.001		Beryllium	Program
07.07.016.001		Heat Stress	Program
07.07.023.001		Non-Ionizing Radiation	Program

## Other References

- DOE Standard 6005, *Industrial Hygiene Practices (guidance only)*
- AIHA, *A Strategy for Assessing and Managing Occupational Exposures*, Third Edition (guidance only)
- DOE Guide 440.1-8, *Implementation Guide for Use with DOE Guide G 440.1: Occupational Exposure Assessment*



# **External Research Funding - Citizenship restrictions - Dummy**

# Fairness of Opportunity

## Brief

Title:	Fairness of Opportunity
Publication date:	12/20/2012
Effective date:	1/31/2011

## BRIEF

### Policy Summary

Berkeley Lab will take reasonable measures to broadly notify interested parties of technologies available for joint research and license.

### Who Should Read This Policy

This policy applies to:

- Berkeley Lab researchers
- Technology Transfer and Intellectual Property Management (TTIPM) staff
- Office of Sponsored Projects and Industry Partnerships (OSPIP) staff

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttt@lbl.gov](mailto:ttt@lbl.gov)

## Policy

Title:	Fairness of Opportunity
Publication date:	12/20/2012
Effective date:	1/31/2011

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) will take reasonable measures to ensure widespread notice of availability of technologies suitable for transfer, in particular notice of opportunities for exclusive licensing and joint research arrangements.

### B. Persons Affected

- Berkeley Lab researchers
- Technology Transfer and Intellectual Property Management (TTIPM) staff
- Office of Sponsored Projects and Industry Partnerships (OSPIP) staff

### C. Exceptions

This policy does not apply to technologies created by, nor to specific applications developed by, entities other than Berkeley Lab. This policy likewise does not apply to technologies developed under Cooperative Research and Development Agreements (CRADAs) or other technology-transfer agreements with predetermined intellectual property dispositions. (Fairness-of-opportunity requirements may apply to the selection of the CRADA participant itself.)

## D. Policy Statement

1. In conducting its technology-transfer activities, Berkeley Lab will ensure the widespread notice of opportunities for exclusive licensing or joint research arrangements.
2. The Technology Transfer and Intellectual Property Management (TTIPM) department is responsible for ensuring the widespread notice of licensing opportunities. This helps TTIPM meet DOE's Fairness of Opportunity requirements by increasing the pool of potential licensees and thereby maximizing potential utilization of Berkeley Lab technology by public and private entities. TTIPM may use a variety of different avenues for broadly providing notice of available technologies. These avenues include postings on the TTIPM or third-party Web sites; e-mails to recipients in particular industrial sectors; Berkeley Lab press releases; social media postings; or participation in trade shows. Berkeley Lab researchers may also contribute to this effort, including through their publications or participation in conferences.
3. Before exclusive licensing, a technology is typically posted or the opportunity is otherwise disseminated for a month or longer. There is no mandated amount of time, however, for the technology outreach effort.
4. OSPIP is responsible for informing DOE that Berkeley Lab has met the fairness-of-opportunity obligations for CRADAs. The availability of the joint research opportunity may be publicized by the research division, or TTIPM may assist in publicizing the opportunity. Per [Section C, Exceptions](#), Berkeley Lab does not need to widely disseminate collaborations proposed by the Laboratory's research partner. In general, however, fairness-of-opportunity efforts encourage collaboration with Berkeley Lab by ensuring the best minds from industry and academia are aware of the Laboratory's joint research opportunities.

## E. Roles and Responsibilities

Role	Responsibility
TTIPM Marketing Staff	<ul style="list-style-type: none"> <li>• Posts all Berkeley Lab technologies exclusively licensed to: the Berkeley Lab Web site, the Federal Business Opportunities Web site, and/or third-party Web sites</li> <li>• Tracks all technology inquiries in the TTIPM database</li> </ul>
TTIPM Licensing Staff	Documents the Laboratory's efforts to ensure fairness of opportunity in selecting an exclusive licensee
Researcher	Cooperates with TTIPM in promoting licensing or joint research opportunities
OSPIP Staff	Documents the Laboratory's efforts to ensure fairness of opportunity in selecting a CRADA participant

## F. Definitions/Acronyms

Term	Definition
Cooperative Research and Development Agreement (CRADA)	A contract that governs a joint research project in which the CRADA participant (usually a company) may provide some or all of the funding for the Berkeley Lab research effort, and funds all of its own research effort
Exclusive License	An agreement between an owner and another party that permits the other party to make certain use of the property, with the understanding that the owner may not concurrently grant any other licenses that have the same rights within the scope or field covered by the exclusive license
Joint Research	Research conducted by Berkeley Lab researchers and an outside entity
Licensing	Granting a license under intellectual property rights to authorize a use (such as copying software or using a patented invention) to a licensee, sparing the licensee from a claim of infringement brought by the licensor
OSPIP	Office of Sponsored Projects and Industry Partnerships
TTIPM	Technology Transfer and Intellectual Property Management
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles Example: Berkeley Lab Site Access

## G. Recordkeeping Requirements

- TTIPM keeps records of technology inquiries and fairness of opportunity efforts for licensing.
- OSPIP keeps records of CRADA documents it submits to DOE.

## H. Implementing Documents

None

## I. Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Clark	New	All	Major
12/20/2012	1	V. Wolinsky	Rewrite for wiki (policy)	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Fairness of Opportunity
Document number	10.05.003.000
Revision number	1
Publication date:	12/20/2012
Effective date:	1/31/2011
Next review date:	12/20/2015
Policy area:	Licensing
RPM Section (home)	Information Management
RPM Section (Cross reference)	Asset Management, Non-DOE Funded Research
Functional area	Technology Transfer and Intellectual Property Management
Prior reference information (optional)	

### Source Requirements Documents

- U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Clause I.92(e) - DEAR 970.5227-3 Technology Transfer Mission (Deviation July 2006)

### Implementing Documents

None

### Other References

- Department of Energy memo, "Guidance for providing fairness of opportunity for Technology Transfer activities at DOE facilities," June 10, 2011

# Fall Protection Hazard Assessment and Control

## Brief

Title:	Fall Protection Hazard Assessment and Control
Publication date:	9/10/2013
Effective date:	4/29/2010

## BRIEF

### Policy Summary

Berkeley Lab's Fall Protection Program applies to work on any walking or working surface having an unprotected side or edge above a lower level that is:

- 6 feet high or more (for construction work)
- 4 feet high or more (for nonconstruction work)

Surfaces include leading edges, roofs, tanks, manholes, unguarded machinery, aerial lifts, ladders, slopes steeper than 2:1 (horizontal to vertical), hillsides, roofs, and surfaces with open holes or skylights.

### Who Should Read This Policy

Berkeley Lab employees, construction contractors, nonconstruction subcontractors, vendors, and affiliates who work on any walking or working surface having an unprotected side or edge above a lower level that is:

- 6 feet high or more (for construction work)
- 4 feet high or more (for nonconstruction work)

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH30/CH30.html>

### Contact Information

Fall Protection SME  
EHSS Division

## Policy

Title:	Fall Protection Hazard Assessment and Control
Publication date:	9/10/2013
Effective date:	4/29/2010

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory's (Berkeley Lab's) Fall Protection Program applies to work on any walking or working surface having an unprotected side or edge above a lower level that is:

- 6 feet high or more (for construction work)
- 4 feet high or more (for nonconstruction work)

Surfaces include leading edges, roofs, tanks, manholes, unguarded machinery, aerial lifts, ladders, slopes steeper than 2:1 (horizontal to vertical), hillsides, roofs, and surfaces with open holes or skylights.

## B. Persons Affected

Berkeley Lab employees, construction contractors, nonconstruction subcontractors, vendors, and affiliates who work on any walking or working surface having an unprotected side or edge above a lower level that is:

- 6 feet high or more (for construction work)
- 4 feet high or more (for nonconstruction work)

## C. Exceptions

Fall-protection work controls are not required under the following conditions:

1. For nonroofers only: Work on a flat or low-sloped roof (slope of less than 4 in 12) when all of the following conditions are met:
  - a. All work is conducted at least 15 feet from any unprotected edge
  - b. A warning line is used to denote the 15-foot distance
  - c. No work activities take place between the warning line and the unprotected edge
  - d. Workers follow the work rule of not going past the warning line
2. Work on scissor lifts if an engineered anchor point is not provided by the manufacturer
3. During scaffold erection and dismantling, when all of the following conditions are met:
  - a. The designated Competent Person overseeing the operation has determined that active fall protection is infeasible
  - b. The Competent Person has put a fall-protection plan in writing that meets the California Occupational Safety and Health Administration (Cal/OSHA) requirements found in the *Construction Safety Orders*, Sections 1635.1-1667
  - c. The Competent Person has submitted the written fall-protection plan to Berkeley Lab Project Management for review and approval prior to commencing the operation
4. Climbing up and down ladders
5. Work from ladders higher than 6 feet and below the third rung when the user can maintain three-point contact (consisting of two feet and one hand) at all times
6. Work from platform ladders when the user can demonstrate that he or she can work safely inside the rails of the ladder

## D. Policy Statement

1. At Berkeley Lab, height limits are set at:
  - a. 6 feet for construction work
  - b. 4 feet for nonconstruction work
2. A written fall-protection plan is required for any task requiring fall protection. For most situations, a Fall Protection Planning Matrix (FPPM) is used. An FPPM can be obtained and will be approved by the Fall Protection subject matter expert (SME).
3. Authorized Persons are Berkeley Lab employees (including affiliates and directly supervised subcontractors) who perform work tasks where the use of fall-protection equipment is required. Authorized Persons must successfully complete Berkeley Lab training course EHS0276 (*Fall Protection*) and be authorized by their supervisors or work leads. Only trained Authorized Persons can use fall-protection equipment.
4. New construction and installations with fall hazards must be designed to eliminate the need for fall protection.
5. Work controls are required under the following conditions:
  - a. Any work task on a walking/working surface with an unprotected side or edge above height limits
  - b. Any work task on an aerial lift (including a scissor lift only if an engineered anchor point is provided by the manufacturer) when working above the protection system at floor openings, unprotected perimeters above height limits, and whenever a fall above height limits could occur
  - c. Any work task done by steel erectors and sheet metal installers above height limits
  - d. Any use of a portable ladder when working above height limits or above the third rung (from the top of the ladder)
  - e. Any use of a portable ladder when working above height limits and below the third rung when the user cannot maintain three-point contact (consisting of two feet and one hand) at all times. A written fall-protection plan is required for any task requiring fall protection. In most cases, an FPPM will be used for planning.
  - f. Any use of scaffolding, including erecting and dismantling, requires a written fall protection plan to identify and control site and access issues with the scaffolding location.
6. Work controls must be used when working above height limits.
  - a. Initial work controls are identified in:
    - i. Individual Baseline Job Hazards Analyses (JHAs) or
    - ii. Task-based JHAs
  - b. Control systems to be used are:
    - i. Passive systems that eliminate the need for fall protection through the application of engineering controls (such as lowering the work surface or providing barriers such as parapets that prevent contact with the leading edge) or administrative controls (such as changing a process, sequence, or procedure so that workers do not need to work at heights)
    - ii. Active systems that protect the worker through fall-arrest equipment. An active fall-protection system or personal fall-arrest system (PFAS) requires the use of specialized fall-protection equipment that must be fitted to the user and worn to control fall hazards. The user is secured to an anchorage point at all times, even while moving from point to point.
    - iii. See the program document for special requirements covering:
      1. Scaffolding
      2. Steel erection
      3. Tree trimming
      4. Roofing and nonroof work on roofs
      5. Fixed ladders
      6. Confined spaces
      7. First-person-up situations

## E. Roles and Responsibilities



Role	Responsibility
Authorized Persons	<ul style="list-style-type: none"> <li>• Must have a working understanding of Berkeley Lab's Fall Protection Program</li> <li>• Must have knowledge and training necessary to properly wear and care for fall-protection equipment and to follow all fall-protection hazard controls developed by a Competent Person</li> <li>• Must successfully complete Berkeley Lab course EHS0276, <i>Fall Protection</i>, (or the equivalent for subcontractors)</li> <li>• Must be authorized by supervision either through an employee Job Hazards Analysis (JHA); a construction JHA; or, for service contractors, through the subcontractor Job Hazards Analysis (sJHA)</li> </ul>
Competent Persons	<ul style="list-style-type: none"> <li>• Must identify fall hazards of work tasks by conducting fall-hazard surveys, stopping or limiting work at the hazard site, supervising selection and use of fall-protection equipment, verifying equipment is compliant and workers are trained, participating in investigations, conducting equipment inspections, and removing damaged equipment from service</li> <li>• Are authorized to take prompt corrective measures to eliminate or mitigate fall hazards, and are knowledgeable in the application and use of fall-protection equipment</li> <li>• Must complete a training program approved by the Berkeley Lab Environment, Health, Safety, and Security (EHSS) Fall Protection Program Administrator</li> </ul>
Qualified Persons	<ul style="list-style-type: none"> <li>• Supervise the design, selection, installation, and inspection of fall-protection equipment, and participate in the investigation of incidents</li> <li>• Have specialized training (such as a Registered Professional Engineer), extensive knowledge and experience in fall protection, and have successfully demonstrated the ability to solve problems relating to fall protection</li> <li>• Are responsible for designing specialized fall-protection systems and equipment, and evaluating and approving anchorage points</li> <li>• At Berkeley Lab, the Qualified Person is the Facilities Division Structural Engineer</li> </ul>
Program Administrator	<ul style="list-style-type: none"> <li>• Develops, implements, maintains, and evaluates the Fall Protection Program, providing guidance to all others involved with the program, establishing a procedure to identify fall hazards, developing fall protection and rescue procedures, ensuring training, and participating in incident investigations</li> <li>• At Berkeley Lab, the Fall Protection Program Administrator is the EHSS Group Leader for Occupational Safety</li> </ul>

## F. Definitions/Acronyms

See [PUB-3000, Chapter 30, \*Fall Protection Program\*](#), for technical terms related to the details of this policy and its implementation.

Term	Definition
Work Surface	Surfaces including leading edges, roofs, tanks, manholes, unguarded machinery, aerial lifts, ladders, slopes steeper than 2:1 (horizontal to vertical), hillsides, roofs, and surfaces with open holes or skylights
Active Fall Protection System	An active personal fall-restraint or personal fall-arrest system (PFAS) requires specialized fall-protection equipment that must be fitted to the user and worn to control fall hazards. The user is secured to an anchorage point at all times, even while moving from point to point.
Passive Fall Protection System (PFPS)	A system used to control fall hazards by means other than the wearing of personal protective equipment (PPE). Examples are guardrails, safety nets, warning lines, etc.
Personal Fall Arrest System (PFAS)	A system used to arrest an employee in a fall from a working level. It consists of an anchorage, connectors, a full-body harness, and a shock-absorbing connecting device that may include a lanyard, deceleration device, lifeline, or a suitable combination of these. Safety belts must not be used as part of a fall-arrest system.

## G. Recordkeeping Requirements

Fall Protection Planning Matrix

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.007.001	Chapter 10, Appendix A, Section A.13	<i>Ladders</i>	Procedure
	Chapter 10, Appendix A, Section A.21	<i>Protection of Openings and Open Side Floors and Decks</i>	Procedure
	Chapter 10, Appendix A, Section A.22	<i>Scaffolding</i>	Procedure
	Chapter 10, Appendix A, Section A.6	<i>Fall Protection</i>	Procedure
07.07.014.001	Chapter 30	<i>Fall Protection Program</i>	Program
07.07.014.002	Chapter 30, Work Process A	<i>General Requirements</i>	Work Process
07.07.014.003	Chapter 30, Work Process B	<i>Fall Protection Equipment Procurement</i>	Work Process
07.07.014.004	Chapter 30, Work Process C	<i>Authorization and Training</i>	Work Process
07.07.014.005	Chapter 30, Work Process D	<i>Hazard Assessment</i>	Work Process
07.07.014.006	Chapter 30, Work Process E	<i>Work Control Requirements</i>	Work Process
07.07.014.007	Chapter 30, Work Process F	<i>Fall Protection Equipment</i>	Work Process
07.07.014.008	Chapter 30, Work Process G	<i>Passive Fall Protection Systems</i>	Work Process
07.07.014.009	Chapter 30, Work Process H	<i>Active Fall Protection Systems</i>	Work Process
07.07.006.001	Chapter 34	<i>Confined Spaces</i>	Program
07.07.001.001	Chapter 45	<i>Elevated Work Locations</i>	Program

## I. Other References

Title	Type
ANSI A14.3, <i>Ladders – Fixed – Safety Requirements</i>	Consensus Standard
ANSI A14.4, <i>American National Standard for Job Made Wooden Ladders</i>	Consensus Standard
ANSI A92.2, <i>Vehicle-Mounted Elevating and Rotating Aerial Devices</i>	Consensus Standard
ANSI A92.3, <i>Manually Propelled Elevating Aerial Platforms</i>	Consensus Standard
ANSI A92.6, <i>Self-Propelled Elevating Work Platforms</i>	Consensus Standard

## J. Contact Information

Fall Protection SME  
EHSS Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Wisherop	Re-write for RPM wiki (brief)	all	Minor
9/10/2012	1	M. Wisherop	Re-write for RPM wiki (policy)	all	Minor
9/10/2013	1.1	M. Rice	Reviewed 8/28/13	SRD, Next Review Date	Minor

## Document Information

### DOCUMENT INFORMATION

Title:	Fall Protection Hazard Assessment and Control
Document number	07.07.014.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	4/29/2010
Next review date:	9/10/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	

### Source Requirements Documents

- 10 CFR 851, *Worker Safety and Health Program*
- 29 CFR 1910, *Occupational Safety and Health Standards for General Industry*
- 29 CFR 1910.25, *Portable Wood Ladders*
- 29 CFR 1910.26, *Portable Metal Ladders*
- 29 CFR 1910.27, *Fixed Ladders*
- 29 CFR 1910.28, *Safety Requirements for Scaffolding*
- 29 CFR 1910.29, *Manually Propelled Mobile Ladder Stands and Scaffolds (Towers)*
- 29 CFR 1910.67, *Vehicle-Mounted Elevating and Rotating Work Platforms*
- 29 CFR 1926 *Safety and Health Regulations for Construction*
- 29 CFR 1926.104, *Safety Belts, Lifelines, and Lanyards*
- 29 CFR 1926.105, *Safety Nets*
- 29 CFR 1926 Subpart L, *Scaffolds*
- 29 CFR 1926 Subpart M, *Fall Protection*
- 29 CFR 1926.760, *Fall Protection —Steel Erection*
- 29 CFR 1926 Subpart X, *Ladders*

### Other Driving Requirements

- Title 8 CCR, Div. 1, Chapter 4, Subchapter 4, *Construction Safety Orders*(for all construction safety unless 29 CFR 1926 is more strict) (Cal/OSHA Standard)
  - Article 21, *Scaffolds – General Requirements* (Sections 1635.1–1637)
  - Article 22, *Scaffolds – Various Types* (Sections 1640–1655)
  - Article 23, *Suspended Scaffolds* (Sections 1658–1667)
  - Article 24, *Fall Protection* (Sections 1669–1672)
  - Article 25, *Ladders* (Sections 1675–1678)

### Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.007.001	Chapter 10, Appendix A, Section A.13	<i>Ladders</i>	Procedure
	Chapter 10, Appendix A, Section A.21	<i>Protection of Openings and Open Side Floors and Decks</i>	Procedure
	Chapter 10, Appendix A, Section A.22	<i>Scaffolding</i>	Procedure
	Chapter 10, Appendix A, Section A.6	<i>Fall Protection</i>	Procedure
07.07.014.001	Chapter 30	<i>Fall Protection Program</i>	Program
07.07.014.002	Chapter 30, Work Process A	<i>General Requirements</i>	Work Process
07.07.014.003	Chapter 30, Work Process B	<i>Fall Protection Equipment Procurement</i>	Work Process
07.07.014.004	Chapter 30, Work Process C	<i>Authorization and Training</i>	Work Process
07.07.014.005	Chapter 30, Work Process D	<i>Hazard Assessment</i>	Work Process
07.07.014.006	Chapter 30, Work Process E	<i>Work Control Requirements</i>	Work Process
07.07.014.007	Chapter 30, Work Process F	<i>Fall Protection Equipment</i>	Work Process
07.07.014.008	Chapter 30, Work Process G	<i>Passive Fall Protection Systems</i>	Work Process
07.07.014.009	Chapter 30, Work Process H	<i>Active Fall Protection Systems</i>	Work Process
07.07.006.001	Chapter 34	<i>Confined Spaces</i>	Program
07.07.001.001	Chapter 45	<i>Elevated Work Locations</i>	Program

## Other References

Title	Type
ANSI A14.3, <i>Ladders – Fixed – Safety Requirements</i>	Consensus Standard
ANSI A14.4, <i>American National Standard for Job Made Wooden Ladders</i>	Consensus Standard
ANSI A92.2, <i>Vehicle-Mounted Elevating and Rotating Aerial Devices</i>	Consensus Standard
ANSI A92.3, <i>Manually Propelled Elevating Aerial Platforms</i>	Consensus Standard
ANSI A92.6, <i>Self-Propelled Elevating Work Platforms</i>	Consensus Standard

# Family & Medical Leave Policy - B

Title:	Family and Medical Leave Policy
Publication date:	1/2/2012
Effective date:	4/22/2003

## BRIEF

### Policy Summary

Berkeley Lab recognizes the importance of family and the difficulties employees face following the death of a family member or another person close to the employee. The Laboratory provides time off for this purpose. In accordance with the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), the Laboratory provides eligible employees up to 12 workweeks of unpaid leave.

### Who Should Read This Policy

Employees who have at least 12 months of [University/Laboratory service](#) and who have [worked at least 1,250 hours](#) during the 12 months before the leave are entitled, on request, to up to 12 workweeks of unpaid leave in a calendar year for an eligible employee's [serious health condition](#); the serious health condition of the employee's family member (child, spouse, or parent); same- or opposite-sex domestic partner; or the need to care for the employee's newborn, adopted, or foster child (parental leave).

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.13.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Family and Medical Leave Policy
Publication date:	1/2/2012
Effective date:	4/22/2003

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.13.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Family and Medical Leave Policy
Document number	02.07.003.000
Revision number	0
Publication date:	1/2/2012
Effective date:	4/22/2003
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.13
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)
- Federal Family and Medical Leave Act of 1993
- California Civil Code 56-565.37, California Confidentiality of Medical Information Act (CCMIA)
- California Family Rights Act (CFRA)
- California Domestic Partner Rights and Responsibilities Act

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Financial Management System (FMS) User Access Control

Title:	Financial Management System (FMS) User Access Control
Publication date:	3/25/2013
Effective date:	12/7/2011

## BRIEF

### Policy Summary

Berkeley Lab's Office of the Chief Financial Officer (OCFO) is responsible for managing the secure stewardship and control of its business and financial systems. This includes maintaining clearly defined roles and permissions, setting up and managing user accounts, and ensuring that users' access privileges and assigned roles are approved and consistent with business needs.

### Who Should Read This Policy

Any Berkeley Lab employee responsible for managing user access for Laboratory business and financial systems

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Deputy Chief Financial Officer](#) or  
[OCFO Business Systems Analysis \(BSA\) Manager](#)

Title:	Financial Management System (FMS) User Access Control
Publication date:	3/25/2013
Effective date:	12/7/2011

## POLICY

### A. Purpose

This document defines the policy and procedures for managing Office of the Chief Financial Officer (OCFO) business and financial system user access controls, which includes roles and permissions, user accounts, and access privileges that meet approved criteria and are consistent with business needs.

### B. Persons Affected



Any Lawrence Berkeley National Laboratory (Berkeley Lab) employee responsible for managing user access for Laboratory business and financial systems

### C. Exceptions

None

### D. Policy Statement

OCFO is responsible for managing the secure stewardship and control of its business and financial systems. This includes maintaining clearly defined roles and permissions, setting up and managing user accounts, and ensuring that users' access privileges and assigned roles are approved and consistent with business need.

OCFO employs this policy and a variety of security-enforcement mechanisms for controlling system user access. Consistent with the Berkeley Lab Requirements and Policies Manual (RPM) *Security for Information Technology* policy, these controls ensure that data resident in systems are sufficiently protected from unauthorized use, alteration, and manipulation; and that users, data owners, and system owners take appropriate precautions to secure business and financial systems and the data contained therein.

Division managers and supervisors are responsible for communicating changes in employee job responsibility and/or employment status to the OCFO System Module Owner, Business Systems Manager, or designee. For some OCFO systems, such as the PeopleSoft Financial Management System, Berkeley Lab's Termination Notification System (TNS) automatically locks the user's account, preventing further system access when an employee is terminated.

OCFO employs a risk-based approach to conducting regular reviews and validations of users' system access.

### E. Roles and Responsibilities

Role	Responsibility
Business Systems Analysis Manager or Designee	<ul style="list-style-type: none"><li>• Manages the OCFO business and financial system user access program consistent with this policy</li><li>• Ensures that changes to a user's access and privileges are authorized by the user's manager or supervisor</li><li>• Supports system module owners in defining and documenting requirements for basic and enhanced user access and privileges. Where changes are required, communicates functional requirements to the IT Business Systems unit.</li><li>• Conducts and/or coordinates regular reviews of user access and privileges as defined in the attached Risk Based User Access Program</li><li>• Establishes the time limit for automatic application time-outs and communicates these parameters to IT</li><li>• Manages the use of anonymous accounts</li></ul>
OCFO System Module Owner or Designee	<ul style="list-style-type: none"><li>• Working with the Manager of Business Systems Analysis or designee, defines requirements for user access and privileges related to a specific module. For user roles that provide enhanced user access, the System Module Owner establishes access criteria such as completion of specific skills training, appropriate job titles, or other criteria consistent with business need.</li><li>• Identifies roles that are incompatible due to potential conflict of interest requiring separation of functional duties/responsibilities. Working with the Manager of Business Systems Analysis or designee, ensures that no user has access to multiple roles that, when assigned to the same user, create a potential for conflicts of interest.</li><li>• Reviews and approves requests for enhanced user access. Verifies pre-conditions are met and that the intended system usage is appropriate.</li><li>• Submits approved system access and privilege changes via e-mail to Business Systems Analysis Manager or designee</li><li>• Where applicable, manages user access to division-specific (i.e., row-level) information</li><li>• Periodically reviews and, as necessary, requests changes to basic and enhanced system access and privileges consistent with business requirements</li><li>• Participates in regular user access reviews to help confirm user access and privileges</li></ul>

Supervisors of System Users (including employees and/or affiliates)	<ul style="list-style-type: none"> <li>Request enhanced user access via e-mail from the System Module Owner (or designee), consistent with business need. Ensure that access pre-conditions and criteria (such as completion of specific skills training) are completed by the new user.</li> <li>If a user's assigned job responsibility, organization, or other condition changes, assess whether a change to the user's systems access or privilege level is required. If so, request this change via e-mail from the System Module Owner (or designee).</li> </ul>
ITBS (IT Division Business Systems)	<ul style="list-style-type: none"> <li>Based on functional specifications and consistent with this policy, establishes, monitors, and maintains system parameters and controls in support of the requested system access and privileges</li> <li>Supports regular access reviews and confirms access and privileges assigned to ITBS staff</li> <li>Maintains the time limit for automatic application time-outs based on input from Business Systems Analysis Manager</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Anonymous Accounts	<i>System accounts</i> established to run background processes and/or to test and maintain system capabilities
Enhanced User Access	Additional access to system capabilities that provide read/write permissions and/or read access to sensitive information
System Module Owner	Functional manager with assigned responsibility for a system component consistent with the OCFO Business System Ownership policy
User	Individual employee, affiliate, or system process authorized to access an information system

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.04.003.001	<a href="#">Risk Based Review — Categories, Criteria and Review Cycle</a>	Procedure

## I. Contact Information

Deputy Chief Financial Officer or  
OCFO Business Systems Analysis (BSA) Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	Axthelm	Review completed 12/17/2012, no changes	Pub & next review dates	Minor

1/2/2012	1	Axthelm	Reformat for wiki	All	Minor
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## DOCUMENT INFORMATION

Title:	Financial Management System (FMS) User Access Control
Document number	11.04.003.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	12/7/2011
Next review date:	12/17/2013
Policy Area:	Financial Business Systems
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.49
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.49

## Source Requirements Documents

None

## Other Driving Requirements

Document Number	Title	Type
11.04.002.000	<a href="#">Business System Ownership</a>	Policy
10.01.002.000	<a href="#">Security for Information Technology</a>	Policy

## Implementing Documents

Document Number	Title	Type
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11.04.003.001	Risk Based Review — Categories, Criteria and Review Cycle	Procedure
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# Financial Management - General Guidelines

Title:	Financial Management – General Guidelines
Publication date:	9/26/2013
Effective date:	6/1/2011

## BRIEF

### Policy Summary

For all financial business actions, Berkeley Lab must comply with Department of Energy (DOE) contractual criteria and adhere to federal Cost Accounting Standards (CAS).

### Who Should Read This Policy

All Berkeley Lab employees with any financial responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager](#)  
[Financial Policy and Assurance Manager](#)  
[Budget Officer](#)

Title:	Financial Management – General Guidelines
Publication date:	9/26/2013
Effective date:	6/1/2011

## POLICY

### A. Purpose

This policy provides overall guidelines for all financial business actions, affirming that Lawrence Berkeley National Laboratory (Berkeley Lab) must comply with Department of Energy (DOE) contractual criteria and adhere to federal Cost Accounting Standards (CAS).

### B. Persons Affected

All Berkeley Lab employees with any financial responsibilities

## C. Exceptions

None

## D. Policy Statement

For all financial business actions, Berkeley Lab must comply with DOE criteria as stipulated in DOE Contract 31 and adhere to federal CAS. Compliance with DOE contractual criteria ensures that appropriate accounting practices are consistent throughout all Laboratory organizational units and work activities.

1. **Financial Obligations:** Confirmation of Berkeley Lab's receipt of funds and authorization to begin work is required before employees make commitments to hire staff, purchase goods, procure services, or incur other financial obligations. For authorization criteria and the list of authorized approvers, see [Signature Authority Guidelines](#).
2. **Spending Criteria**
  - a. Funding received by Berkeley Lab must be spent on the scope of work for which it was authorized and, generally, within the specified time period authorized.
  - b. Costs such as payroll, procurements, services, or supplies must be identified by the appropriate project ID that reflects the scope of work for that project.
3. **Changes to Accounting/Financial Practices:** Proposed changes to accounting or financial practices require review and approval by DOE contracting officers. The Office of the Chief Financial Officer (OCFO) will review all proposals for appropriateness, compliance with CAS, and endorsement of Berkeley Lab senior management prior to submitting to DOE for approval.
4. **Adjustments or Corrections:** Any subsequent accounting corrections and/or resource adjustments must adhere to the financial policies and procedures for [Resource Adjustments](#) policy found in this Requirements and Policies Manual (RPM).

## E. Roles and Responsibilities

Role	Responsibility
Subject Matter Expert (SME) (policy owner)	<ol style="list-style-type: none"><li>1. Contacts OCFO Financial Policy &amp; Assurance Office prior to writing policy</li><li>2. Drafts policy using the <a href="#">OCFO Financial Policy Template</a></li><li>3. E-mails draft to Financial Policy Office for editing</li></ol>
Financial Policy & Assurance Office	<ol style="list-style-type: none"><li>1. Edits draft policy for clarity, voice, and format consistency</li><li>2. Ensures new policy drafts are sent to OCFO management for comments, usually within 10 working days</li><li>3. Reviews any recommendations or edits from OCFO management with policy owner/SME and updates draft policy (if appropriate)</li><li>4. Sends new policy drafts to the Laboratory financial/business community, as appropriate, for comments, usually within 10 working days</li><li>5. Reviews and implements any recommendations with policy owner/SME</li><li>6. E-mails policy to OCFO Webmaster for posting to OCFO Financial Policy &amp; Assurance Web page</li><li>7. Contacts the <i>Requirements and Policies Manual</i> (RPM) Webmaster to update policy links and Responsible Manager information in the RPM</li><li>8. When policy is posted, sends announcement to financial/business community, at discretion of policy owner/SME</li><li>9. Coordinates policy training, as necessary</li></ol>

## F. Definitions/Acronyms

No special terms.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.01.016.000	Resource Adjustments policy	Policy
11.07.005.002	Signature Authority Guidelines	Guidelines

## I. Contact Information

General Accounting Manager  
 Financial Policy and Assurance Manager  
 Budget Officer

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/26/2013	1.1	Beedle	Review completed 9/5/2013, no changes	Publ & Next Review dates	Minor
1/2/2012	1	Hegarty	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Financial Management – General Guidelines
Document number	11.07.001.000
Revision number	1.1
Publication date:	9/26/2013
Effective date:	6/1/2011
Next review date:	6/1/2015
Policy Area:	Financial General Policies and Information
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.03
Functional Division	OCFO

Prior reference information (optional)	
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## Source Requirements Documents

- U.S. Anti-Deficiency Act (ADA), Public Law (Pub.L.), 97-258, 96 Statutes at Large (Stat.) 923.
- United States Code Title 31 (Money and Finance), Subtitle II (The Budget Process), Chapter 13 (Appropriations), Subchapter III (Limitations, Exceptions, Penalties), [Paragraph 1341](#) (Limitations on expending and obligating amounts).
- Berkeley Lab Office of Chief Financial Officer (OCFO) requirement

## Implementing Documents

Document number	Title	Type
11.01.016.000	<a href="#">Resource Adjustments policy</a>	Policy
11.07.005.002	<a href="#">Signature Authority Guidelines</a>	Guidelines



# Fire Prevention and Protection

## Brief

Title:	Fire Prevention and Protection
Publication date:	7/18/2014
Effective date:	3/5/2009

## BRIEF

### Policy Summary

The Fire Prevention and Protection Program ensures that Berkeley Lab employees, visitors, and the surrounding public are not harmed by unauthorized, unplanned, or unregulated fires. This is achieved by:

- Adhering to applicable laws, regulations, and codes
- Developing and maintaining emergency procedures
- Providing fire protection equipment
- Overseeing the Hot Work Permit Program
- Reviewing and approving all construction and renovation projects
- Properly managing flammable and hazardous chemicals and materials

### Who Should Read This Policy

This policy applies to Berkeley Lab employees, visitors, affiliates, and subcontractors.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the Program Details, Go To:

[The ES&H Manual, \*Fire Prevention and Protection\*](#)

## Contact Information

[Berkeley Lab Fire Marshal](#)  
Protective Services Department

## Policy

Title:	Fire Prevention and Protection
Publication date:	7/18/2014
Effective date:	3/5/2009

## POLICY

### A. Purpose

The Fire Prevention and Protection Program ensures that Lawrence Berkeley National Laboratory (Berkeley Lab) employees, visitors, and the surrounding public are not harmed by unauthorized, unplanned, or unregulated fires. This is achieved by:

- Adhering to applicable laws, regulations, and codes
- Developing and maintaining emergency procedures
- Providing fire protection equipment
- Overseeing the Hot Work Permit Program
- Reviewing and approving all construction and renovation projects
- Properly managing flammable and hazardous chemicals and materials

## B. Persons Affected

This policy applies to Berkeley Lab employees, visitors, affiliates, and subcontractors.

## C. Exceptions

Exceptions to this policy must be processed in accordance to Section D.2 of this Policy

## D. Policy Statement

### D.1 General

Berkeley Lab is committed to providing a level of fire protection that meets DOE requirements and applicable federal, state, and local requirements consistent with the goals of the highly protected risk philosophy of the insurance industry. An effective fire prevention and protection program is essential to protect the Laboratory and the surrounding community from injuries, death, property loss, and business interruption, and to ensure a safe workplace for employees, affiliates, subcontractors, and visitors.

This policy requires adherence to and compliance with all applicable laws, orders, regulations, codes, standards, guides, policies, and good practices pertaining to fire prevention and protection.

The Laboratory Director is responsible for ensuring a comprehensive and integrated fire protection program. The Protective Services Department is charged with developing and administering the Fire Prevention and Protection Program and serves as the liaison to external fire- and life-safety agencies. It is the primary responsibility of every employee, affiliate, and subcontractor to place the highest priority on safety to minimize the possibility of a fire or life-safety threat.

The Laboratory's [Fire Prevention and Protection Program](#) covers fire prevention, fire protection, emergency response, technical rescue, hazmat mitigation, emergency medical assistance, construction and design review, safety education and training, and the maintenance of all fire-detection, suppression, and life-safety systems.

1. Berkeley Lab develops and maintains emergency procedures for fire prevention and protection (Work Process A).
2. The Berkeley Lab Fire Marshal oversees inspection and maintenance of fire protection equipment (Work Process B).
3. The Fire Marshal with the EHS Division ensures that special hazards are identified and addressed (Work Process C)
4. The Fire Marshal defines the training requirements for fire prevention and protection (Work Process D)
5. Inspection, test and maintenance of the Laboratory's fire protection systems are conducted by the Facilities Division under the guidance of the Fire Marshal (Work Process E)
6. Divisions are responsible for proper storage, dispensing, and use of combustibles and hazardous materials (Work Process F) within the limits of the building design.
7. Divisions are responsible for reporting accurate quantities and hazardous material types on-hand (Work Process G).
8. The Fire Marshal defines and implements the Hot Work Permit Program (Work Process H) for work with open flames, spark producing machinery, and welding not otherwise controlled by facility design.
9. The Fire Marshal defines and implements the Impairment Program (Work Process I) which is applied to properly manage and correct the risks associated with impairing fire protection and alarm systems when they are damaged or taken out of service.
10. Personnel may only use and maintain safe portable space heaters and other portable heating devices (Work Process J).
11. The Fire Marshal ensures that Fire Hazard Analyses and Fire Protection Assessments of the Laboratory's structures are performed as prescribed by code, and together with Facilities, EHS and funding approved by Sr. Lab Management drives for correction of shortcomings (Work Process K).
12. The Fire Marshal must review and approve all designs for construction and renovation projects. The Facilities Division has responsibility to carry out the Fire Marshal's instructions. (Work Process L)
13. The Fire Marshal manages requests for and records of equivalencies and exemptions for the Laboratory (see Section D.2 for policy and Work Process M for procedure).
14. The Fire Marshal defines and manages the Manual Fire Suppression Program (Work Process N).
15. The Fire Marshal develops and implements the wildland fire management plan for the Laboratory (Work Process O).
16. The Facilities Division, in collaboration with the EHS Environmental Services Group, establishes and implements liquid run-off controls (Work Process P).
17. The Facilities Division must maintain mechanical equipment and fan rooms (Work Process Q) for fire protection.
18. The Fire Marshal has responsibility for management of the halon fixed-fire suppression systems including development of a plan to phase out dependency on such systems.

### D.2. Exemptions and Equivalencies

Exemptions and equivalencies for situations governed by DOE fire safety requirements or mandatory codes or standards must follow specific processes set forth in DOE Order 420.1C. Those exemptions and equivalencies for situations falling under only UC fire safety requirements or mandatory codes or standards may be addressed by the Laboratory Fire Marshal.

An **exemption** is written authority to deviate from a DOE fire safety requirement or mandatory codes or standards, because compliance cannot be achieved directly or via **equivalency** (defined below). Fire protection exemptions must be processed in accordance with Berkeley Lab's [Fire Protection Program](#), Work Process M. The exemption for situations governed by DOE requirements must be submitted to the Laboratory Fire Marshal and to the Laboratory's Authority Having Jurisdiction (AHJ) for fire safety. Two completed exemption request applications must be submitted for review. Requests are analyzed for completeness and sent to the Director of Fire Protection Engineering at the Department of Energy for a final decision.

An **equivalency** is an approved, alternate means of satisfying the technical provisions of the applicable fire protection code or standard. Fire protection equivalencies must be processed in accordance with Berkeley Lab's Fire Protection Program, Work Process M. For situations governed by DOE requirements, the proposed facility design or operations equivalency must demonstrate an equivalent or higher level of safety (e.g. meets or exceeds the level of protection) and must have the concurrence of the Berkeley Lab Fire Marshal and the approval of the Laboratory's Authority Having Jurisdiction for fire safety.

## **E. Roles and Responsibilities**

<b>Role</b>	<b>Responsibility</b>
Laboratory Director	<ul style="list-style-type: none"> <li>• Sets Berkeley Lab fire prevention and protection policy consistent with applicable codes, regulations, and DOE orders</li> <li>• Provides and maintains the necessary fire protection program/services to maintain an adequate level of fire and life safety as well as property protection</li> </ul>
Protective Services Department	<ul style="list-style-type: none"> <li>• Is charged by the Laboratory Director to develop and administer the Laboratory's fire prevention and protection program</li> <li>• Establishes and defines the requirements that will provide an acceptable degree of life safety to protect Laboratory personnel and the public from fires at Berkeley Lab or any off-site facility</li> <li>• Serves as the liaison to external fire- and life-safety agencies</li> <li>• Provides technical expertise to achieve DOE fire protection goals and requirements</li> <li>• Provides and maintains the necessary staff and resources to ensure the implementation and documentation of the fire protection program</li> </ul>
Fire Marshal	<ul style="list-style-type: none"> <li>• Is responsible for the overall Fire Prevention and Protection program</li> <li>• Enforces, interprets, applies, and implements the Berkeley Lab Fire Prevention and Protection program</li> <li>• Has the authority to suspend unsafe operations or activities</li> <li>• Ensures Laboratory-wide compliance with fire prevention and protection requirements</li> <li>• Delegates to members of the Berkeley Lab Fire Department responsibility and authority for enforcement of the Berkeley Lab Fire Prevention and Protection policy</li> <li>• Along with his or her authorized representatives, serves in cooperation with the DOE-Authority Having Jurisdiction (AHJ) in the enforcement and application of the Berkeley Lab Fire Prevention and Protection policy. The DOE Berkeley Site Office (BSO) retains authority to grant equivalencies, exemptions, or variances.</li> </ul>
Authority Having Jurisdiction (AHJ)	<ul style="list-style-type: none"> <li>• Is assigned to the DOE Field Office (that is, DOE Berkeley Site Office) by DOE Order 420.1C. The AHJ roles and responsibilities may be delegated by the Field Office.</li> <li>• Determines the interpretation and application of fire prevention and protection requirements</li> <li>• Has the authority to grant equivalencies and variances.</li> <li>• Collaborates with the Berkeley Lab Fire Marshal and staff on fire prevention and protection matters.</li> </ul>
Fire Department	<ul style="list-style-type: none"> <li>• Prevents and controls fires</li> <li>• Provides emergency response services to protect people and property from fires, explosions, and other hazardous events</li> <li>• Investigates the cause, origin, and circumstances of fires and explosions</li> <li>• Responds to all calls received by the Berkeley Lab Fire Dispatch Center</li> <li>• Provides first-response rescue and transportation services in medical emergencies</li> <li>• Conducts fire-safety inspections</li> <li>• Inspects fire extinguishers</li> <li>• Develops and maintains up-to-date pre-fire plans to effectively prepare and respond to building emergencies</li> <li>• Trains employees in fire safety and fire extinguisher operation</li> </ul>
Fire Protection Engineer	<ul style="list-style-type: none"> <li>• Reviews Facilities Division projects to ensure Berkeley Lab's compliance with fire- and life-safety requirements for the storage, handling, and use of explosives and flammable, combustible, toxic, corrosive, and other hazardous materials</li> <li>• Provides guidance for fire safety in the design, processes, and equipment used in experiments and research projects</li> <li>• Conducts fire-risk surveys and fire-hazard analyses, and makes recommendations based on findings</li> <li>• Inspects and supervises the testing, repair, and maintenance of automatic fire protection and alarm systems</li> <li>• Manages the maintenance and testing program for fire extinguisher and fixed fire-suppression systems</li> <li>• Supports the Fire Marshal in ensuring Laboratory-wide compliance with Fire Prevention and Protection program and policy</li> </ul>
Facilities Division Management	<ul style="list-style-type: none"> <li>• Ensures compliance with all fire safety, inspection, and protection requirements for planning, designing, constructing, and installing buildings, structures, systems, and utilities</li> <li>• Ensures that all architectural and engineering projects are reviewed by the appropriate EHS Division authorities, including the Fire Marshal</li> <li>• Inspects, tests, and maintains the water supply, fire alarms, and fixed fire extinguishing systems</li> </ul>
Supervisors	<ul style="list-style-type: none"> <li>• Notify the Fire Department when changes in operation increase the risk of fire or related perils</li> <li>• Ensure their employees receive appropriate fire-safety training to work safely and protect Berkeley Lab assets</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Complete all requisite training before working without supervision</li> <li>• Conduct operations with minimum risk of fire</li> <li>• Report fires, smoke, and potential fire hazards to the Fire Department immediately</li> </ul>
EHS	<ul style="list-style-type: none"> <li>• Provides the chemical inventory system and tools to enable the divisions to effectively manage hazardous materials inventories and the Fire Marshal to track compliance with fire control area limits.</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Authority Having Jurisdiction (AHJ)	An organization, office, or individual responsible for enforcing the requirements of a code or standard or for approving equipment, materials, an installation or a procedure.
Equivalency	An alternative means of providing an equal or greater degree of safety than that afforded by strict conformance to prescribed codes and standards
Exemption	The process mandated by DOE to request deviation from compliance to DOE Order 420.1C or established national and state codes and standards. The process pertains to buildings or situations governed by DOE requirements.
Fixed equipment	Detectors and alarms, automatic fire sprinklers, fire doors and dampers, attached fire hoses, and fire hydrants
Hot work	Work with open flames or sparks
ITM	Inspection, test, maintenance. Fire protection systems must undergo ITM on a periodic basis, set forth by NFPA and other standards.
NFPA	National Fire Protection Association
Portable equipment	Fire extinguishers

## G. Recordkeeping Requirements

The following records must be maintained and be accessible to persons supporting the Laboratory's Fire Protection Program:

- Hot work permits
- Impairment records
- Fire extinguisher records
- ITM records
- Records of exemptions and equivalencies

## H. Implementing Documents

Document Number	Title	Type
07.11.001.001	<a href="#">Fire Prevention and Protection</a>	Program
07.11.001.002	Work Process A - Emergency Procedures for Fire Prevention and Protection	Work Process
07.11.001.003	Work Process B - Fire Protection Equipment	Work Process
tbd	Work Process C - Special Hazards	Work Process
07.11.001.004	Work Process D - Fire Prevention and Protection Training Requirements	Work Process
07.11.001.005	Work Process E - Fire Protection Systems and Inspection, Test, Maintenance (ITM)	Work Process
07.11.001.006	Work Process F – Storage, Dispensing, Use of Combustibles and Hazardous Materials for Fire Prevention and Protection	Work Process
07.11.001.007	Work Process G – Reporting On-hand Quantities of Combustibles and Hazardous Materials for Fire Prevention and Protection	
07.11.001.008	Work Process H - Hot Work Permit Standard Operating Procedure	Work Process
07.11.001.009	Work Process I - Impairment Program and Standard Operating Procedure	Work Process
07.11.001.010	Work Process J - Safe Use of Space Heaters and Portable Heating Devices	Work Process
07.11.001.011	Work Process K - Fire Hazard Analysis and Fire Protection Assessments	Work Process
07.11.001.012	Work Process L - Fire Prevention and Protection Design Review and Approval of Construction and Renovation Projects	Work Process
07.11.001.013	Work Process M - Exemptions and Equivalencies	Work Process
07.11.001.014	Work Process N - Manual Fire Suppression	Work Process
07.11.001.015	Work Process O - Wildland Fire Plan	Work Process
07.11.001.016	Work Process P - Liquid Run-Off Control Standard Operating Procedure	Work Process
07.11.001.017	Work Process Q - Maintenance of Mechanical Equipment and Fan Rooms	Work Process

## I. Contact Information

Berkeley Lab Fire Marshal  
Protective Services Department

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	G. Piermattei	Rewrite for wiki (brief)	All	Minor
11/18/2013	1	G. Aus	Rewrite for wiki (policy)	All	Minor
7/18/2014	1.1	G. Aus	Update to include Equivalency, Exemption, and definition for AHJ	Sections C, D.1, D.2, E, F	Minor

#### Document Information

## DOCUMENT INFORMATION

Title:	Fire Prevention and Protection
Document number	07.11.001.000
Revision number	1.1
Publication date:	7/18/2014
Effective date:	3/5/2009
Next review date:	11/18/2016
Policy Area:	Fire Protection
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	Protective Services
Prior reference information (optional)	PUB-3000, Chapter 12

## Source Requirements Documents

- 10 CFR 851, *Worker Health and Safety Program*
- DOE Order 420.1C, *Facility Safety*, Attachment 2, Chapter II, *Fire Protection*

## Other Driving Requirements

- CAC, Title 24, Part 2, *California Building Code*
- *National Fire Codes*, National Fire Protection Association
- CAC, Title 24, Part 9, *California Fire Code*
- CCR Title 8, *California Construction Safety Orders*
- 29 CFR 1910, *General Industry Safety Orders*
- 29 CFR 1926, *OSHA Construction Industry Standards*

## Implementing Documents

<b>Document Number</b>	<b>Title</b>	<b>Type</b>
07.11.001.001	<a href="#">Fire Prevention and Protection</a>	Program
07.11.001.002	Work Process A - Emergency Procedures for Fire Prevention and Protection	Work Process
07.11.001.003	Work Process B - Fire Protection Equipment	Work Process
tbd	Work Process C - Special Hazards	Work Process
07.11.001.004	Work Process D - Fire Prevention and Protection Training Requirements	Work Process
07.11.001.005	Work Process E - Fire Protection Systems and Inspection, Test, Maintenance (ITM)	Work Process
07.11.001.006	Work Process F – Storage, Dispensing, Use of Combustibles and Hazardous Materials for Fire Prevention and Protection	Work Process
07.11.001.007	Work Process G – Reporting On-hand Quantities of Combustibles and Hazardous Materials for Fire Prevention and Protection	
07.11.001.008	Work Process H - Hot Work Permit Standard Operating Procedure	Work Process
07.11.001.009	Work Process I - Impairment Program and Standard Operating Procedure	Work Process
07.11.001.010	Work Process J - Safe Use of Space Heaters and Portable Heating Devices	Work Process
07.11.001.011	Work Process K - Fire Hazard Analysis and Fire Protection Assessments	Work Process
07.11.001.012	Work Process L - Fire Prevention and Protection Design Review and Approval of Construction and Renovation Projects	Work Process
07.11.001.013	Work Process M - Exemptions and Equivalencies	Work Process
07.11.001.014	Work Process N - Manual Fire Suppression	Work Process
07.11.001.015	Work Process O - Wildland Fire Plan	Work Process
07.11.001.016	Work Process P - Liquid Run-Off Control Standard Operating Procedure	Work Process
07.11.001.017	Work Process Q - Maintenance of Mechanical Equipment and Fan Rooms	Work Process



# Fixed Treatment Units

## Brief

Title:	Fixed Treatment Units
Publication date:	3/28/2013
Effective date:	3/27/2013

## BRIEF

### Policy Summary

Berkeley Lab maintains Fixed Treatment Units (FTUs) to protect the surrounding environment, minimize waste handling, and maintain compliance with East Bay Municipal Utility District (EBMUD) discharge limits. The Laboratory achieves this by:

- Maintaining permits for the FTUs on site
- Maintaining operating records required by the state of California
- Submitting periodic compliance reports to EBMUD
- Ensuring that operators are properly and adequately trained
- Informing EBMUD and the city of Berkeley of new waste streams, new treatment units, or other changes to the process or treatment units

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors who discharge to, or maintain records for, the FTUs located in Buildings 2, 67, 70A, and 77

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH53.html>

### Contact Information

Waste: Water Treatment Units Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Fixed Treatment Units
Publication date:	3/28/2013
Effective date:	3/27/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) maintains Fixed Treatment Units (FTUs) to protect the surrounding environment, minimize waste handling, and maintain compliance with East Bay Municipal Utility District (EBMUD) discharge limits. The Laboratory achieves this by:

- Maintaining permits for the FTUs on site, and entering permit information into the California Environmental Reporting System (CERS)
- Maintaining operating records required by the state of California
- Submitting periodic compliance reports to EBMUD
- Ensuring that operators are properly and adequately trained
- Informing EBMUD and the city of Berkeley of new waste streams, new treatment units, or other changes to the process or treatment units

## **B. Persons Affected**

All Berkeley Lab employees, visitors, affiliates, and subcontractors who discharge to, or maintain records for, the FTUs located in Buildings 2, 67, 70A, and 77

## **C. Exceptions**

None

## **D. Policy Statement**

1. Berkeley Lab operates four hazardous-wastewater-treatment units, or Fixed Treatment Units (FTUs).
2. State law requires all facilities treating hazardous waste to obtain authorization from the Department of Toxic Substances Control (DTSC) and the city of Berkeley.
3. The Environmental Services Group (ESG) has prepared and maintains permit documentation, including notifications and plans required by the tiered permitting program.
4. When a new FTU is planned, the city of Berkeley and EBMUD must be notified 60 days before the first treatment of waste begins.
5. When there is a change to an existing treatment unit, a permit amendment must be submitted to the city of Berkeley and EBMUD ([Work Process A](#), [General Requirements](#)).

## **E. Roles and Responsibilities**

Role	Responsibilities
Principal investigators and supervisors	<ul style="list-style-type: none"> <li>• Ensure that environmental laws, regulations, and policies are followed</li> <li>• Request technical advice on environmental requirements and appropriate compliance strategies from ESG</li> <li>• Provide employee training in operational requirements for hazardous-waste treatment and maintain records of such training. Training must include the 24-hour Occupational Safety and Health Administration (OSHA) Hazardous Waste Operations and Emergency Response Standard (HAZWOPER) with annual eight-hour refresher.</li> <li>• Ensure that FTU operation follows acceptable written operating procedures and that any required records are current (FTU daily log and monthly calibration records)</li> <li>• Notify EBMUD and the EHSS Division within 30 minutes of any unplanned accidental releases to the sanitary sewer. Take immediate action to stop the release.</li> <li>• Prepare budget requests for and manage environmental protection upgrades and corrective actions for institutional projects</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable environmental laws, regulations, and policies</li> <li>• Remain fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li> <li>• Adhere to all environmental requirements contained in the Laboratory's city of Berkeley and EBMUD permits for their facility</li> <li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li> <li>• Participate in energy-conservation, recycling, pollution-prevention, and waste-minimization programs</li> <li>• Take immediate action to stop unplanned releases to the sanitary sewer, and report all instances of unplanned wastewater discharges to EBMUD and EHSS within 30 minutes of the release</li> <li>• Complete all required training provided by supervisors and EHSS</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Laboratory policies and procedures to assure that operations are conducted in an environmentally safe manner and that they fully comply with all applicable environmental laws and regulations</li> <li>• Prepares environmental compliance reports as required by the city of Berkeley and EBMUD; prepares EBMUD permit</li> <li>• Assesses current and planned Berkeley Lab programs, and helps to define environmental-protection compliance upgrades and corrective actions</li> <li>• Makes presentations and participates in discussions regarding FTU matters with Berkeley Lab employees, the city of Berkeley, DTSC, and EBMUD</li> <li>• Manages the preparation of FTU operating permit applications, permit amendments, and permit renewals with the city of Berkeley and EBMUD</li> <li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li> <li>• Monitors Laboratory wastewater discharges to the sanitary sewer to verify compliance with applicable regulations and permits</li> <li>• Investigates reports of unplanned sanitary sewer discharges and notifies EBMUD in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by the city of Berkeley and EBMUD</li> </ul>
Primary FTU Operator	<ul style="list-style-type: none"> <li>• Responsible for the overall operation of the FTU</li> <li>• Maintains daily log and monthly calibration records</li> <li>• Receives 24-hour OSHA training</li> </ul>

## F. Definitions/Acronyms

See the ES&H Manual [Fixed Treatment Units program](#) for technical terms related to the details of this policy and its implementation.

Term	Definition
Department of Toxic Substances Control (DTSC)	The department within the California Environmental Protection Agency that regulates hazardous-waste management and remedial actions
East Bay Municipal Utility District (EBMUD)	The local municipal wastewater treatment facility that accepts and regulates sanitary sewer discharges from Berkeley Lab
Fixed Treatment Unit (FTU)	A treatment unit that treats hazardous waste and discharges treated wastewater to the sanitary sewer under a permit with the city of Berkeley and possibly EBMUD
Hazardous wastes	Wastes exhibiting any of the following characteristics: ignitability, corrosivity, reactivity, or toxicity. In addition, the EPA has listed specific wastes as hazardous that do not necessarily exhibit these characteristics.
Pollution prevention	Reducing or eliminating waste at the source by modifying production processes, promoting the use of non-toxic or less-toxic substances, implementing conservation techniques, and re-using materials rather than putting them into the waste stream

## G. Recordkeeping Requirements

- Discharge permits are maintained by the Environmental Services Group of EHSS.
- Daily logs and monthly calibration records are maintained by the Primary FTU Operator.

## H. Implementing Documents

Document number	Title	Type
07.09.004.001	Fixed Treatment Units	Program
07.09.004.002	Work Process A, <i>General Requirements</i>	Process
N/A	City of Berkeley permit	Permit
N/A	EBMUD permit, specific or site-wide	Permit

## I. Contact Information

Waste: [Water Treatment Units Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Fox	Rewrite for wiki (brief)	All	Minor
3/28/2013	1	R. Fox	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Fixed Treatment Units
Document number	07.09.004.000
Revision number	1
Publication date:	3/28/2013
Effective date:	3/27/2013
Next review date:	3/27/2016
Policy Area:	ESH
RPM Section (home)	Environmental Protection Program
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.8 moved to Chapter 53

## Source Requirements Documents

- H&SC 25200.3, *Permitting of Facilities*
- 22 CCR 67450, *Requirements for Units and Facilities Deemed to Have a Permit by Rule*
- 22 CCR 66260.10 et. seq., *Hazardous Waste Management System: General — Definitions*
- EBMUD Permit #6600791 (Berkeley Lab main site), #50238911 (B77 FTU)
- EBMUD Ordinance 311
- 22 CCR 66265.190 et. seq., *Interim Status Standards for Owners and Operators of Hazardous Waste Transfer, Treatment, Storage, and Disposal Facilities — Tank Systems*

## Implementing Documents

Document number	Title	Type
07.09.004.001	Fixed Treatment Units	Program
07.09.004.002	Work Process A, <i>General Requirements</i>	Process
N/A	City of Berkeley permit	Permit
N/A	EBMUD permit, specific or site-wide	Permit

# Flexible Work Options Policy

## Brief

Title:	Flexible Work Options Policy
Publication date:	10/2/2014
Effective date:	12/19/2008

## BRIEF

### Policy Summary

Flexible work options are tools that Berkeley Lab managers and supervisors can use to help meet the work-life balance needs of their employees while simultaneously ensuring that the work unit's operational needs are met. While the Laboratory supports the use of flexible work options whenever possible, the use of these options does not change the basic terms and conditions of Laboratory employment and they are not entitlements.

### Who Should Read This Policy

All persons at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Flexible Work Options Policy
Publication date:	10/2/2014
Effective date:	12/19/2008

## POLICY

### A. Purpose

This policy describes the flexible work options that Lawrence Berkeley National Laboratory (Berkeley Lab) managers and supervisors can use to help meet the work-life balance needs of their employees.

### B. Persons Affected

All persons at Berkeley Lab

### C. Exceptions

Requests for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Compensation Manager and the Chief Human Resources and Diversity Officer (CHRO).

### D. Policy Statement

Flexible work options are tools managers and supervisors can use to help meet the work-life balance needs of their employees while simultaneously ensuring that the work unit's operational needs are met. While the Laboratory supports the use of flexible work options whenever possible, they do not change the basic terms and conditions of Laboratory employment and are not entitlements. Granting or denial of a request for a flexible work option is at the sole discretion of management. Neither denial of a request for a flexible work option, nor rescission of an approved flexible work option is subject to the [Employee Complaint Resolution](#) policy.

The Laboratory currently has two flexible work options that may be considered: Flextime and Telecommuting Agreements. Approval of both options must be within the provisions of the [Hours of Work](#) policy.

## 1. Flextime

### a. General

- i. It is the intent, except as noted below, to make flexible working hours available to all employees by allowing employees to redistribute their daily work hours within a framework defined by division management and that is within the provisions of the [Hours of Work](#) policy. The goal is to allow employees some flexibility regarding their daily work schedule, compatible with effective job accomplishment and work unit operational needs.
- ii. Division/department management may determine that there are specific scientific and/or operational necessity reasons during which a regular, ongoing flextime schedule cannot be implemented. If scientific or operational requirements make regular, formal flextime practices unfeasible, arrangements can be made between the supervisor and employee on an ad hoc basis.

### b. Flextime Operating Guidelines. Supervisors should consider the following guidelines when reviewing a request for flextime; however, the final flextime arrangement approved, if any, is at the sole discretion of the supervisor:

- i. Core Hours: The time when employees are normally expected to be at work: 9:30 a.m. through 11:30 a.m. and 1:30 p.m. through 3:30 p.m.
- ii. Work Hours: The amount of time an employee is expected to be on the job during a given time period. See the [Hours of Work](#) policy.
- iii. Minimum Service Coverage: The staffing required to ensure that the normal services and functions of a work unit will be available during the standard workday.
- iv. Communication of Schedule Changes: It is the responsibility of employees working flextime and supervisors to communicate changes of personal or job schedule to those whom the changes may affect.

## 2. Telecommuting

### a. General

- i. Telecommuting is a work option in which employees fulfill their job responsibilities at home or another approved location. The arrangement may cover all or part of the employees' scheduled hours and may be on an intermittent/occasional basis or on a regular schedule.
- ii. Telecommuting arrangements must be consistent with Laboratory policy and do not change the basic terms and conditions of Laboratory employment.
- iii. An employee's performance while telecommuting is measured using the same standards that apply when the work is performed at the Laboratory and will be documented in the annual performance review.
- iv. Approval of an employee's request to telecommute is based on the operational needs of the work unit. Telecommuting is voluntary and is not an entitlement.

### b. Agreements

- i. There are two types of telecommuting arrangements:
  1. Telecommuting can be on an intermittent or occasional basis or on a regular part- or full-time schedule. Occasional or intermittent telecommuting requires supervisor approval.
    - a. If, in the opinion of the supervisor, an intermittent telecommuting arrangement begins to occur frequently while still not on a regular schedule, the supervisor may require a written agreement.
  2. A regular telecommuting schedule requires a written agreement, not to exceed 12 months, between the supervisor and employee that must be approved by the Division Director or Department Head (or designee). Agreements expire automatically on the stated end date unless reviewed and renewed prior to that date. Renewal is subject to the work unit's operational needs and the supervisor's assessment of the employee's performance. Changes in the terms of a telecommuting agreement within the 12-month period, e.g., change in off-site work location or telecommuting schedule, are to be documented as they occur. The agreement may be found at the [HR Documents web page](#).
- ii. Telecommuting agreements involving nonexempt employees require concurrence of the Manager, Employee and Labor Relations.
- iii. Telecommuting agreements may be terminated at any time by either the employee or the supervisor. Whenever possible, a 30 days' notice should be provided.

## E. Roles and Responsibilities

Role	Responsibility
Division directors	Are responsible for: <ul style="list-style-type: none"> <li>• Implementing this policy</li> <li>• Determining whether flextime is appropriate within the division</li> <li>• Approve employees' flextime schedules</li> </ul>
Employees	Are responsible for: <ul style="list-style-type: none"> <li>• Accurately reporting their time worked</li> <li>• Communicating changes of personal or job schedule to those whom the changes may affect</li> </ul>
Supervisors	Are responsible for: <ul style="list-style-type: none"> <li>• Ensuring that employees in their work units understand and meet work-unit operating guidelines and that the work unit operates effectively               <ul style="list-style-type: none"> <li>• This means identification of essential tasks, operations, and functions that must be accomplished at certain times during the workday and the development of coverage requirements.</li> </ul> </li> <li>• Communicating changes of employees' personal or job schedule to those whom the changes may affect</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Employee	An individual who receives a paycheck from the Laboratory
Flextime	An employee's work schedule that is subject to change or fluctuation from week to week or month to month
Full time	Full-time status is fixed time at 40 hours per workweek.
Part time	Part-time status is fixed time up to 39 hours per workweek.
Supervisory employees	Supervisory employees are defined by the Higher Education Employer-Employee Relations Act (HEERA) as individuals who, regardless of their job descriptions or titles, directly supervise two or more employees, and (1) have authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees; or (2) have responsibility to direct them, adjust their grievances, or effectively recommend such action if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature but requires the use of independent judgment. Employees whose duties are substantially similar to those of their subordinates shall not be considered to be supervisory employees.
Telecommuting	Telecommuting is a work option in which employees fulfill their job responsibilities at home or another approved location. The arrangement may cover all or part of the employees' scheduled hours and may be on an intermittent/ occasional basis or on a regular schedule.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
N/A	University of California Office of the President <i>Personnel Policies for Staff Members</i>	Policy Manual

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).



## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
10/2/2014	1	L. Westphal	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Flexible Work Options Policy
Document number	02.06.006.000
Revision number	1
Publication date:	10/2/2014
Effective date:	12/19/2008
Next review date:	1/2/2015
Policy Area:	Compensation & Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.06(D)(4)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- Berkeley Lab Senior Management requirement

## Implementing Documents

Document number	Title	Type
N/A	University of California Office of the President <i>Personnel Policies for Staff Members</i>	Policy manual

# Food and Drink Restrictions in Technical Areas

## Brief

Title:	Food and Drink Restrictions in Technical Areas
Publication date:	8/29/2013
Effective date:	8/29/2013

## BRIEF

### Policy Summary

Berkeley Lab restricts the consumption and storage of food and drink in technical areas to minimize potential exposure to harmful substances, such as chemicals, biological materials, metal shavings, and other unsanitary materials.

### Who Should Read This Policy

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors who perform work in technical areas

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Technical Services Group  
EHS Division  
[MPWisherop@lbl.gov](mailto:MPWisherop@lbl.gov)

## Policy

Title:	Food and Drink Restrictions in Technical Areas
Publication date:	8/29/2013
Effective date:	8/29/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) restricts the consumption and storage of food and drink in technical areas based on the type of technical area and/or the work performed in the technical area. Consumption and storage of food and drink is prohibited in technical areas where potentially harmful substances are used, such as in chemical laboratories; biological laboratories; radiation work areas; and machine, welding, and craft shops. Other technical areas need to be evaluated by the area safety lead and/or the Environment/Health/Safety (EHS) Division to determine if, where, and when consumption and storage of food and drink will be permitted.

### B. Persons Affected

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors who perform work in technical areas

### C. Exceptions

Non-technical areas, such as administrative offices, meeting rooms, break rooms, and kitchens

### D. Policy Statement

Berkeley Lab restricts the consumption and storage of food and drink in technical areas to minimize potential exposure to harmful substances, such as chemicals, biological materials, metal shavings, and other unsanitary materials. This policy:

1. Prohibits the consumption and storage of food and drink in the following locations:
  - a. Chemical laboratories
  - b. Biosafety areas, such as biosafety level 1 or 2 laboratories
  - c. Radiation areas
  - d. Machine, welding, and craft shops
2. Restricts the storage and consumption of food and drink in other technical areas by requiring the area safety lead and/or EH&S to evaluate the area to determine which portion(s) may be identified and demarcated as permissible for the storage or consumption of food or drink.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Environment/Health/Safety (EHS) Division	<ul style="list-style-type: none"> <li>• Administers the Food and Drink Restrictions in Technical Areas policy.</li> <li>• Provides assistance in reviewing area food and drink requirements</li> </ul>
Line management	<ul style="list-style-type: none"> <li>• Assigns the area safety lead</li> <li>• Ensures workers comply with area food and drink requirements</li> </ul>
Berkeley Lab Employees and affiliates	<ul style="list-style-type: none"> <li>• Follow all area food and drink requirements</li> </ul>
Subcontractors	<ul style="list-style-type: none"> <li>• Follow all area food and drink requirements</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Technical areas	<ul style="list-style-type: none"> <li>• Laboratories where chemicals or biological materials are stored or handled</li> <li>• Shops or other process areas where potential eye, face, skin, hand, foot, head, hearing, or respiratory hazards exist</li> </ul>
Chemical laboratories	Laboratories where chemicals are handled
Biosafety areas	Areas that are (a) biosafety containment areas or (b) other areas where there is potential exposure to biological materials that may be detrimental to human health (e.g., infectious or blood-borne pathogen materials). Biosafety containment areas include laboratory (e.g., Biosafety Level 1 and Biosafety Level 2), large-scale, plant, and animal containment areas. Areas with potential for exposure to blood-borne pathogen materials include, for example, some health care facility rooms.
Radiation areas	Any accessible area in which radiation levels could result in an individual receiving a deep dose equivalent in excess of 0.005 rem (0.05 millisievert) in one hour, 30 cm from the radiation source or from any surface that the radiation penetrates
Machine Shop	Workshop where materials are cut and shaped (machined)
Welding Shop	Workshops where materials are joined together by heating the surfaces to the point of melting and uniting them (welded)
Craft Shop	Workshop where Facilities maintenance and construction craft/ trades personnel perform work. Examples include but are not limited to the Plumbing Shop, the Electrical Shop, the Carpentry Shop, and the Lockshop.

## G. Recordkeeping Requirements

Indicate on the door sign any conditions and locations for which food or drink consumption is permitted in the technical area.

## H. Implementing Documents

Document number	Title	Type
07.07.024.001	Personal Protective Equipment	Program
N/A	EHS Procedure 705, <i>Radiological Work Permit Program</i>	Procedure
07.07.021.001	Machine Safeguarding—Shop and Machine Safety	Program
07.07.004.001	Biosafety	Program
07.07.005.001	Chemical Safety Hazards and Controls	Program

## I. Contact Information

Technical Services Group  
EHS Division  
[MPWisherop@lbl.gov](mailto:MPWisherop@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/29/2013	0	M.Wisherop	New policy	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Food and Drink Restrictions in Technical Areas
Document number	07.07.033.000
Revision number	0
Publication date:	8/29/2013
Effective date:	8/29/2013
Next review date:	8/29/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	

## Source Requirements Documents

- 10 CFR 851.21, *Worker Safety and Health Program – Hazard Identification and Assessment*
- 29 CFR 1910.1030, *Bloodborne Pathogens*
- 29 CFR 1910.1200, *Hazard Communication*
- 29 CFR 1910.1450, *Occupational Exposure to Hazardous Chemicals in Laboratories*
- 10 CFR 835, *Occupational Radiation Protection*

## Other Driving Requirements

- *Biosafety in Microbiological and Biomedical Laboratories*, fifth edition, Centers for Disease Control (CDC) and National Institutes of Health (NIH)
- *NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Molecules*, National Institutes of Health (NIH), Federal Register (current version)

## Implementing Documents

Document number	Title	Type
07.07.024.001	Personal Protective Equipment	Program
N/A	EHS Procedure 705, <i>Radiological Work Permit Program</i>	Procedure
07.07.021.001	Machine Safeguarding—Shop and Machine Safety	Program
07.07.004.001	Biosafety	Program
07.07.005.001	Chemical Safety Hazards and Controls	Program

# Foreign Visitors and Assignments - B

Title:	Foreign Visits and Assignments
Publication date:	1/13/2014
Effective date:	1/13/2014

## BRIEF

### Policy Summary

Berkeley Lab is required to document the visits and assignments of individuals who are citizens of, were born in, or are affiliated with (employed or sponsored by) sensitive or terrorist-sponsoring countries. Individuals from nonsensitive countries are included in this requirement if they require access to sensitive subjects.

### Who Should Read This Policy

Employees, affiliates, contractors, subcontractors, consultants, undergraduate and graduate students, postdoctoral fellows, and faculty

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R1.06.html#r106b4>

### To Read the Protective Services Program, Go To:

<http://www.lbl.gov/ehs/ops/ufva/index.shtml>

## Contact Information

Security Manager  
Protective Services

Title:	Foreign Visits and Assignments
Publication date:	1/13/2014
Effective date:	1/13/2014

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R1.06.html#r106b4>

## Contact Information

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	G. Meckel	Re-write for wiki	All	Minor
1/13/2014	0.1	B. Strock	Align policy with DOE O 142.3A	All	Minor

## DOCUMENT INFORMATION

Title:	Foreign Visitors and Assignments
Document number	08.04.001.000
Revision number	0.1
Publication date:	1/13/2014
Effective date:	1/13/2014
Next review date:	7/22/2014
Policy Area:	Foreign Visitors and Information Management
RPM Section (home)	Safeguards & Security
RPM Section (cross-reference)	1.06(B)(4)
Functional Division	EH&S
Prior reference information (optional)	RPM, Chapter 1, Section 1.06(B)(4)

## Implementing Documents

Document Number	Other Reference	Title	Type
08.04.001.001		<a href="#">Unclassified Foreign Visits &amp; Assignments</a>	Web site

## Source Requirements Documents





# Forklifts and Other Powered Industrial Trucks

## Brief

Title:	Forklifts and Other Powered Industrial Trucks
Publication date:	9/10/2013
Effective date:	9/10/2010

## BRIEF

### Policy Summary

The Forklifts and Other Powered Industrial Trucks (PITs) Program at Berkeley Lab ensures that forklifts and other PITs are operated safely and in conformance with all applicable standards for:

- Forklifts
- Tow motors
- Pushers
- Electric pallet movers
- Electric stackers

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who operate forklifts and other PITs at the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH28.html>

## Contact Information

Forklifts/Trucks  
Occupational Safety Group  
EHSS Division

## Policy

Title:	Forklifts and Other Powered Industrial Trucks
Publication date:	9/10/2013
Effective date:	9/10/2010

## POLICY

### A. Purpose

The Forklifts and Other Powered Industrial Trucks (PITs) Program at Berkeley Lab ensures that forklifts and other PITs are operated safely and in conformance with all applicable standards for:

- Forklifts
- Tow motors
- Pushers
- Electric pallet movers
- Electric stackers

## B. Persons Affected

Employees, visitors, affiliates, and subcontractors who operate forklifts and other PITs at Berkeley Lab

## C. Exceptions

The PIT maintenance and repair vendor; subcontractors and vendors operating their own PITs; and outsourced PIT trainers are not required to have Berkeley Lab PIT training or medical examinations. However, they must have training, provided by their employer, to meet the requirements of 29 CFR 1910.178.

## D. Policy Statement

1. Drivers of PITs must meet certification and authorization requirements and operate their trucks in a manner that minimizes the risk of injury or a dropped load ([Work Process A](#)).
2. Contact the Facilities Division Transportation Group to coordinate all procurement of forklift and other PIT equipment, service, repair, and modification. ([Work Process B](#)).
3. Operation of forklifts and other PITs is restricted to trained personnel who have completed Berkeley Lab required training (note exceptions above) and who have been certified for specific types of equipment in accordance with the requirements of PUB-3000, [Chapter 28, Forklifts and Other Powered Industrial Trucks](#). In addition, all PIT use must be approved by the PIT manager for that particular truck ([Work Process C](#)).
4. High-consequence/high-value lifts and moves often involve the use of forklifts. The requirements for high-consequence/high-value lifts and moves are addressed in [Chapter 27, Work Process D, Restricted Operations](#), and also apply to such moves involving the use of forklifts ([Work Process D](#)).
5. All PITs must be inspected daily before they are used. The inspection must be documented on the daily inspection checklists shown in PUB-3000, Chapter 28, [Appendix C](#) and [Appendix D](#), and the checklists must be kept on file by the PIT manager ([Work Process E](#)).

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibilities
PIT Operator	<ul style="list-style-type: none"><li>• Operates only those forklifts and PITs for which he or she holds specific operator certification</li><li>• Adheres to all safety requirements pertaining to the use of PITs, including the requirement for daily inspections of forklifts and other PITs</li></ul>
PIT Manager	<ul style="list-style-type: none"><li>• Holds valid certification for the operation of the PITs in question</li><li>• Controls use of the PIT and limits use of the PIT to qualified operators</li><li>• Acts as the custodian of any keys or other mechanisms for limiting use of the PIT</li><li>• Maintains the records of the daily inspections required for all PITs</li></ul>
Supervisor	<ul style="list-style-type: none"><li>• Ensures that only those employees who are formally qualified by training and certification may operate a forklift or other PIT</li><li>• Enforces the use of safe lifting practices, and the maintenance of lifting equipment in good mechanical and operating condition.</li><li>• Revokes or suspends PIT operator licenses after incidents (including near misses) or observing unsafe behavior</li></ul>
Facilities Division Transportation Department	Maintains an inventory of all forklifts and other PITs, and arranges for routine maintenance and repair of PITs
Facilities Division Rigging Supervisor	Provides guidance and assistance with lifts; participates in the development and review of high-consequence/high-value lifts/moves; participates in pre-lift meetings; and reviews and approves the use of forklift extensions
Division Practical Examiners	Provide practical examination of PIT operators' skills
Environment, Health, Safety, and Security (EHSS) Division	<ul style="list-style-type: none"><li>• Develops, maintains, modifies, and provides classroom (lecture) training, and arranges for training/retraining of PIT instructors</li><li>• Provides a subject matter expert (SME) to program oversight and technical assurance. The EHSS Health Services Group provides physicals for PIT operators.</li></ul>

## F. Definitions/Acronyms

Term	Definition
Forklift	A high-lift powered industrial truck, equipped with load carriage and forks for transporting and tiering loads
Powered Industrial Truck (PIT)	Examples of PITs include, but are not limited to, forklifts, pushers, stackers, tow motors, and electric pallet jacks.

## G. Recordkeeping Requirements

Documentation of PIT operator training is maintained by the EHSS Training Group and tracked through the Berkeley Lab Job Hazards Analysis (JHA) system. Medical qualifications to operate PITs are maintained by Health Services. PIT pre-use inspection forms are maintained by the PIT manager.

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.025.001	Ch. 28	<a href="#">Forklifts and Other Powered Industrial Trucks</a>	Program
07.07.025.002	Ch. 28, Work Process A	<a href="#">General Requirements</a>	Work Process
07.07.025.003	Ch. 28, Work Process B	<a href="#">Procurement of PITs and Attachments</a>	Work Process
07.07.025.004	Ch. 28, Work Process C	<a href="#">Authorization and Qualifications</a>	Work Process
07.07.025.005	Ch. 28, Work Process D	<a href="#">Restricted Lifts</a>	Work Process
07.07.025.006	Ch. 28, Work Process E	<a href="#">Inspections and Maintenance</a>	Work Process
<b>07.07.008.001</b>	<b>Ch. 27</b>	<a href="#">Cranes, Hoists, and Rigging Safety</a>	Program

## I. Contact Information

[Forklifts/Trucks](#)  
Occupational Safety Group  
EHSS Division

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	M. Rice	Rewrite for wiki (brief)	All	Minor
9/26/2012	1	M. Rice	Rewrite for wiki (policy)	All	Minor
9/10/2013	1.1	M. Rice	Reviewed 8/28/13	SRD, Next Review date	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Forklifts and Other Powered Industrial Trucks
Document number	07.07.025.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	9/10/2010
Next review date:	9/10/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	EHS
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	

## Source Requirements Documents

- 29 CFR 1910.178, *Occupational Safety and Health Standards for General Industry, Powered Industrial Trucks*
- 10 CFR 851.23, *Safety and Health Standards*

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.025.001	Ch. 28	<a href="#">Forklifts and Other Powered Industrial Trucks</a>	Program
07.07.025.002	Ch. 28, Work Process A	<a href="#">General Requirements</a>	Work Process
07.07.025.003	Ch. 28, Work Process B	<a href="#">Procurement of PITs and Attachments</a>	Work Process
07.07.025.004	Ch. 28, Work Process C	<a href="#">Authorization and Qualifications</a>	Work Process
07.07.025.005	Ch. 28, Work Process D	<a href="#">Restricted Lifts</a>	Work Process
07.07.025.006	Ch. 28, Work Process E	<a href="#">Inspections and Maintenance</a>	Work Process
07.07.008.001	Ch. 27	<a href="#">Cranes, Hoists, and Rigging Safety</a>	Program

# Furniture Policy

## Brief

Title:	Furniture Policy
Publication date:	1/2/2012
Effective date:	9/20/2011

## BRIEF

### Policy Summary

This policy and its supporting processes provide guidance on the standards and procedures governing the selection, acquisition, installation, and use of office furniture at Berkeley Lab.

### Who Should Read This Policy

Persons who plan, select, acquire, and install office furniture at the Laboratory must follow this policy. Persons who use office furniture should be familiar with this policy.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Deputy Chief Operating Officer  
[RRishell@lbl.gov](mailto:RRishell@lbl.gov)  
or  
Facilities Space Planning  
[spaceplanning@lbl.gov](mailto:spaceplanning@lbl.gov)

## Policy

Title:	Furniture Policy
Publication date:	1/2/2012
Effective date:	9/20/2011

D. Policy Statement  
D.1 Ownership and Stewardship of Office Furniture  
D.2 Process and Standards for Selecting Office Furniture  
D.3 Acquisition and Movement of Furniture

## POLICY

### A. Purpose

This policy and its supporting processes provide guidance on the standards and procedures governing the selection, acquisition, installation, and use of office furniture at Berkeley Lab.

### B. Persons Affected

Persons who plan, select, acquire, and install office furniture at the Laboratory must follow this policy. Persons who use office furniture should be familiar with this policy.

### C. Exceptions

Requests for exceptions to this policy should be directed to the Associate Laboratory Director for Operations or his designee.

This policy does not cover furniture for laboratories, shops, and other special-purpose spaces designed to meet programmatic requirements.

## D. Policy Statement

Berkeley Lab maintains a set of standard office furniture options to facilitate the efficient, cost-effective, and timely acquisition and installation of office furniture used by Laboratory employees and affiliates. The use of standard office furniture allows the Laboratory to respond to the needs of diverse users, and adapt to a wide range of space constraints.

Standard office furniture is selected from currently available industry options that best meet the following criteria:

- Supports health & safety
- Functional
- Adjustable
- Flexible
- Modular
- Durable
- Cost-effective

Berkeley Lab office furniture covered by this policy includes the following items: work surfaces or desks in offices and cubicles, panels, seating, storage, paper management, book shelving, small conference tables and chairs, and accessories such as whiteboards, tack boards, and task lighting.

This policy applies to all office furniture purchased and used by Laboratory staff and affiliates in Laboratory-occupied space, regardless of location or funding source.

### D.1. Ownership and Stewardship of Office Furniture

Furniture purchased with Laboratory funds (whether managed divisionally or institutionally) is owned by the Laboratory and therefore becomes Laboratory property. Stewardship of the furniture is delegated to the organization that funds the purchase. Divisions may delegate to subunits of their organization if needed and at the discretion of the division director.

Stewardship confers the following responsibilities to the organization funding the furniture purchase:

- Assigns office furniture across locations and among staff for optimal use and cost benefit
- Maintains office furniture in clean, safe, and good working condition
- Sends furniture to Berkeley Lab Excess when furniture is no longer needed or at the end of its useful life

### D.2. Process and Standards for Selecting Office Furniture

Berkeley Lab's Facilities Division maintains a self-service procurement Web site where Laboratory divisions can select small quantities of office furniture from the set of Laboratory-approved standard office furniture. The Facilities Division assists divisions with orders of large quantities of office furniture, and can also assist with small orders if a division requests this support.

When a division plans to furnish multiple offices, the Facilities Division will provide assistance with the selection, layout, and installation of new office furniture. The planning should be an iterative process between the division's representative(s), the assigned Facilities Division staff, and an assigned member of the EH&S Division Ergonomics group. Thorough and ongoing communication among all parties throughout the process is required to ensure that the selected office furniture is safe, provides optimal support for end users, and that office furniture layouts make efficient use of allotted division space.

Standard office furniture will be selected from available industry options that best meet the following criteria:

1. Supports health & safety — Does not pose physical risks to occupants but provides adequate duck-and-cover space
2. Functional — Supports the office activities of most end users for the intended purpose
3. Adjustable — Adjusts to accommodate the individual needs of 90 to 95% of end users
4. Flexible — Capable of being used and reused in varying configurations and locations
5. Modular — Standard modular sizes/shapes can be inventoried and quickly deployed
6. Durable — Reliable and requires minimal maintenance and/or repair
7. Cost-effective — Ensures an optimal return on investment over the life of the item

Office furniture needs that cannot be addressed adequately using the applicable Laboratory standard office furniture options will be considered on a case-by-case basis. Nonstandard office furniture should still meet the seven criteria listed above.

### D.3. Acquisition and Movement of Furniture

Divisions are directly responsible for purchasing their own office furniture using the Laboratory standard, regardless of fund source. If furniture is not being purchased using direct funds from the sponsor or a division's Org Burden funding, the division is responsible for requesting institutional funds through the annual Laboratory Uniform Project Call (Unicall) Process. The request must meet applicable cost allocation criteria developed by the Laboratory's Cost Allowability Funding Determination Council (CAFDC) for institutional or programmatic funding.

Indirect funds usually support institutionally driven initiatives, while direct funds support programmatically driven initiatives. There may be exceptions to this general practice, depending on the specific circumstances of the purchase. It is recommended that all large-quantity furniture purchases be reviewed by CAFDC before funds are committed. Contact the divisional business staff for more information and help with making this decision.

Regardless of the fund source, decisions about the movement or new acquisition of office furniture should be made on a total cost/benefit basis that supports science. The option that creates the least cost while meeting programmatic mission needs should be selected. When developing the cost/benefit argument, consideration should be given to the cost of moving furniture relative to purchasing new items, and to the planned use of the old and new space(s).

When office moves are initiated and planned by a division, the Laboratory may ask the division to leave the office furniture in its vacated space for use by the next occupants of the space. If this is the case, the Laboratory will furnish the division's new location with office furniture that is comparable in quality and congruent with Laboratory office furniture standards.

## E. Roles and Responsibilities

Role	Responsibilities
Associate Laboratory Director for Operations	<ul style="list-style-type: none"> <li>Is the authority for the policy and procedures related to Laboratory office furniture</li> <li>Addresses requests for exceptions to this policy</li> <li>Sets office furniture standards</li> <li>Manages office furniture standards, in consultation with the Laboratory Space Manager, the Facilities Division, the EH&amp;S Division Ergonomics group, and a standing advisory committee composed of users from scientific and Operations divisions</li> </ul>
Divisions	<ul style="list-style-type: none"> <li>Provide office furniture as needed for their employees and affiliates</li> <li>Ensure compliance with this policy in the acquisition and management of office furniture within their divisions</li> <li>Assign a point of contact to represent the division in matters concerning office furniture</li> </ul>
Division Points of Contact for Furniture	Plan, request, acquire, install, and manage office furniture by following this Furniture Policy and related processes and procedures
Division Support Persons for Furniture	Follow this Furniture Policy and related processes and procedures
Facilities Division	<ul style="list-style-type: none"> <li>Maintains self-service procurement Web site for Laboratory-approved standard furniture</li> <li>Assists divisions with furniture orders</li> </ul>

## F. Definitions/Acronyms

Term	Definition
CAFDC	Cost Allowability Funding Determination Council

## G. Recordkeeping Requirements

Office Furniture Standards and Specifications, maintained by the Facilities Division

## H. Implementing Documents

[Berkeley Lab Office Furniture Procurement Web page](#)

## I. Contact Information

Questions on this policy and related processes should be directed to:

Deputy Chief Operating Officer  
RRishell@lbl.gov

or

Facilities Space Planning  
spaceplanning@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/20/2011	0	L.Chen	New	All	Major
1/2/2012	1	L.Chen	Reformat for wiki	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Furniture Policy
Document number	12.03.001.000
Revision number	1
Publication date:	1/2/2012
Effective date:	9/20/2011
Next review date:	1/2/2015
Policy Area:	Furniture
RPM Section (home)	Asset Management
RPM Section (cross-reference)	none
Functional Division	Directorate
Prior reference information (optional)	none

## Source Requirements Documents

None — This is a policy set by Laboratory Management.

## Implementing Documents

Document number	Title	Type
n/a	<a href="#">Berkeley Lab Office Furniture Procurement Web page</a>	Berkeley Lab Web page



# Gases, Safe Use of

## Brief

Title:	Gases, Safe Use of
Publication date:	1/22/2013
Effective date:	1/16/2013

## BRIEF

### Policy Summary

The Gases program at Berkeley Lab identifies precautions to prevent injuries, property damage, and disruption to operations caused by leaks of compressed gas and over-pressurizations. Types of injuries and accidents that will be controlled include:

- Injuries caused by flying objects accelerated by an explosion or pressure release
- Fires and injuries caused by flammable gas ignition
- Injuries caused by inhalation of toxic or asphyxiating gases

### Who Should Read This Policy

This policy applies to all Berkeley Lab employees, affiliates, and subcontractors who will order, handle, or dispose of gases.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH13.html>

### Contact Information

Gas Safety Subject Matter Expert  
EHSS Division

## Policy

Title:	Gases, Safe Use of
Publication date:	1/22/2013
Effective date:	1/16/2013

## POLICY

### A. Purpose

The Gas Safety Program at Lawrence Berkeley National Laboratory (Berkeley Lab) identifies precautions to prevent injuries, property damage, and disruption to operations caused by leaks of compressed gas and over-pressurizations. Types of injuries and accidents that will be controlled include:

- Injuries caused by flying objects accelerated by an explosion or pressure release
- Fires and injuries caused by flammable gas ignition
- Injuries caused by inhalation of toxic or asphyxiating gases

### B. Persons Affected

This policy applies to all Berkeley Lab employees, affiliates, and subcontractors who will order, handle, or dispose of gases.

## C. Exceptions

None

## D. Policy Statement

1. The [Gases program](#) general requirements at Berkeley Lab include ([Work Process A](#)):
  - Gas-leak emergencies
  - Documentation
  - Training
  - Gas-cylinder storage and use locations
  - Gas cylinders
  - Gas-flow systems
  - Purge gas
  - Vacuum pumps
  - Ventilation
  - Gas detection
  - Electrical systems
2. The requirements of this section apply to the storage and use of compressed and liquefied flammable gas in quantities less than or equal to 11 m<sup>3</sup> or 400 cf (e.g., two size 1A hydrogen cylinders containing about 200 cf each) and greater than 0.6 m<sup>3</sup> (20 cf). ([Work Process B](#))
3. This section presents general requirements and guidelines for pyrophoric gas use. Additional requirements may apply to the storage and use of pyrophoric gas in quantities greater than 0.3 m<sup>3</sup> (10 cf) for gas not in a gas cabinet and 0.6 m<sup>3</sup> (20 cf) for gas in a gas cabinet. ([Work Process C](#))
4. Health-hazard gases, for the purpose of this chapter, include gases that at lower concentrations may cause significant acute or chronic toxic health effects. These gases can, for example, poison someone and/or cause corrosion, irritation, and disease in human tissue. ([Work Process D](#))
5. Two training classes may be required for users of gas systems ([Work Process E](#)):
  - *Pressure Safety* EHS0171
  - *Chemical Hygiene and Safety* EHS0348

## E. Roles and Responsibilities

See the [Gases program](#) for information about roles and responsibilities related to this policy's implementation.

Role	Responsibilities
Principal Investigator/Supervisor	<p>The principal investigator or gas-use supervisor has primary responsibility for gas-use safety and implementation of all provisions of this chapter, including:</p> <ul style="list-style-type: none"> <li>• Activity Hazard Documents</li> <li>• Safety Notes</li> <li>• Training</li> <li>• Equipment and controls implementation, maintenance, and inspections</li> <li>• Request for gas pre-purchase approval, when required</li> <li>• Self-assessment inspections</li> </ul>
EHSS – Industrial Hygiene Group	<p>The Industrial Hygiene Group provides an EHSS hazard evaluation and code-compliance coordination related to fire, life-safety, pressure, health, and oxygen-deficiency gas hazards, which include:</p> <ul style="list-style-type: none"> <li>• Assisting the gas user in the evaluation of hazards and the determination of appropriate controls</li> <li>• Evaluating and approving purchases of gases that require pre-purchase approval</li> <li>• Reviewing new gas-use controls and designs (i.e., as part of AHD reviews), facilities projects, and required pre-gas purchases</li> <li>• Determining health-hazard classifications, required engineering controls, and/or physiological warning property ratings to previously unclassified health-hazard gases, dilute gases, and gas mixtures</li> <li>• Periodically auditing gas uses as one component of the EHSS Integrated Functional Appraisal Program</li> <li>• Administering and maintaining the <i>Gases, Pressure Safety and Cryogenics</i>, and <i>Fire Protection and Safety</i> programs. Pressure safety responsibilities are described in the <a href="#">Pressure Safety and Cryogenics program</a>.</li> </ul>
EHSS – Fire Department	<ul style="list-style-type: none"> <li>• Monitors and responds to alarms transmitted via the fire alarm system or emergency telephone number system</li> <li>• Evaluates and issues permits for welding, cutting, and other hot work operations</li> </ul>
Mechanical Engineering	<p>Pressure safety responsibilities are described in the <a href="#">Pressure Safety and Cryogenics program</a>.</p>
Facilities Division – Maintenance & Operations	<ul style="list-style-type: none"> <li>• Assists in the selection, installation, and start-up of maintainable and reliable facilities safety systems that support gas-use operations</li> <li>• Through the Regulator Shop, assembles gas systems and provides, inspects, repairs, and/or rebuilds many commonly used gas-system components when requested</li> <li>• Manages gas-detector maintenance services for detector users who request service</li> <li>• Maintains an updated inventory of all gas detectors</li> </ul>

## F. Definitions/Acronyms

See the [Gases program](#) for technical terms related to the details of this policy and its implementation.

<b>Term</b>	<b>Definition</b>
CFC	California Fire Code
Control area	A space bounded by not less than a one-hour fire-resistive occupancy separation within which exempt amounts of hazardous materials may be stored, dispensed, handled, or used, as defined in the California Fire Code
Corrosive gas	A gas that can cause visible destruction of, or irreversible alterations in, living tissue (e.g., skin, eyes, or respiratory system) by chemical action
DOT	U.S. Department of Transportation
Exhausted enclosure	A gas cabinet, lab hood, or enclosed compartment that is connected to an approved negative-pressure exhaust duct system
Flammable gas	A gas that can be ignited in air
Compressed gas	A material that is shipped in a compressed gas cylinder and acts as a gas upon release at normal temperature and pressure or is used or handled as a gas
Gas cabinet	An exhausted enclosure used to store or use gas cylinders and that meets the requirements specified in this chapter
Hazardous gas	A gas that is included in one or more of the following hazard categories: corrosive, flammable, health hazard, oxidizer, pyrophoric, reactive, or toxic
Hazardous-gas detection system	A fixed system used to detect the presence of hazardous gas at potentially unsafe levels
IDLH	Immediately dangerous to life and health. IDLH is a maximum concentration of airborne contaminant to which a person could be exposed for 30 minutes without experiencing escape-impairing symptoms or irreversible health effects.
Liquefied gas	A liquid contained in a compressed-gas cylinder that has a vapor pressure exceeding 276 kPa at 38°C (40 psi at 100°F)
Lower explosive limit (LEL)	The lowest concentration of a substance in air that will produce a flash of fire when an ignition source is present
NFPA	National Fire Protection Association
Oxidizing gas	Gas that initiates or promotes combustion in materials, either by catching fire itself or by causing a fire through the release of oxygen or other gases
Oxygen deficiency	A condition that occurs when a breathable atmosphere contains less than 19.5% oxygen. Note: Normal air contains 20.9% oxygen.
Permissible Exposure Limit (PEL) and Threshold Limit Value (TLV)	Employee airborne exposure limits established for particular chemicals by the Federal Occupational Safety and Health Administration (Fed/OSHA) and the American Conference of Governmental Industrial Hygienists (ACGIH), respectively. DOE requires that employee exposures must not exceed PELs or TLVs.
Pyrophoric gases	Gases that may spontaneously ignite in air at or below 54°C (130°F). Specific gases may not ignite in all circumstances or may explosively decompose.
Safety Note	A document used to record engineering calculations or tests on specific equipment. A Safety Note may also specify operational requirements addressed in an Activity Hazard Document or in operating instructions.
STP	Standard temperature and pressure

## G. Recordkeeping Requirements

<b>Role</b>	<b>Recordkeeping Requirement</b>
EHSS Division	Gas inventory (on Berkeley Lab Chemical Management System)
Facilities Division	Gas-detector inventory

## H. Implementing Documents

Document Number	Title	Type
07.07.015.001	Gases	Program
07.07.015.002	Work Process A, <i>General Requirements</i>	Process
07.07.015.003	Work Process B, <i>Flammable Gases</i>	Process
07.07.015.004	Work Process C, <i>Pyrophoric Gases</i>	Process
07.07.015.005	Work Process D, <i>Health-Hazard Gases</i>	Process
07.07.015.006	Work Process E, <i>Training</i>	Process
07.01.001.001	<i>EHS General Policy and Responsibilities</i>	Program
07.07.026.001	<i>Pressure Safety and Cryogenics</i>	Program
07.11.001.001	<i>Fire Prevention and Protection</i>	Program
07.04.001.001	<i>EH&amp;S Training</i>	Program
	<i>Chemical Hygiene and Safety Plan</i>	Program

## I. Contact Information

Gas Safety Subject Matter Expert  
EHSS Division

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	J. Dionne	Rewrite for wiki (brief)	All	Minor
1/22/2013	1	J. Dionne	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Gases, Safe Use of
Document number	07.07.015.000
Revision number	1
Publication date:	1/22/2013
Effective date:	1/16/2013
Next review date:	1/16/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 13

## Source Requirements Documents

- CFC Title 24, Part 9, California Fire Code, Article 49, *Welding and Cutting*
- CFC Title 24, Part 9, California Fire Code, Article 51, *Semiconductor Fabrication Facilities Using Hazardous Production Materials*
- CFC Title 24, Part 9, California Fire Code, Article 74, *Compressed Gases*
- CFC Title 24, Part 9, California Fire Code, Article 80, *Hazardous Materials*
- CFC Title 24, Part 9, California Fire Code, Article 82, *Liquefied Petroleum Gas*
- 29 CFR 1910.101, *Occupational Safety and Health Standards for General Industry, Compressed Gases*
- 29 CFR 1910.102, *Occupational Safety and Health Standards for General Industry, Acetylene*
- 29 CFR 1910.103, *Occupational Safety and Health Standards for General Industry, Hydrogen*
- 29 CFR 1910.105, *Occupational Safety and Health Standards for General Industry, Nitrous Oxide*
- 29 CFR 1910.110, *Occupational Safety and Health Standards for General Industry, Storage and Handling of Liquefied Petroleum Gases*
- 29 CFR 1910.111, *Occupational Safety and Health Standards for General Industry, Storage and Handling of Anhydrous Ammonia*
- 29 CFR 1910.1000, *Occupational Safety and Health Standards for General Industry, Permissible Exposure Limits*
- 29 CFR 1910.1200, *Occupational Safety and Health Standards for General Industry, Hazard Communication*
- 29 CFR 1910.1450, *Occupational Safety and Health Standards for General Industry, Laboratory Standards*
- 49 CFR, Transportation, Parts 100–199, *Pipeline and Hazardous Materials Safety Administration, Department of Transportation*

## Implementing Documents

Document Number	Title	Type
07.07.015.001	<i>Gases</i>	Program
07.07.015.002	<i>Work Process A, General Requirements</i>	Process
07.07.015.003	<i>Work Process B, Flammable Gases</i>	Process
07.07.015.004	<i>Work Process C, Pyrophoric Gases</i>	Process
07.07.015.005	<i>Work Process D, Health-Hazard Gases</i>	Process
07.07.015.006	<i>Work Process E, Training</i>	Process
07.01.001.001	<i>EHS General Policy and Responsibilities</i>	Program
07.07.026.001	<i>Pressure Safety and Cryogenics</i>	Program
07.11.001.001	<i>Fire Prevention and Protection</i>	Program
07.04.001.001	<i>EH&amp;S Training</i>	Program
	<i>Chemical Hygiene and Safety Plan</i>	Program

# General and Administrative (G&A) Expenses

Title:	General and Administrative (G&A) Expenses
Publication date:	3/25/2013
Effective date:	12/5/2010

## BRIEF

### Policy Summary

This policy provides guidance for the accumulation and allocation of General and Administrative (G&A) expenses to final cost objectives at Berkeley Lab. G&A expenses will be budgeted and accounted for on a consistent basis, accumulated in a separate G&A cost pool, and allocated in a practical and equitable manner to the final cost objective, in accordance with Cost Accounting Standards (CAS) and the Energy and Water Development Appropriations Act of 2006.

### Who Should Read This Policy

All Berkeley Lab employees with financial responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Indirect Budget Manager](#)

Title:	General and Administrative (G&A) Expenses
Publication date:	3/25/2013
Effective date:	12/5/2010

## POLICY

### A. Purpose

This policy provides guidance for the accumulation and allocation of General and Administrative (G&A) expenses to final cost objectives, in accordance with Cost Accounting Standards (CAS) and the Energy and Water Development Appropriations Act of 2006.

### B. Persons Affected

All Lawrence Berkeley National Laboratory (Berkeley Lab) employees with financial responsibilities

## C. Exceptions

None

## D. Policy Statement

G&A expenses, which represent costs of the management and administration of Berkeley Lab as a whole, will be:

- Appropriately budgeted and accounted for on a consistent basis
- Accumulated in a separate G&A cost pool
- Allocated in a practical and equitable manner in reasonable proportion to the beneficial or causal relationship of the costs to final cost objectives
- Allocated to Laboratory Research and Development (LDRD) projects pursuant to the Energy and Water Development Appropriations Act, 2006, PL 109-103, accompanying Conference Report, HR 109-275

The Budget Office will identify G&A cost elements and group cost elements in a separate G&A cost pool. Applicable costs are those that represent the cost of the management and administration of Berkeley Lab as a whole.

Because inclusion of material and subcontract costs would significantly distort the allocation of the G&A expense pool in relation to the benefits received, a value-added cost input is determined to be the allocation base that best represents total activity of Berkeley Lab. The G&A expense pool for a cost-accounting period is allocated to final cost objectives of that cost-accounting period by means of a value-added cost input base, except as provided in the following statement:

The allocation of the G&A expense pool to any particular final cost objectives that receive benefits significantly different from the benefits accruing to other final cost objectives will be determined by special allocation.

Any costs that do not satisfy the *definition* of G&A expenses, but have been *classified* as G&A expenses, can remain in the G&A expense pool unless they can be allocated to cost objectives on a beneficial or causal relationship that is best measured by a base other than a value-added cost input base.

G&A expenses are allocated to cost objectives using pre-established G&A rates. The rates are based on forecasted costs for the applicable cost-accounting period, generally Berkeley Lab's fiscal year.

The pre-established rates are monitored throughout the fiscal year. If a material variance is anticipated, the pre-established rate will be revised to ensure the variance is reallocated to the original cost objectives in the proportion it was originally recovered.

## E. Roles and Responsibilities

Role	Responsibility
Budget Office	The Budget Office will conduct the formulation and coordination of the G&A expense pool and allocation base. G&A expense-rate forecasts, establishment of the predetermined rate for the applicable cost accounting period(s), and revisions to the pre-established rate will be coordinated and executed through the Budget Office.

## F. Definitions/Acronyms

Term	Definition
Allocate	To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.



Cost Input	The cost, except G&A expenses, that for program costing purposes is allocable to the production of goods and services during a cost-accounting period
Cost Objective	A function, organizational subdivision, program, or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
Final Cost Objective	A cost objective that has allocated or assigned to it both direct and indirect costs and is one of the final cost accumulation points. Examples of final cost objectives are grants and contracts.
General and Administrative (G&A)	Any management, financial, and other expense incurred by or allocated to the Laboratory that is for the general management and administration of the Laboratory as a whole. G&A expense does not include management expenses whose beneficial or causal relationship to cost objectives can be more directly measured by a base other than the established value-added cost input base.
Total Cost Input (TCI)	The cost, except G&A expenses, that for costing purposes represents the total activity of the Laboratory during a cost-accounting period
Value-Added Cost input	TCI less material and subcontract costs

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

[Indirect Budget Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	L. Freeman	Review completed 12/5/2012, no changes	Pub & next review dates	Minor
1/2/2012	1	Lundell	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	General and Administrative (G&A) Expenses
Document number	11.02.002.000

Revision number	1.1
Publication date:	3/25/2013
Effective date:	12/5/2010
Next review date:	12/5/2014
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.28
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.28

## Source Requirements Documents

- [DOE Order 522.1, Pricing of Departmental Materials and Services](#)
- [Cost Account Standards Board \(CASB\) Disclosure Statement, Lawrence Berkeley National Laboratory](#)
- [Cost Accounting Standard 402, Consistency in Allocating Costs Incurred for the Same Purpose](#)
- [Cost Accounting Standards \(CAS\) 410, Allocation of Business Unit General and Administrative Expenses to Final Cost Objectives](#)
- [Cost Accounting Standard 418, Allocation of Direct and Indirect Costs](#)
- [Energy and Water Development Appropriations Act, 2006, PL 109-103, Conference Report, HR 109-275](#)

## Implementing Documents

None

# Gifts (Monetary), Financial Management of

## Brief

Title:	Gifts (Monetary), Financial Management of
Publication date:	10/1/2014
Effective date:	10/1/2014

## BRIEF

### Policy Summary

This policy defines the requirements for the financial management of monetary gifts once acceptance of the gift, for research purposes, has occurred. The Innovation and Partnerships Office (IPO) is designated as the Gifts Office for the overall solicitation and acceptance of gifts. Divisions have responsibility for the execution and oversight of gift funds, and related projects, under divisional purview. General Accounting has responsibility for institutional oversight of the financial execution of monetary gift activities (post-award activities).

### Who Should Read This Policy

Any employee involved with the solicitation, acceptance, and financial processing of monetary gifts at the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page:

### Contact Information

- [General Accounting Manager](#) (for financial processing of monetary gifts)
- [Innovation and Partnerships Office \(IPO\)](#) (for solicitation and acceptance of all gifts)

## Policy

Title:	Gifts (Monetary), Financial Management of
Publication date:	10/1/2014
Effective date:	10/1/2014

## POLICY

### A. Purpose

The purpose of this policy is to define the requirements for the financial management of monetary gifts accepted for research. The Innovation and Partnerships Office (IPO) is designated as the Gifts Office for the overall solicitation and acceptance of gifts (see RPM document number 03.04.001.000, [Gifts for Research, Solicitation and Acceptance of](#)). In addition, the [LBNL Gift Policy and Procedures](#) page describes the implementation of the policy for [Gifts for Research, Solicitation and Acceptance of](#), which includes non-monetary gifts such as equipment. Divisions have responsibility for the execution and oversight of gift funds, and related projects, under divisional purview. General Accounting has responsibility for institutional oversight of the financial execution of monetary gift activities (post-award activities).

### B. Persons Affected

Any employee involved with the solicitation, acceptance, or financial processing of monetary gifts at the Laboratory

### C. Exceptions

Not applicable

## D. Policy Statement

1. **General.** Use of gift funds must comply with DOE criteria as stipulated in the UC-DOE Prime Contract (Contract 31) and RPM document number 03.04.001.000, *Gifts for Research, Solicitation and Acceptance of*.
  - a. Gift funds may not be used to augment any federally funded research.
  - b. The use of gift funds must be consistent with the purpose stated by the donor.
2. **Funds Control and Cost Accounting Treatment**
  - a. Each gift will be accounted for and managed as an independent source of funds, with a unique project assigned; and, with controls established to ensure that costs and obligations do not exceed the amount of the gift.
  - b. Gift funds must be spent in accordance with the Laboratory's established policy for cost allowability. Allowable costs are costs and expenses actually incurred in the performance of work in accordance with the terms of Contract 31, which are considered necessary, or incident thereto, and are determined to be allowable, as defined in FAR, Subpart 31.201-2, *Determining Allowability (FAR 31.201-2)*, as supplemented by specific clauses in Contract 31 DEAR Subpart 970.31, *Contract Cost Principles and Procedures (DEAR 970.31)*. More information on allowable costs can be found in the Laboratory's *Cost Allowability Policy*.
  - c. As defined in Contract 31, *Clause H.27*, gift funds are part of the Laboratory's Contractor-Funded Institutional Supporting Research and Development Program. Under this program, the following burdens (indirect costs) apply:
    - i. Payroll
    - ii. Organization
    - iii. Procurement
    - iv. Travel
    - v. Sales Tax
  - d. In the event that the cost of a gift award project exceeds funding, it is the division's responsibility to resolve the overcost (deficit cash balance). The division is required to submit an executive summary to OCFO management, outlining the following:
    - i. Identification and cause of the issue
    - ii. Proposed corrective actions to address the overcosted balance (deficit cash balance)
    - iii. Action plan within the division to minimize/eliminate future occurrences
  - e. OCFO management will then work with the division to identify an appropriate source of funds to resolve the overcost (deficit cash balance). The hierarchical process for identification of appropriate alternate funding sources includes:
    - i. Other division gift funds, as appropriate
    - ii. Gift Reserve
    - iii. Management Fee
3. **Gift Reserve**
  - a. Berkeley Lab will maintain a Gift Reserve. The purpose of the Gift Reserve is to provide a source of unrestricted funds should a specific gift be overcosted (deficit cash balance). The Gift Reserve's use for overcosted balances is at the discretion of and with approval from the Laboratory Deputy Director.
  - b. The Gift Reserve balance is set at the discretion of Laboratory management. The funding source for the Gift Reserve will include the balance of the gift assessment, assessed on all gift proceeds received prior to October 1, 2014, and interest earned on the Short-Term Investment Portfolio (STIP) account, as described below in Section D.4, *Cash Management*.
  - c. As of October 1, 2014, the Gift Reserve balance has been set at 2% of the total unexpended gift balances.
  - d. Each quarter, Laboratory STIP interest will be applied to the Gift Reserve balance until the target Gift Reserve balance of 2% of total unexpended gift balances is achieved. STIP interest will then be distributed as described below in Section D.4, *Cash Management*.
  - e. The Laboratory Deputy Director may, at his/her discretion, adjust either the target reserve percentage or the reserve balance. Any adjustment of the Gift Reserve balance will be transferred to Contractor Supported Research (CSR) funds.

#### 4. **Cash Management**

- a. Gift funds are maintained in one of two bank accounts: the Laboratory's gift account or the University of California (UC) Short-Term Investment Portfolio (STIP) account.
  - b. Each quarter, General Accounting will make a distribution of the interest earned on the gift funds. Interest earned will first be used to cover bank fees related to the Laboratory's gift account, and then be used to fund the Gift Reserve, as described in the preceding section. Any interest earned in excess of bank fees and Gift Reserve requirements will be credited to each individual gift project. The allocation of net interest earned to individual gift balances will be based on the unexpended balance of the gift at quarter-end. Any gift with an unexpended balance less than \$1,000 will not receive interest income.
5. **Disposition of Gift Funds Upon Project Completion.** Divisions are responsible for promptly closing gift projects upon completion of the related work. General Accounting will monitor the project status quarterly. For those projects closed during the quarter:
- a. Any gift funds equal to the lesser of 1% of the gift or \$1,000 will be transferred to the Gift Reserve upon completion of the gift project.
  - b. Gift funds that exceed the threshold described above will be referred to IPO and/or the Office of Laboratory Counsel for appropriate disposition.

#### **E. Roles and Responsibilities**

Role	Responsibility
Innovation and Partnerships Office (IPO)	<p><b>Gift Acceptance:</b></p> <ul style="list-style-type: none"> <li>• Determines whether the gift is appropriate or is a sponsored research project</li> <li>• Obtains DOE approval of gifts over the DOE authorized level, or from donors who also have an active sponsored research award in place</li> <li>• Accepts gifts in accordance with RPM document number 03.04.001.000, <i>Gifts for Research, Solicitation and Acceptance of</i> (including donor's gift letters)</li> <li>• Obtains gift acceptance from the Laboratory Director or University of California Office of the President (UCOP) and sends Laboratory Director's acknowledgment letter to the donor</li> <li>• Sends copies of the gift letter to General Accounting, the principal investigator, and the division</li> </ul> <p><b>Gift authorization in eSRA:</b></p> <ul style="list-style-type: none"> <li>• Upon notification from General Accounting that the gift funds have been received, the IPO Contracting Officer completes the gift set-up in eSRA and indicates "Award Preparation Complete." eSRA sends the data to the financial management system [FMS] to open the project.</li> <li>• The eSRA system will send notifications to General Accounting, the Budget Office, and the division.</li> </ul> <p><b>External Reporting– DOE:</b></p> <ul style="list-style-type: none"> <li>• Provides required gift reporting to DOE</li> </ul>
Division	<p><b>Execution and Oversight of Gift Funds:</b></p> <ul style="list-style-type: none"> <li>• Ensures that the use of funds is consistent with the purpose stated by the donor</li> <li>• Ensures that funds are spent in accordance with the same terms and conditions as federally expended funds</li> <li>• Manages the gift award within its funding limits</li> <li>• Establishes controls to ensure costs and obligations do not exceed the gift award <ul style="list-style-type: none"> <li>• Monitors costs incurred against the gift award</li> <li>• Corrects errors and resolves issues as they occur to ensure that gift-award balances are in good standing</li> </ul> </li> <li>• Works with General Accounting to resolve any overcosted gift award</li> <li>• Ensures gift project is closed in a timely manner after completion of related work</li> </ul>
General Accounting	<p><b>Gift Accounting:</b></p> <ul style="list-style-type: none"> <li>• Establishes and maintains gift system chart fields (i.e., account numbers, Budget and Reporting [B&amp;R] codes, resource categories, project and resource types, DOE reporting codes)</li> <li>• Reconciles monetary gift-related general ledger accounts</li> <li>• Reconciles the gift account, gift Short-Term Investment Pool (STIP) account, and gift bank account</li> </ul> <p><b>Cash Management:</b></p> <ul style="list-style-type: none"> <li>• Deposits check in gift account and notifies IPO of receipt</li> <li>• Manages allocation of cash between various depository accounts</li> <li>• Ensures that bank fees are deducted from interest income prior to quarterly distribution of interest income to gift projects</li> <li>• Manages quarterly allocation of interest income to individual gifts</li> </ul> <p><b>Institutional Oversight of Gift Funds:</b></p> <ul style="list-style-type: none"> <li>• Ensures that Gift Reserve balance is maintained at level set by Laboratory Deputy Director</li> <li>• Prepares monthly gift status report</li> <li>• Works with divisions to resolve overcost issues on gift projects</li> <li>• Manages return of unused gift funds at completion of gift project</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Chart fields	Laboratory general ledger account numbers, Budget and Reporting (B&R) codes, resource categories, project and resource types, and DOE reporting codes
Gift	A gift is anything of assignable value that is voluntarily and legally transferred to the Laboratory's ownership and possession. A gift is a contribution to the Regents of the University of California that is donative in intent, bestowed voluntarily and without expectation of tangible compensation for which, in general, contractual or other requirements are not imposed. Gifts are awarded irrevocably. Gifts are not Work for Others (WFO) nor an extramural contract or grant and therefore impose no contractual requirements. Any proposed gift must support the scientific mission of the Laboratory.
Gift Reserve	The purpose of the Gift Reserve is to provide a source of unrestricted funds should a specific gift be overcosted (deficit cash balance). The Gift Reserve's use for overcosted balances is at the discretion of and with approval from the Laboratory Deputy Director.

## G. Recordkeeping Requirements

Gift recordkeeping requirements are consistent with all other financial accounting records for cash receipts and disbursements.

## H. Implementing Documents

None

## I. Contact Information

- **General Accounting Manager** for financial processing of monetary gifts
- **Innovation and Partnerships Office** (IPO) for solicitation and acceptance of all gifts

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/1/2014	2	Jeppson/Carlson	Eliminate gift assessment, establish gift reserve	D	Major
4/16/2013	1.1	Beedle	Review completed 3/15/2013, no changes	Pub & Next Review dates	Minor
1/2/2012	1	L. Corsair	Reformat for wiki	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Gifts (Monetary), Financial Management of
Document number	11.01.011.000
Revision number	2
Publication date:	10/1/2014
Effective date:	10/1/2014
Next review date:	3/15/2016
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.26
Functional Division	OCFO
Prior reference information (optional)	RPM Chapter 11, Section 11.26

## Source Requirements Documents

- Contract 31, Clause H.27, *Contractor-Funded Institutional Supporting Research and Development*
- University of California *Short-Term Investment Pool (STIP) Policy*

## Implementing Documents

None

## Other References

Document Number	Title	Type
03.04.001.000	<i>Gifts for Research, Solicitation and Acceptance of</i>	Policy



# Gifts or Favors (Personal), Acceptance of

Title:	Gifts or Favors (Personal), Acceptance of
Publication date:	7/18/2014
Effective date:	7/1/2009

## BRIEF

### Policy Summary

Berkeley Lab employees are not permitted to accept gifts, gratuities, or favors from any source that might affect or appear to affect their judgment in conducting their work.

### Who Should Read This Policy

This policy applies to all employees.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)  
<http://www.lbl.gov/Workplace/RIIO/>

Title:	Gifts or Favors (Personal), Acceptance of
Publication date:	7/18/2014
Effective date:	7/1/2009

## POLICY

### A. Purpose

This policy describes limitations on Lawrence Berkeley National Laboratory (Berkeley Lab) employee acceptance of gifts.

### B. Persons Affected

This policy applies to all employees.

### C. Exceptions

Not applicable

## D. Policy Statement

Employees are not permitted to accept gifts, gratuities, or favors from any source that might affect or appear to affect their judgment in discharging their duties. Such acceptance may be construed as a conflict of interest. This restriction does not apply to:

1. Acceptance of food and refreshments of nominal value on infrequent occasions in the ordinary course of a luncheon, dinner, or other meeting; or
2. Acceptance of modest entertainment, such as a meal or refreshments in connection with attendance at widely attended gatherings sponsored by industrial, technical, or professional associations or at public ceremonies in an official capacity

Employees in positions designated in the University of California Conflict of Interest Code are subject to specific limits on accepting gifts from reportable sources. Contact the Research and Institutional Integrity Office at [RIIO@lbl.gov](mailto:RIIO@lbl.gov) for further information.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
7/18/2014	1.1	M. Stoufer	Regular review. Minor clarification; add SRD; change Next Review date	Section D, SRD	Minor
5/18/2012	1	M. Stoufer	Rewrite for wiki (policy)	All	Minor
1/2/2012	0	M. Stoufer	Rewrite for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Gifts or Favors (Personal), Acceptance of
Document number	05.07.001.000
Revision number	1.1
Publication date:	7/18/2014
Effective date:	7/1/2009
Next review date:	8/1/2017
Policy Area:	COI – General
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	none
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM Section 10.12

### Source Requirements Documents

- Contract 31, Clause I.78, Title 48 CFR Section 970.0371-4, *Gratuities*
- Political Reform Act, California Government Code Section 89503

### Implementing Documents

None

# Gifts for Research, Solicitation and Acceptance of

Title:	Gifts for Research, Solicitation and Acceptance of
Publication date:	8/13/2013
Effective date:	4/6/2011

## BRIEF

### Policy Summary

The President of the Regents of the University of California has delegated authority to the Director of Berkeley Lab to solicit and accept gifts, including gifts of equipment, having an individual value not exceeding \$100,000. Solicitation or acceptance of individual gifts exceeding \$100,000 requires authorization from the University of California Office of the President (UCOP).

### Who Should Read This Policy

Anyone involved with soliciting and/or accepting gifts for research at the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

Title:	Gifts for Research, Solicitation and Acceptance of
Publication date:	8/13/2013
Effective date:	4/6/2011

## POLICY

### A. Purpose

The President of the Regents of the University of California has delegated authority to the Director of Lawrence Berkeley National Laboratory (Berkeley Lab) to solicit and accept gifts, including gifts of equipment, having an individual value not exceeding \$100,000. Solicitation or acceptance of individual gifts exceeding \$100,000 requires authorization from the University of California Office of the President (UCOP). In addition, authorization by the Regents of the University of California is required for solicitation or acceptance of any gift that exceeds \$1 million or involves exceptions to University/Berkeley Lab programs and policies, long-term commitments, construction of facilities, or an interest in real property.

This delegation is subject to the following conditions:

- Gifts are accepted in the name of, and title rests with, the Regents of the University of California.

- Gifts must be solicited, accepted, administered, documented, and reported in accordance with applicable [University](#) and Laboratory policies and procedures.
- Gift funds expended at Berkeley Lab are subject to the conditions set forth in [Clause H.27](#) of Contract 31 and the [LBNL Contractor-Funded Institutional Supporting Research and Development Program](#), which is the DOE-approved implementation plan for contractor-funded research and development.

## B. Persons Affected

Anyone involved with soliciting and/or accepting gifts for research at the Laboratory

## C. Exceptions

Not applicable

## D. Policy Statement

A gift imposes no contractual requirements and is given irrevocably. The proposed gift must support the scientific mission of the Laboratory. A gift from nongovernmental entities, earmarked for a specific project or for a principal investigator, is subject to the financial disclosure provisions of the [Political Reform Act of 1974](#). Questions regarding these provisions should be referred to the [Laboratory Conflict of Interest Coordinator](#).

In some cases, particularly where funding is provided from a nonprofit entity, it may be difficult to distinguish between a gift and a sponsored project. The following are characteristics that should be considered to make such a distinction:

Gifts	Sponsored Projects
Contractual requirements are not imposed and the funds are not program-specific. However, objectives may be stated and use of the funds may be specified for a particular purpose such as research in a defined area (e.g., Alzheimer's disease).	The award carries such terms on the use of funds as specified budgetary restrictions, the objectives to be achieved by the use of the funds, the program in which the work will be carried out, the individuals responsible for the completion of the work, the period of performance, indirect costs, invention rights (intellectual property), a schedule of payments.
Award is irrevocable.	Unused funds must be returned to the sponsor.
A period of performance is not specified.	Formal period of performance is stated in an award document.
Formal financial accounting over a specified project period is not required, and there is no requirement to return unexpended funds. Good stewardship does allow general communication as a courtesy to the donor, e.g., reports of expended funds and a description of research status.	Formal financial accounting during the life of the project, at its termination, or both is required. Reports related to the substance of the work during the life of the project, and at project termination, are required by the sponsor. Copies of published and other materials may also be requested. Final deliverables are required.
Generally, funds received from individuals, closely held corporations, and private family foundations will be classified as gifts. Funds received from corporations, corporate foundations, and major foundations also may be classified as gifts, depending on the circumstances.	Generally, research-related awards from corporations, corporate foundations, and major private foundations subject to specific restrictions will be classified as sponsored research.

### Procedural Requirements

Approval for acceptance of gifts will not be granted unless all the procedural requirements listed below are satisfied:

1. A principal investigator must consult with his or her division director before initiating any action. Once the division director has approved

the gift, the division office will assist the principal investigator in preparing the gift-acceptance package. For gifts of equipment, the division must ensure an equipment safety evaluation is completed and documented. The Environment/Health/Safety (EHS) Division will provide qualified subject matter experts (SMEs) to conduct the safety evaluations. The division director must review the gift against the criteria for sponsored projects to evaluate whether it should instead be a sponsored project. Questions should be directed to the Office of Sponsored Projects and Industry Partnerships (OSPIP).

2. The division submits the documentation to OSPIP to review for completeness, accuracy, and adherence to policy. For gifts of equipment, OSPIP will ensure that the division has provided evidence that the safety evaluation and clearance have been completed for the proposed equipment.
3. OSPIP submits the documentation to the DOE Contracting Officer for approval in accordance with the H-27 Implementation Plan.
4. Once DOE approval has been obtained, OSPIP submits the director's gift-acceptance package, including the [LBNL Gift Acceptance form \(UDEV-100\)](#), to the Laboratory Director.
5. After review and acceptance, the Laboratory Director signs the formal letter of acknowledgment, which OSPIP will send to the donor.
6. If the gift is Laboratory property, OSPIP will notify Property Management to establish a formal inventory record.
7. If the gift requires UCOP acceptance, OSPIP will forward the necessary forms to the University.
8. OSPIP will notify the division when the gift processing is complete.
9. After notification, the division will request that a project be opened by the Budget Office.
10. No charges may be incurred until OSPIP notifies the division that all processing is complete. For equipment gifts, the actual equipment cannot arrive at Berkeley Lab until after the gift is accepted by the Lab Director (or by UCOP if the value is over \$100,000). Items must be delivered directly to the Shipping and Receiving Department and proceed through the same receipt and property procedures as other equipment received by Berkeley Lab. See also Section D.13, *Property Acquired as a Gift*, of the Personal Property Management Policy.

## E. Roles and Responsibilities

OSPIP is responsible for reviewing, processing, and monitoring gift proposals and awards to ensure compliance with University and Laboratory policies. OSPIP is responsible for ensuring that the gift is not better classified as a Sponsored Project. The principal investigator and division director are responsible for making the initial determination of the appropriateness of the gift.

## F. Definitions/Acronyms

none

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
03.04.001.001	<a href="#">LBNL Gift Acceptance form (UDEV-100)</a>	Form
03.04.001.002	<a href="#">LBNL Contractor-Funded Institutional Supporting Research and Development Program (Revised 7/21/2011)</a>	Plan

## I. Contact Information

[Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor
8/13/2013	1.1	L. Young, R. Inada	Specify requirements for gifts that are equipment	Procedural Reqs – 1,2,10	Minor

## DOCUMENT INFORMATION

Title:	Gifts for Research, Solicitation and Acceptance of
Document number	03.04.001.000
Revision number	1.1
Publication date:	8/13/2013
Effective date:	4/6/2011
Next review date:	8/13/2015
Policy Area:	Solicitation & Acceptance of Gifts
RPM Section (home)	Conduct of Research and Development
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- Contract 31, [Clause H.27](#), Contractor-Funded Institutional Supporting Research and Development
- [Political Reform Act of 1974](#)

## Implementing Documents

Document Number	Title	Type
03.04.001.001	<a href="#">LBNL Gift Acceptance form (UDEV-100)</a>	Form
03.04.001.002	<a href="#">LBNL Contractor-Funded Institutional Supporting Research and Development Program (Revised 7/21/2011)</a>	Plan

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# Harassment, Including Sexual Harassment - B

Title:	Harassment, Including Sexual Harassment
Publication date:	1/2/2012
Effective date:	7/9/2010

## BRIEF

### Policy Summary

Berkeley Lab is committed to creating and maintaining a community where all persons can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation. The Laboratory will respond promptly and effectively to reports of harassment, including sexual harassment, and will take appropriate action to prevent, to correct, and if necessary, to discipline behavior that violates this policy.

The Laboratory will not tolerate harassment that affects tangible job benefits, interferes unreasonably with an individual's work performance, or creates an intimidating, hostile, or offensive working environment. Such harassment may include, for example, making or using derogatory comments, epithets, slurs, or jokes; or teasing or badgering a person about his/her protected status.

### Who Should Read This Policy

All employees and applicants for employment

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secb>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Harassment, Including Sexual Harassment
Publication date:	1/2/2012
Effective date:	7/9/2010

## POLICY

### Purpose

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secb>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Harassment, Including Sexual Harassment
Document number	02.02.002.000
Revision number	0
Publication date:	1/2/2012
Effective date:	7/9/2010
Next review date:	1/2/2015
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(B)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.01(B)

## Source Requirements Documents

- California Government Code 12950.1, Assembly Bill 1825, supervisor sexual harassment requirement training; 2 hours of training every 2 years
- California [Fair Employment and Housing Act \(FEHA\)](#)
- Federal Title VII of the Civil Rights Act of 1964
- University of California Personnel Policies for Staff Members (PPSM) 12(B), Nondiscrimination in Employment/Sexual-Harassment
- University of California Office of the President, [UC Policy on Sexual Harassment And Procedures for Responding to Reports of Sexual Harassment](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Hazard Analysis & Work Authorization Policy and Overview

Brief

Title:	Hazard Analysis & Work Authorization Policy and Overview
Publication date:	1/14/2014
Effective date:	1/14/2014

## BRIEF

### Policy Summary

Berkeley Lab's Hazard Analysis & Work Authorization Policy ensures that all work is performed in a safe manner by:

- Ensuring that work planning is performed prior to starting work
- Defining the work scope, analyzing associated hazards, and developing controls such that hazards are identified and mitigated
- Providing work authorization processes to ensure that procedures, controls, and resources are in place. These processes may include:
  - Job Hazards Analysis (JHA) for routine work done by workers and affiliates
  - Task-based Job Hazard Analysis for unpredictable, short-term, or unusual work done by workers and affiliates
  - Subcontractor Job Hazards Analysis (sJHA)
  - Construction subcontractors' ES&H submittal package (Construction JHA)
  - Activity Hazard Documents (AHDs) for higher-hazard work
  - Temporary Work Authorization (TWA)
  - Biosafety Work Authorization
  - Radiological Work Authorization (RWA)
  - Facility Work Authorization
- Ensuring that the process and authorizations are documented prior to starting work

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH06.html>

<http://www.lbl.gov/ehs/pub3000/CH31-quickstart.html>

<http://www.lbl.gov/ehs/pub3000/CH32-quickstart.html>

<http://www.lbl.gov/ehs/pub3000/CH10-quickstart.html>

<http://www.lbl.gov/ehs/pub3000/CH21-quickstart.html>

<http://www.lbl.gov/ehs/pub3000/CH26.html>

### Contact Information

Activity Hazard Document Guidance and JHA Subject Matter Contact

sJHA - Subcontractor Safety Assurance Program Manager

Construction Safety

Radiation Protection Biosafety Officer

EHS Division

### Policy

Title:	Hazard Analysis & Work Authorization Policy and Overview
Publication date:	1/14/2014
Effective date:	1/14/2014

## **POLICY**

### **A. Purpose**

Lawrence Berkeley National Laboratory's (Berkeley Lab's) Hazard Analysis & Work Authorization Policy ensures that all work is performed in a safe manner by:

- Ensuring that work planning is performed prior to starting work by:
  - Defining the work scope
  - Analyzing associated hazards
  - Developing controls such that hazards are identified and mitigated
- Providing work authorization processes tailored to the type of work that ensure that controls, procedures, and resources are in place. These processes may include:
  - Job Hazards Analysis (JHA) for work done by workers and affiliates
  - Task-based Job Hazards Analysis for unpredictable, short-term, or unusual work done by workers and affiliates
  - Subcontractor Job Hazards Analysis (sJHA)
  - Construction subcontractors' ES&H submittal package (Construction JHA)
  - Activity Hazard Documents (AHDs) for higher-hazard work
  - Temporary Work Authorization (TWA)
  - Biosafety Work Authorization
  - Radiological Work Authorization (RWA)
  - Facility Work Authorization
- Ensuring that the process and authorizations are documented prior to starting work

### **B. Persons Affected**

Berkeley Lab employees, visitors, affiliates, and subcontractors who perform work in technical areas or on construction sites

### **C. Exceptions**

Those not performing hands-on work, who work 100% at a site not managed by the Berkeley Lab, or who work 100% of the time on the UC Berkeley Campus

### **D. Policy Statement**

1. Safety of all operations at Berkeley Lab is managed according to the principles outlined in [LBNL PUB-3140, \*Integrated Environment, Safety, & Health Management Plan: Integrated Safety Management \(ISM\) System\*](#). Using these principles, line management is responsible for assuring safety of its operations by identifying work hazards and developing and implementing tailored controls prior to authorizing work to proceed. The EHS Division collaborates with line management to identify hazards and controls by:
  - a. Identifying appropriate safety standards and requirements
  - b. Providing institutional tools, procedures, and methods to facilitate control of hazards and compliance with requirements;
  - c. Providing subject-matter-expert support
2. Work authorization, a key principle in safe work planning, is a hazard review and management approval process designed to ensure that procedures, controls, and resources are in place before the work begins. All work at Berkeley Lab proceeds under authorization. Institutional authorization processes have been developed and tailored to facilitate line management authorization activities under a variety of administrative circumstances as follows:
  - a. For Berkeley Lab employees and affiliates, line management authorization for routine work is granted using the Job Hazards Analysis (JHA) program. [Work Process A](#) discusses the JHA, and the [Job Hazards Analysis](#) program provides detailed requirements.
  - b. Operations in a particular facility, under certain circumstances, may require authorization. [Work Process B](#) provides general guidance on facility-based authorizations, while [Appendix C](#) of the Safe Work Authorizations program in the ES&H Manual provides a precise process for each type of facility-based authorization.
  - c. Formal authorizations are generally required for more extensive or inherently dangerous work. Trigger levels for such authorizations are located in [Appendix B](#) of the [Safe Work Authorizations](#) program in the ES&H Manual. [Work Process C](#) describes the process for formal authorizations.
  - d. The Temporary Work Authorization (TWA) process, which is described in [Work Process C.2](#), may be used if it:
    - i. Is not a permanent component of ongoing work
    - ii. Does not involving elevated hazards
    - iii. Is of a short-term duration (two weeks or less)
    - iv. Has a limited and clearly defined scope
  - e. For non-construction subcontractors, the [Subcontractor Job Hazards Analysis \(sJHA\)](#) program is used to ensure that all non-construction subcontractor work is performed safely and in accordance with Berkeley Lab requirements.
  - f. For construction activities, [Construction Safety Program Work Process C](#) is used to ensure that construction subcontractors adequately evaluate hazards and implement safety controls.
  - g. The [Biosafety Authorization System \(BAS\)](#) database is an inventory of Berkeley Lab Biosafety Work Authorizations, including Biological Use Authorizations (BUAs), Biological Use Registrations (BURs), and Biological Use Notifications (BUNs).
  - h. Radiological Work Authorization and Permit Programs are described in ES&H Manual Section 21.6, [Radiological Work Authorization and Permit Programs](#).

## E. Roles and Responsibilities

Role	Responsibility
Employees, visitors, and affiliates	<ul style="list-style-type: none"> <li>• Perform only work for which they are authorized and qualified</li> </ul>
Principal investigators, managers, supervisors, and work leads	<ul style="list-style-type: none"> <li>• Identify the hazards associated with the work to be performed</li> <li>• Supply the controls necessary to perform the work safely</li> <li>• Assure that employees under their supervision complete the <a href="#">Job Hazards Analysis (JHA)</a> process and receive specialized training as required by the ES&amp;H Manual <a href="#">EHS Training Program</a> (see also the <a href="#">EHS Training website</a>)</li> <li>• Assure that all work under their control is evaluated to determine the level of authorization required by this program, and that proper authorization is obtained before beginning work</li> <li>• Assure that all work under their control is performed in compliance with the controls specified for that work</li> <li>• Assure that authorizations for work under their control are reauthorized as required, including whenever work changes significantly</li> </ul>
Division directors	<ul style="list-style-type: none"> <li>• Assure that all work spaces are evaluated at least annually for identification of hazards and implementation of controls</li> <li>• Assure that all work has obtained line management, formal, or facility-based authorization, as required</li> </ul>
Facilities Division	<ul style="list-style-type: none"> <li>• Assures work by construction subcontractors is properly evaluated and authorized under construction subcontractor's ES&amp;H submittals (Construction JHA documents)</li> <li>• Prepares the appropriate NEPA/CEQA documentation</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Line management authorization	An authorization that is either implied from other documentation, or is explicit but administered by the responsible division doing the work. Examples include the Job Hazards Analysis (JHA), Subcontractor Job Hazards Analysis (sJHA) for non-construction subcontractors, and Contractor JHA for construction subcontractors.
Formal authorization	A written document, authorized by the responsible division with EHS Division review and concurrence, that describes the scope of work, required procedures and controls, authorized materials and equipment to be used, and staff authorized to conduct the work. Examples include Radiological Work Authorizations, Activity Hazard Documents, research involving human or animal subjects, and some high-pressure work.
Facility-based authorization	Hazards analyses and controls are based on the facility as a whole rather than on an individual operation. Examples include Safety Analysis Documents, air and water discharge permits, and NEPA/CEQA analyses.

## G. Recordkeeping Requirements

Record	Database/Retention Location	Owner
JHAs	JHA Database	EHS
AHDs	AHD Database	EHS
sJHAs	sJHA Database	EHS
RWA	RADAR	EHS
Biosafety Work Authorization	Biosafety Authorization System (BAS)	EHS
TWAs	Maintained by the authorizing division	Authorizing Division
Construction JHA packages	Construction Project Documents	Facilities Division
Facility-Based Authorizations	Maintained by the host Division	Host Division
EHS Training Records	JHA/EHS Training Database	EHS

## H. Implementing Documents

Document Number	Title	Type
07.02.003.001	<a href="#">Safe Work Authorizations</a>	Program
07.02.003.002	Work Process A, <i>Line Management Authorizations for Routine or Special Hazards</i>	Work Process
07.02.003.003	Work Process B, <i>Facility-Based Authorizations</i>	Work Process
07.02.003.004	Work Process C, <i>Formal Authorizations for Increased Hazards</i>	Work Process
07.07.007.001	Construction Safety	Program
07.07.018.001	Lasers	Program
07.08.001.001	Radiation Safety	Program
07.07.004.001	Biosafety	Program
03.02.002.001	Research with Human and Animal Subjects	Program
07.02.004.001	sJHA – Subcontractor Job Hazards Analysis	Program
07.02.004.002	Work Process A, <i>sJHA Process Overview</i>	Work Process
07.02.004.003	Work Process B, <i>Creating an sJHA</i>	Work Process
07.02.004.004	Work Process C, <i>Training and Orientation</i>	Work Process
07.02.001.001	Job Hazards Analysis	Program



## I. Contact Information

Activity Hazard Document Guidance and JHA Subject Matter Contact

sJHA - Subcontractor Safety Assurance Program Manager

Construction Safety

Radiation Protection Biosafety Officer

EHS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Heim	Reformat for wiki (brief)	All	Minor
12/18/2012	1	J. Heim	Reformat for wiki (policy)	All	Minor
1/14/2014	1.1	W. Wells	Revise as Policy Overview	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Hazard Analysis & Work Authorization Policy and Overview
Document number	07.02.003.000
Revision number	1.1
Publication date:	1/14/2014
Effective date:	1/14/2014
Next review date:	1/14/2017
Policy Area:	Safe Work Authorization
RPM Section (home)	Environment, Safety and Health
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Chapter 6

## Source Requirements Documents

- Title 29, Code of Federal Regulations, Section 1910.119, *Process Safety Management of Highly Hazardous Chemicals*
- DOE Order 420.2C, *Safety of Accelerator Facilities*
- DOE Order 435.1, *Radioactive Waste Management* (only those sections/subchapters adopted into the current Contract 31 ESH Standards set)
- California Public Resources Code, Section 21000 et seq. (CEQA, California Environmental Quality Act)
- Title 19, California Code of Regulations, Section 2770.5, *List of Substances*
- Title 22, California Code of Regulations, Section 66260.1 et seq., California Hazardous Waste Regulations

## Other Driving Requirements

- Title 42, United States Code, Section 4321 et seq. (NEPA, National Environmental Policy Act)

## Implementing Documents

<b>Document Number</b>	<b>Title</b>	<b>Type</b>
07.02.003.001	<a href="#">Safe Work Authorizations</a>	Program
07.02.003.002	Work Process A, <i>Line Management Authorizations for Routine or Special Hazards</i>	Work Process
07.02.003.003	Work Process B, <i>Facility-Based Authorizations</i>	Work Process
07.02.003.004	Work Process C, <i>Formal Authorizations for Increased Hazards</i>	Work Process
07.07.007.001	Construction Safety	Program
07.07.018.001	Lasers	Program
07.08.001.001	Radiation Safety	Program
07.07.004.001	Biosafety	Program
03.02.002.001	Research with Human and Animal Subjects	Program
07.02.004.001	sJHA – Subcontractor Job Hazards Analysis	Program
07.02.004.002	Work Process A, <i>sJHA Process Overview</i>	Work Process
07.02.004.003	Work Process B, <i>Creating an sJHA</i>	Work Process
07.02.004.004	Work Process C, <i>Training and Orientation</i>	Work Process
07.02.001.001	Job Hazards Analysis	Program

# Health Promotion Program

Title:	Health Promotion Program
Publication date:	8/8/2013
Effective date:	2/15/2007

## BRIEF

### Policy Summary

Berkeley Lab offers programs to promote the health of employees in coordination with University of California programs and medical benefits coverage.

### Who Should Read This Policy

All Laboratory employees and supervisors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For assistance with or information on health-promotion examinations, contact the:

Laboratory Medical Director  
Pedro Estacio, MD  
[PEstacio@lbl.gov](mailto:PEstacio@lbl.gov)

or

Health Services Program Manager  
Sue Broadway  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

Title:	Health Promotion Program
Publication date:	8/8/2013
Effective date:	2/15/2007

## POLICY

### A. Purpose

This policy describes health-promotion programs at Lawrence Berkeley National Laboratory (Berkeley Lab).

## B. Persons Affected

Berkeley Lab employees

## C. Exceptions

None

## D. Policy Statement

Berkeley Lab provides employees with opportunities for health promotion through a variety of means, including:

- Services offered by the on-site Health Services clinic
- Contract health-promotion services hosted by Health Services
- Educational offerings hosted by the Health Care Facilitator Program, in the Human Resources Department
- Health-promotion programs offered by the University of California directly to employees
- Health-promotion services offered through the medical benefits plans
- Activities offered through the Employee Activities Association

Programs offered through Health Services vary over time according to current health knowledge, population health risks, and demographic trends.

Examples of programs include:

- Health-promotion examinations targeted to age-specific health risks
- Immunization clinics
- Weight-loss programs
- Cholesterol screenings
- Diabetes screenings
- Skin cancer screenings

Information about upcoming health-promotion offerings is disseminated via [Today at Berkeley Lab](#) or by direct communication with employees.

## E. Roles and Responsibilities

See [PUB-3000, Chapter 3](#), for roles and responsibilities related to this policy's implementation.

Role	Responsibility
Laboratory Medical Director	<ul style="list-style-type: none"><li>• Designs and oversees health-promotion efforts offered by Health Services</li><li>• Assesses workforce health risks</li></ul>
Human Resources	Local point of contact for questions about medical benefits plans.
UC Office of the President	Maintains the benefits website that details the UC-wide health promotion and medical insurance plan documents.

## F. Definitions/Acronyms

See [PUB-3000, Chapter 3](#), for technical terms related to the details of this policy and its implementation.

Term	Definition
Health Promotion	Activities designed to increase awareness, and inform and motivate employees to decrease their health risks

## G. Recordkeeping Requirements

Health Services maintains confidential medical records of employees participating in on-site health promotion activities.

## H. Implementing Documents

Document Number	Other Reference	Title
Multiple	<a href="#">PUB-3000, Chapter 3</a>	Health Services
Multiple	<a href="#">RPM, Chapter 1, Section 1.12</a>	Health Services
02.06.008.000	<a href="#">RPM, Chapter 2, Section 2.15</a>	Worker's Compensation Insurance
02.02.007.000		<a href="#">Nonsmoking Policy</a>
Multiple	<a href="#">PUB-3000, Chapter 1</a>	General Policy and Responsibilities
Multiple	<a href="#">PUB-3000, Chapter 4</a>	Industrial Hygiene
Multiple	<a href="#">PUB-3000, Chapter 5</a>	Occupational Safety
Multiple	<a href="#">PUB-3000, Chapter 9</a>	Emergency Management
07.03.001.001	<a href="#">PUB-3000, Chapter 15</a>	Occurrence Reporting
07.07.012.001	<a href="#">PUB-3000, Chapter 17</a>	Ergonomics
07.07.024.001	<a href="#">PUB-3000, Chapter 19</a>	Personal Protective Equipment
07.07.004.001	<a href="#">PUB-3000, Chapter 26</a>	Biosafety

## I. Contact Information

For assistance with or information on health-promotion examinations, contact the:

Laboratory Medical Director  
 Pedro Estacio, MD  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)  
 or

Health Services Program Manager  
 Sue Broadway  
 (510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/8/2013	1.1	P. Lichy	Review completed 7/24/13, change HR responsibilities; add UCOP responsibilities; update next review date	Section E	Minor
1/2/2012	1	P. Lichy	Rewrite for RPM	all	Minor

## DOCUMENT INFORMATION

Title:	Health Promotion Program
Document number	02.13.005.000
Revision number	1.1
Publication date:	8/8/2013
Effective date:	2/12/2007
Next review date:	7/24/2016
Policy Area:	Health Services
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	

## Source Requirements Documents

- [10 CFR 851](#), Appendix A, Section 8(k)(3), *Worker Health and Safety Program, Occupational Medicine, Contractor-Sponsored or Contractor Supported Wellness Programs*
- [DOE G 440.1-8](#), *Implementation Guide for Use with 10 CFR Part 851, Worker Safety and Health Programs*, Section 3.6.8.9, *Assistance and Wellness*

## Implementing Documents

Document Number	Other Reference	Title	Type
Multiple	<a href="#">PUB-3000, Chapter 3</a>	Health Services	Program
Multiple	<a href="#">RPM, Chapter 1, Section 1.12</a>	Health Services	Policy
02.06.008.000	<a href="#">RPM, Chapter 2, Section 2.15</a>	Worker's Compensation Insurance	Policy
02.02.007.000		<a href="#">Nonsmoking Policy</a>	Policy
Multiple	<a href="#">PUB-3000, Chapter 1</a>	General Policy and Responsibilities	Program
Multiple	<a href="#">PUB-3000, Chapter 4</a>	Industrial Hygiene	Program
Multiple	<a href="#">PUB-3000, Chapter 5</a>	Occupational Safety	Program
Multiple	<a href="#">PUB-3000, Chapter 9</a>	Emergency Management	Program
07.03.001.001	<a href="#">PUB-3000, Chapter 15</a>	Occurrence Reporting	Program
07.07.012.001	<a href="#">PUB-3000, Chapter 17</a>	Ergonomics	Program
07.07.024.001	<a href="#">PUB-3000, Chapter 19</a>	Personal Protective Equipment	Program
07.07.004.001	<a href="#">PUB-3000, Chapter 26</a>	Biosafety	Program

# Health Services Program Overview

Title:	Health Services Program Overview
Publication date:	8/13/2013
Effective date:	2/15/2007

## BRIEF

### Policy Summary

Berkeley Lab offers a Health Services Program to protect and promote the health of employees. This document outlines the functions delegated to Health Services.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

[http://www.lbl.gov/ehs/pub3000/CH03.html#\\_Toc407014423](http://www.lbl.gov/ehs/pub3000/CH03.html#_Toc407014423)

## Contact Information

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PEstacio@lbl.gov](mailto:PEstacio@lbl.gov)

or

Health Services Program Manager  
Susan Broadway, NP, COHN-S  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

Title:	Health Services Program Overview
Publication date:	8/13/2013
Effective date:	2/15/2007



# POLICY

## A. Purpose

In accordance with U.S. Department of Energy (DOE) regulations, Lawrence Berkeley National Laboratory (Berkeley Lab) offers a Health Services Program to protect and promote the health of employees. This document outlines the functions and authorities delegated to Health Services.

## B. Persons Affected

Eligible Berkeley Lab employees and affiliates, and selected job candidates (eligible workers include any Laboratory employee who works more than 30 days a year on site or is enrolled in a Laboratory medical surveillance program)

## C. Exceptions

None

## D. Policy Statement

In accordance with DOE regulations, Berkeley Lab offers a Health Services Program to protect and promote the health of the Laboratory community in coordination with Laboratory benefits programs.

Berkeley Lab's Health Services Program, clinic, and offices are located on site, in the Building 26 medical facility. The program includes functions assigned to the Laboratory Medical Director and the Health Services Clinical Services staff.

1. **Laboratory Medical Director:** The Laboratory Medical Director is a physician assigned responsibility for the overall Health Services Program, along with additional responsibilities assigned to the position. Current responsibilities include:
  - a. Planning and implementation of the Health Services Program (which includes Clinical Services, Disability Management, and the HARC Office) in compliance with applicable laws and regulations
  - b. Participation in worker protection teams
  - c. Supervision of Health Services staff
  - d. Serving as the Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer for the Laboratory
  - e. Representing the Laboratory to the Energy Facility Contractors Occupational Medical Director's group
  - f. Monitoring the health hazards of the Laboratory's research activities, and advising management on health risks and appropriate preventive actions
  - g. Participating as a member of the Laboratory's Biosafety Committee
  - h. Chairing the Laboratory's Human Subjects Committee
  - i. Membership on the Crisis Action Committee
  - j. Membership in the DOE Human Subjects Working Group
2. **Clinical Services:** Clinical Services is responsible for:
  - a. Providing medical evaluations and guidance for eligible injured or ill workers
  - b. Providing first aid to Berkeley Lab staff and affiliates
  - c. Initiating workers' compensation claims for work-related injuries and illnesses
  - d. Assisting with medical emergencies within the limitations of the resources available
  - e. Implementing the Medical Surveillance Program
  - f. Providing prescription safety glasses
  - g. Initiating the DOE accident investigation process for accidents involving injuries
  - h. Implementing the Health Promotion Program and
  - i. Implementing the Medical Evaluation Program for new hires, transfers, and terminated employees

## E. Roles and Responsibilities

See PUB-3000, [Chapter 3](#), for roles and responsibilities related to the execution of this policy's implementation.

Role	Responsibility
Laboratory Medical Director	Responsibilities are listed above
Berkeley Lab management	Must provide occupational health providers access to the workplace and include the occupational health provider in worker safety teams

## F. Definitions/Acronyms

See [PUB-3000, Chapter 3](#), for technical terms related to the details of this policy and its implementation.

Term	Definition
Eligible worker	A Berkeley Lab employee who works more than 30 days a year on site, or is enrolled in a Laboratory medical surveillance program

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Health Services	Maintains confidential medical records of employees participating in on-site health promotion activities.
Berkeley Lab management	<ol style="list-style-type: none"> <li>1. Notifies Health Services when an employee has been off work for five days due to illness or injury</li> <li>2. Provides occupational health providers access to the workplace for evaluation of job conditions</li> <li>3. Provides occupational health providers information on, and the opportunity to participate in, worker safety and health team meetings and committees</li> </ol>

## H. Implementing Documents

Document Number	Other Reference	Title	Type
02.013.002.001	PUB-3000, Chapter 3	Health Services	Program
02.13.003.001	PUB-3000, Ch.3.6	Preplacement and Job Transfer Examinations	Program
07.07.023.001		Non-ionizing Radiation	Program
07.07.022.001		Noise	Program
07.07.005.001		Chemical Safety Hazards and Controls	Program
07.07.002.001		Asbestos Hazards and Controls	Program

07.07.019.001		Lead Hazards and Controls	Program
07.07.003.001		Beryllium Hazards and Controls	Program
07.07.032.001		Respiratory Protection	Program
07.07.013.001		Exposure Assessment	Program
07.07.025.001		Forklifts and Other Powered Industrial Trucks	Program
07.07.008.001		Cranes, Hoisting, and Rigging Safety	Program
07.07.004.001		Biosafety	Program

## I. Related Berkeley Lab Policies

- Medical Separation Policy, 02.12.002.000
- Medical Return-to-Work Policy, 02.07.026.000
- Workers' Compensation Policy, 02.06.008.000

## J. Contact Information

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)

or

Health Services Program Manager  
Sue Broadway, NP, COHN-S  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	P. Lichty	Rewrite for RPM	All	Minor
8/13/2013	1.1	P. Lichty	Remove Health Services responsibilities and references for HARC and Disability Management	Policy Statement, Roles and Responsibilities, Definitions	Minor

## DOCUMENT INFORMATION

Title:	Health Services Program Overview
Document number	02.13.002.000
Revision number	1.1
Publication date:	8/13/2013
Effective date:	2/15/2007
Next review date:	8/13/2016
Policy Area:	Health Services
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000, Chapter 3, Section 3.2

## Source Requirements Documents

- [10 CFR 851](#), Appendix A, Section 8, *Occupational Medicine*
- DOE 443.1B, *Protection of Human Research Subjects*
- 10 CFR 745, *Protection of Human Subjects*
- 45 CFR 46, *Protection of Human Subjects*

## Related Berkeley Lab Policies

- Medical Separation Policy, 02.12.002.000
- Medical Return-to-Work Policy, 02.07.026.000
- Workers' Compensation Policy, 02.06.008.000

## Implementing Documents

Document Number	Other Reference	Title	Type
02.013.002.001	PUB-3000, Chapter 3	Health Services	Program
02.13.003.001	PUB-3000, Ch.3.6	Preplacement and Job Transfer Examinations	Program
07.07.023.001		Non-ionizing Radiation	Program

07.07.022.001		Noise	Program
07.07.005.001		Chemical Safety Hazards and Controls	Program
07.07.002.001		Asbestos Hazards and Controls	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.003.001		Beryllium Hazards and Controls	Program
07.07.032.001		Respiratory Protection	Program
07.07.013.001		Exposure Assessment	Program
07.07.025.001		Forklifts and Other Powered Industrial Trucks	Program
07.07.008.001		Cranes, Hoisting, and Rigging Safety	Program
07.07.004.001		Biosafety	Program

## Other References

- DOE G 440.1-8, *Implementation Guide for Use with 10 CFR Part 851, Worker Safety and Health Programs*

# Heat Stress Hazard Assessment and Control

## Brief

Title:	Heat Stress Hazard Assessment and Control
Publication date:	9/25/2012
Effective date:	5/20/2011

## BRIEF

### Policy Summary

Berkeley Lab's Heat Stress Policy addresses the hazards of heat stress at the Laboratory site by:

- Listing the different symptoms of heat exhaustion and heatstroke
- Identifying emergency response actions when someone is determined to be suffering from heat stress
- Providing preventative measures to avoid heat stress

### Who Should Read This Policy

All Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

[The POLICY tab on this wiki page](#)

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH40.html>

### Contact Information

[Heat Stress Subject Matter Expert](#)  
EHSS Division

## Policy

Title:	Heat Stress Hazard Assessment and Control
Publication date:	9/25/2012
Effective date:	5/20/2011

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory's (Berkeley Lab's) Heat Stress Policy addresses the hazards of heat stress at the Laboratory site by:

- Listing the different symptoms of heat exhaustion and heatstroke
- Identifying emergency response actions when someone is determined to be suffering from heat stress
- Providing preventative measures to avoid heat stress

### B. Persons Affected

All Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors

## C. Exceptions

None

## D. Policy Statement

1. Heat stress — the physical stress of hot environments — can be influenced by a combination of factors, such as type of clothing worn, physical activity, time spent working, breaks between work activities, and medications; and environmental factors such as ambient air temperature, air velocity, and relative humidity ([Work Process A](#)).
2. Self-awareness is a key step to reducing heat-related disorders. Employees and supervisors should terminate exposure to heat stress at the onset of the first symptoms ([Work Process B](#)).
3. When interior temperatures exceed the recommended guidance range of 65°F to 85°F, division directors, unit heads, and supervisors should use their discretion in modifying employee work assignments, including changes in location, changes in time of beginning or end of workday, sharing duties, etc. Line managers should consider employee medical and physical conditions when applying this temperature range as a guideline ([Work Process C](#)).
4. Heat-related disorders can be caused by prolonged periods of heat stress. Heat exhaustion occurs when the body's ability to regulate body temperature is overwhelmed but not completely broken down. Heatstroke is a life-threatening emergency that requires immediate medical attention. Heatstroke is more likely to occur in outdoor work ([Work Process D](#)).

## E. Roles and Responsibilities

Role	Responsibilities
All Berkeley Lab Supervisors and Building Managers	<ul style="list-style-type: none"><li>• Arrange first-aid training for workers</li><li>• Monitor the workplace to determine when hot conditions arise</li><li>• Whenever possible, schedule hot jobs for the cooler part of the day</li><li>• Ensure workers drink enough water</li><li>• Adjust work practices as necessary when workers experience heat stress</li><li>• Make adjustments for workers who must wear personal protective clothing and equipment that retains heat and restricts evaporation of sweat</li></ul>
Workers	<ul style="list-style-type: none"><li>• Follow instructions and training for controlling heat stress</li><li>• Recognize the potential for heat stress in the work environment</li><li>• Be alert to symptoms in oneself and others</li><li>• Avoid consumption of excessive caffeine, which can contribute to heat stress</li><li>• Drink small amounts of water regularly to avoid dehydration</li><li>• Use personal protective equipment (PPE) appropriately</li></ul>
Facilities Division — Inspection Group	Issues Stop Work notices to contractors in noncompliance with the Berkeley Lab heat stress program
Facilities Division — Maintenance and Operations (M&O)	<ul style="list-style-type: none"><li>• Provides fans and other means to increase airflow or ventilation in hot work areas</li><li>• Audits work performed by contractors to ensure compliance. Informs the Inspection Groups of noncompliance.</li></ul>
Industrial Hygiene Group	<ul style="list-style-type: none"><li>• Provides project-specific guidance and recommendations</li><li>• Helps managers determine an appropriate work/rest regime for workers</li></ul>

## F. Definitions/Acronyms

Term	Definition
Action Level	Level of concern where a corrective action is taken
Contractor	A contractor employed by Berkeley Lab. Both the contractor and the work crew will be non-Berkeley Lab employees.
PPE (personal protective equipment)	Safety equipment worn by employees; may include safety glasses, respirators, coveralls, gloves, etc.
Thermal Radiation	Transfer of heat from hot objects through air to the body. Working around heat sources such as furnaces will increase heat stress. Working in direct sunlight can substantially increase heat stress.
High Humidity	A condition under which the rate of evaporation of sweat from the skin decreases. If air temperature is as warm as or warmer than the skin during times of high humidity, blood brought to the body's surface cannot dissipate heat.
Wet Bulb Globe Temperature Index (WBGT)	The most-used technique to measure environmental factors that most nearly correlate with deep body temperature and other physiological responses to heat

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.07.016.001	Chapter 40	<a href="#">Heat Stress</a>	Program
07.07.016.002	Chapter 40, Work Process A	<a href="#">General Requirements</a>	Work Process
07.07.016.003	Chapter 40, Work Process B	<a href="#">Control of Heat Stress</a>	Work Process
07.07.016.004	Chapter 40, Work Process C	<a href="#">Heat Stress Screening Threshold</a>	Work Process
07.07.016.005	Chapter 40, Work Process D	<a href="#">Heat Stress Emergencies</a>	Work Process

## I. Contact Information

[Heat Stress Subject Matter Expert](#)  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Toor	Rewrite for wiki (brief)	All	Minor
9/25/2012	1	Toor	Rewrite for wiki (policy)	All	Minor
8/7/2014	1	Young	Adjust Next Review based on Pub date	Doc Info	Editorial

### Document Information



## DOCUMENT INFORMATION

Title:	Heat Stress Hazard Assessment and Control
Document number	07.07.016.000
Revision number	1
Publication date:	9/25/2012
Effective date:	5/20/2011
Next review date:	9/25/2015
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	

## Source Requirements Documents

- 8 CCR 3395, *Heat Illness Prevention*

## Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.07.016.001	Chapter 40	<a href="#">Heat Stress</a>	Program
07.07.016.002	Chapter 40, Work Process A	<a href="#">General Requirements</a>	Work Process
07.07.016.003	Chapter 40, Work Process B	<a href="#">Control of Heat Stress</a>	Work Process
07.07.016.004	Chapter 40, Work Process C	<a href="#">Heat Stress Screening Threshold</a>	Work Process
07.07.016.005	Chapter 40, Work Process D	<a href="#">Heat Stress Emergencies</a>	Work Process

# Holiday Policy

## Brief

Title:	Holiday Policy
Publication date:	9/10/2013
Effective date:	5/6/2011

## BRIEF

### Policy Summary

This policy describes eligibility for holiday pay for Berkeley Lab employees. The Laboratory provides 12 paid holidays each calendar year, allowing eligible employees to observe national or state holidays. These are listed below. See the [Berkeley Lab Holiday Calendar](#) for current year's dates.

- New Year's Day (or the announced equivalent)
- Third Monday in January
- Third Monday in February
- Last Monday in May
- July 4
- Labor Day
- Thanksgiving Day
- Friday following Thanksgiving Day
- December 24 or 26 (or the announced equivalent)
- Christmas Day
- December 31 or January 2
- One floating holiday that may be used, at the employee's discretion, on Cesar Chavez Day (the last Friday in March), Veterans Day (November 11), or during the annual winter holiday shutdown

### Who Should Read This Policy

- This policy applies to employees who work either full-time or part-time schedules in the following employee classifications: [Career](#), [Term](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), and [Student Assistant](#).
- Employees who work variable time in the following employee classifications are not eligible for holiday pay: [Limited](#) and [Student Assistant](#).
- Employees in the following employee classifications are not eligible for holiday pay: [Rehired Retiree](#), [Faculty](#), and [Graduate Student Research Assistants \(GSRAs\)](#).
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Holiday Policy
Publication date:	9/10/2013
Effective date:	5/6/2011

## POLICY

## A. Purpose

This policy describes eligibility for holiday pay for Berkeley Lab employees.

## B. Persons Affected

- This policy applies to employees who work either full-time or part-time schedules in the following employee classifications: [Career](#), [Term](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), and [Student Assistant](#).
- Employees who work variable time in the following employee classifications are not eligible for holiday pay: [Limited](#) and [Student Assistant](#).
- Employees in the following employee classifications are not eligible for holiday pay: [Rehired Retiree](#), [Faculty](#), and [Graduate Student Research Assistants \(GSRAs\)](#).
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement.

## C. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO).

## D. Policy Statement

### 1. Berkeley Lab Holidays

- a. The Laboratory observes the following holidays listed below and in the [Berkeley Lab Holiday Calendar](#). These holidays are granted with pay to eligible employees. The days listed below, or announced equivalents, are usually observed as holidays:
  - New Year's day (or the announced equivalent)
  - Third Monday in January
  - Third Monday in February
  - Last Monday in May
  - July 4
  - Labor Day
  - Thanksgiving Day
  - Friday following Thanksgiving Day
  - December 24 or 26 (or the announced equivalent)
  - Christmas Day
  - December 31 or January 2
  - One floating holiday that may be used, at the employee's discretion, on Cesar Chavez Day (the last Friday in March), Veterans Day (November 11), or during the annual winter holiday shutdown
- b. When one of the days listed above occurs on a Sunday, the following Monday is observed as a holiday. When a holiday falls on a Saturday, the preceding Friday is observed as a holiday unless an alternate day is designated by the Laboratory Director (or the designee).
- c. Berkeley Lab will be open on both Cesar Chavez Day and Veterans Day, and will be closed during the winter holiday shutdown. Employees electing to use the floating holiday on either Cesar Chavez Day or Veterans Day will be required to use a third vacation day or leave without pay during the winter holiday shutdown.
- d. The floating holiday must be taken during the calendar year and cannot be accrued for future use.

### 2. Eligibility for Holiday Pay

- a. **Full-time employees** are eligible for holiday pay:
  - i. If they are on pay status during the week in which the holiday occurs or
  - ii. If they are on pay status on their last scheduled workday before the holiday and on their first scheduled workday following the holiday or
  - iii. If the holiday:
    1. Immediately precedes their appointment date, and the holiday is the first workday of the month or
    2. Immediately follows their last day of work, and the holiday is the last workday of the month or
    3. Occurs during an approved leave of absence or a work deferment that does not exceed 20 calendar days (including holidays)
- b. **Part-time employees** will receive holiday pay for the number of hours per holiday in proportion to the percentage of their appointment (See Section D.3, [Holiday Pay Policy for Part-Time Employees](#), below).
- c. **New or rehired parttime employees** are not eligible for holiday pay for a holiday that occurs before the first day of their appointment or after they are separated from employment with the University of California.
- d. **Variable-time employees** do not earn paid time off for holidays.

3. **Holiday Pay Policy for Part-Time Employees:** Part-time employees scheduled to work half time or more are allowed holiday time off with pay in accordance with the following table:

Holiday Credit for Part-Time Employees	
Percentage of Full Time	Hours of Holiday Pay per Holiday
Under 50	0
50–56	4
57–68	5
69–81	6
82–93	7
94–100	8

4. **Holiday Pay for New Employees:** A new full-time employee will be paid for any holiday immediately preceding his or her first day of work if the holiday is the first working day of a pay period. This rule does not apply to part-time employees.
5. **Holiday Pay for Separating Employees:** A separating full-time employee will receive pay for any holiday immediately following his or her last actual day of work (or vacation leave) if the holiday is the last working day of a pay period. This rule does not apply to part-time employees.
6. **Pay Policy for Work Performed on a Holiday**
- Exempt employees** do not normally receive extra compensation when their assignment requires work on a holiday.
  - Non-exempt employees** are paid regular pay, including any shift differentials, for time worked on a holiday. They normally receive a full day's holiday pay, plus pay for any portion of the day worked, to the nearest hour for monthly salaried personnel and to the nearest quarter hour for hourly rated personnel. A nonexempt employee who is scheduled to work on a holiday but takes time off due to illness is eligible only for holiday pay.
  - Irregular Schedules:** Non-exempt employees who are working irregular full-time schedules are entitled to the same number of paid holiday hours granted to regularly scheduled employees. An employee receives holiday pay if his or her regular day off falls on a holiday observed by the Laboratory.
  - Cesar Chavez Day and Veterans Day:** Non-exempt employees working on Cesar Chavez Day and Veterans Day will be paid for hours worked only. They will not receive additional holiday pay.
7. **Holiday Pay Policy During Leave of Absence Without Pay**
- Short Term Leave**
    - A full-time employee on an approved, nondisciplinary leave of absence without pay for no more than 20 calendar days is eligible to be paid for any holidays occurring during the leave period.
    - A part-time employee on an approved, nondisciplinary leave of absence without pay for more than 20 calendar days is eligible to be paid for any holidays occurring during the leave period at the prorated rate listed in the table above (See Section D.3, *Holiday Pay for Part-Time Employees*).
  - Extended Leave:** An employee on leave without pay for more than 20 calendar days is not eligible to be paid for any holidays that occur during the leave period or immediately before it period begins.
8. **Special or Religious Holidays:** The observance of a religious holiday may be permitted by a division director or department head. In such cases, time off is charged to accumulated vacation credit. If no credit has been accumulated, the time off will be handled as leave without pay for non-exempt employees and, at the discretion of the division director or department head, for exempt employees.
9. **Disciplinary Suspensions and Unauthorized Absences:** Nonexempt employees who have been suspended for disciplinary reasons for a period that includes or immediately precedes or follows a holiday, and nonexempt employees who have an unauthorized absence immediately preceding or following a holiday, will not receive holiday pay for that holiday.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy and its implementing procedures
HR Department	Has the responsibility to advise management and employees on this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy and its implementing procedures

## F. Definitions/Acronyms

Term	Definition
Full Time	Full-time status is fixed time at 40 hours per workweek.
Part Time	Part-time status is fixed time up to 39 hours per workweek.
Variable Time	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Audience	Document number	Title	Type
Lab Staff	02.07.005.001	<a href="#">Berkeley Lab Holiday Schedule</a>	Process
Lab Staff	02.07.005.002	<a href="#">Limited Floating Holiday Implementation Guidance</a>	Procedure
Lab Staff	02.07.005.004	<a href="#">Limited Floating Holiday Q&amp;A</a>	Guidance
HR Staff	02.07.005.005	Early Release for Holiday Template Memo	Template

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor
1/13/2012	1.1	M. Bello	Rehired Retirees have not been paid holiday pay as they were classified as variable-time employees. With process change to allow Rehired Retirees to be classified as exempt status employees with fixed time schedule, technical change to note that rehired retirees continue to not be eligible for holiday pay.	Who Should Read This Policy, Persons Affected	Minor
10/8/2012	1.2	M. Bello	Editorial changes	All	Minor
9/10.2013	1.3	M. Bello	Editorial changes	Policy Summary  Who Should Read this Policy  B D.1.a E	Editorial

### Document Information

## DOCUMENT INFORMATION

Title:	Holiday Policy
Document number	02.07.005.000
Revision number	1.3
Publication date:	9/10/2013
Effective date:	5/6/2011
Next review date:	9/10/2016
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.10

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec. J, [Appendix. A, Advance Understandings on Human Resources](#)
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Audience	Document number	Title	Type
Lab Staff	02.07.005.001	<a href="#">Berkeley Lab Holiday Schedule</a>	Process
Lab Staff	02.07.005.002	<a href="#">Limited Floating Holiday Implementation Guidance</a>	Procedure
Lab Staff	02.07.005.004	<a href="#">Limited Floating Holiday Q&amp;A</a>	Guidance
HR Staff	02.07.005.005	Early Release for Holiday Template Memo	Template

# Hours of Work

## Brief

Title:	Hours of Work
Publication date:	10/2/2014
Effective date:	12/19/2008

## BRIEF

### Policy Summary

Berkeley Lab maintains work hours that are compatible with state law, divisional functions, and the maintenance of effective work schedules.

### Who Should Read This Policy

This policy applies to all non-represented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Hours of Work
Publication date:	10/2/2014
Effective date:	12/19/2008

## POLICY

### A. Purpose

This policy describes the work hours that are compatible with state law.

### B. Persons Affected

This policy applies to all non-represented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### C. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO).

### D. Policy Statement

1. **Exempt Employees.** The workweek for full-time exempt employees is normally considered to be 40 hours, and for part-time employees the portion of 40 hours equivalent to the appointment percentage; however, greater emphasis is placed on meeting the responsibilities assigned to the position than on working a specified number of hours. Exempt employees do not receive overtime compensation or additional compensation beyond the established salary for the position except as provided in the [Compensation](#) policy.
2. **Non-Exempt Employees**
  - a. The regular number of hours worked by full-time, non-exempt employees is 40 hours in a workweek. Work beyond 8 hours in a day or 40 hours in a week is subject to additional compensation only under the circumstances described in the [Overtime and Extended Workweek](#) policy.
  - b. **Rest Periods.** A full-time, nonexempt employee may be granted two 15-minute rest periods, one to be taken in the work period prior to the meal period and one in the work period following the meal period. A part-time employee may be granted one 15-minute rest period for each work period of three continuous hours or more, not to exceed two rest periods per day. Rest periods may not be taken at the beginning or end of the work period, and time not used for rest periods may not be accumulated to be used at a later date. Scheduling of rest periods is subject to the approval of the employee's supervisor. Abuse of rest periods may result in disciplinary action. Such rest periods shall be considered as time worked.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Exempt employees	<p>Exempt employees are defined as employees who, based on their duties performed and manner of compensation, shall be exempt from the minimum-wage and overtime provisions of the Fair Labor Standards Act (FLSA). Because of hourly pay practices, an employee appointed to work a variable-time schedule in an exempt title shall be treated as a non-exempt employee subject to FLSA minimum-wage and overtime provisions.</p> <p>Exempt employees shall be paid an established monthly or annual salary and are expected to fulfill the duties of their positions regardless of hours worked. Exempt employees are not eligible to receive overtime compensation or compensatory time off, and are not required to adhere to strict time, record keeping, and attendance rules for pay purposes. Exempt titles are identified in title and pay plans.</p>
Non-exempt employees	<p>Non-exempt employees are defined as employees who, based on duties performed and manner of compensation, shall be subject to all minimum-wage and overtime provisions of the Fair Labor Standards Act (FLSA). Because of hourly pay practices, an employee appointed to work a variable-time schedule in an exempt job classification shall be treated as a non-exempt employee subject to FLSA minimum-wage and overtime provisions.</p> <p>Non-exempt employees shall be required to account for time worked on an hourly and fractional-hourly basis and are to be compensated for qualified overtime hours at the premium rate (one-and-one-half times the regular hourly rate). Non-exempt titles are identified in title and pay plans.</p>
Full-time	Full-time status is fixed time at 40 hours per workweek.
Part-time	Part-time status is fixed time up to 39 hours per workweek.
Variable time	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).



## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
10/2/2014	1	L. Westphal	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Hours of Work
Document number	02.06.002.000
Revision number	1
Publication date:	10/2/2014
Effective date:	12/19/2008
Next review date:	10/2/2018
Policy Area:	Compensation & Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.06(D)(2)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 31, [Hours of Work](#)

## Implementing Documents

None

# Human Subjects Research

## Brief

Title:	Human Subjects Research
Publication date:	1/23/2013
Effective date:	12/2001

## BRIEF

### Policy Summary

All Berkeley Lab research involving human participants must safeguard participants' welfare, privacy, and rights as specified under the guiding federal regulation, 45 CFR 46, known as the Common Rule.

### Who Should Read This Policy

- Employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves human participants (or human-derived data, tissues, fluids, or other materials)
- The Institutional Official for human research; members of the Institutional Review Board, known at Berkeley Lab as the Human Subjects Committee (HSC); and the staff of the Human and Animal Regulatory Committees (HARC) Office

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Human and Animal Regulatory Committees Office  
[HARC@lbl.gov](mailto:HARC@lbl.gov)  
(510) 486-5399

## Policy

Title:	Human Subjects Research
Publication date:	1/23/2013
Effective date:	12/2001

## POLICY

### A. Purpose

All research at Lawrence Berkeley National Laboratory (Berkeley Lab) involving human participants must safeguard participants' welfare, privacy, and rights as specified under the guiding federal regulation, 45 CFR 46, known as the Common Rule.

### B. Persons Affected

- Berkeley Lab employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves human participants (or human-derived material such as data, tissues, or fluids)
- The Institutional Official for human research; members of the Institutional Review Board, known at Berkeley Lab as the Human Subjects Committee (HSC); and the staff of the Human and Animal Regulatory Committees (HARC) Office, which supports the HSC and the Human Subjects Protection Program as a whole

### C. Exceptions

Not applicable

## **D. Policy Statement**

All Berkeley Lab research involving human participants must safeguard participants' welfare, privacy, and rights as specified under the guiding federal regulation, 45 CFR 46, known as the Common Rule, including, where applicable, Subparts B, C, and/or D. This requirement derives from a Department of Energy (DOE) order and Department of Health and Human Services policy. To ensure that this requirement is met:

1. All protocols for research involving human participants performed at or funded through Berkeley Lab must be submitted to and formally approved by the HSC prior to initiation, and
2. All work with human participants must follow the approved protocol.

The Laboratory can terminate research that is not conducted in accordance with HSC decisions, conditions, and requirements or that has been associated with unexpected serious harm to subjects.

## **E. Roles and Responsibilities**

Role	Responsibility
Human subjects researcher, including employees, affiliates (formerly known as “guests”), visitors, and subcontractors who propose or conduct research that involves human participants or human-derived material such as data, tissues, or fluids	<ul style="list-style-type: none"> <li>• Safeguards the welfare, privacy, and rights of human subjects who take part in the research experiment</li> <li>• Completes required training: EHS0740</li> <li>• Develops protocols for and obtains HSC approval</li> <li>• Ensures that staff working under the protocol(s) are trained</li> <li>• Follows approved protocols, files renewals in a timely fashion, and promptly reports adverse/unexpected/reportable events to the HSC</li> </ul>
Human Subjects Committee (HSC)	<ul style="list-style-type: none"> <li>• Establishes and maintains a Federalwide Assurance of Compliance</li> <li>• Under the direction of the Chair, determines whether a given project constitutes human subjects research</li> <li>• Reviews research proposals to ensure the protection of human subjects</li> <li>• Monitors ongoing human subjects research for participant safety and fair treatment</li> <li>• Educates Berkeley Lab human subjects researchers as needed</li> <li>• Reports unanticipated problems and adverse events to the Institutional Official and Laboratory Director</li> <li>• Recommends changes in Laboratory policy relevant to human subjects research to the Institutional Official</li> <li>• Certifies to funding agencies, the Office of Sponsored Partnerships &amp; Industry Partnerships, and/or DOE that research has been reviewed and approved by the Institutional Review Board</li> <li>• Provides a contact for subjects of approved studies to answer their questions and address their concerns</li> </ul>
Institutional Official for Human Subjects Protection	<ul style="list-style-type: none"> <li>• Signs the Federalwide Assurance of Compliance on behalf of the Laboratory</li> <li>• Appoints members to the HSC</li> <li>• Suspends or terminates research that is not conducted in accordance with HSC decisions, conditions, and requirements or that has been associated with unexpected serious harm to subjects</li> <li>• Approves changes in Laboratory policy relevant to human subjects research</li> <li>• Ensures support to the HSC and HARC Office sufficient to carry out their responsibilities</li> </ul>
Human and Animal Regulatory Committees (HARC) Staff	<ul style="list-style-type: none"> <li>• Facilitate and support the HSC, researchers, and the Institutional Official in carrying out their responsibilities</li> <li>• Oversees the HARP database</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Human subject	A living person about whom a researcher obtains (1) data through intervention or interaction or (2) identifiable private information
Common Rule	45 CFR 46, the section of the Code of Federal Regulations that lays out the federal policy for the protection of human subjects
Institutional Review Board	A board or committee authorized by a federal assurance to review research with human participants. The HSC is the Berkeley Lab Institutional Review Board.
Institutional Official for human subjects research	The Berkeley Lab official who signs the Federalwide Assurance of Compliance committing the institution to following the regulations laid out at in 45 CFR 46 (known as the Common Rule) and Subparts B, C, and D
Federalwide Assurance of Compliance	The written, binding agreement submitted to the Department of Health and Human Services in which the institution commits to complying with regulations governing research with human subjects and stipulates the procedures through which compliance will be achieved
Human/Animal Research Protocol Management System (HARP)	The system housing online "smart" forms that lead researchers through protocol application, renewal, amendment, and adverse/unexpected event reporting processes

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Other Reference Number	Document Title	Type
n/a		<a href="#">Human/Animal Research Protocol (HARP)</a>	Web site
03.02.002.001	PUB-3000 Chapter 22	<a href="#">Research with Human and Animal Subjects</a>	Program
n/a		<a href="#">Human Subjects Committee Charter</a>	Charter
n/a		<a href="#">Human Subjects Protection Program, Federalwide Assurance of Compliance</a>	Compliance document

## I. Contact Information

Human and Animal Regulatory Committees Office  
[HARC@lbl.gov](mailto:HARC@lbl.gov)  
(510) 486-5399

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	C. Byrne	Brief for wiki	All	Minor
1/23/2013	1	C. Byrne	Full policy reformatted	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Human Subjects Research
Document number	03.02.002.000
Revision number	1
Publication date:	1/23/2013
Effective date:	12/2001
Next review date:	1/23/2016
Policy Area:	Human and Animal Subjects Research
RPM Section (home)	Conduct of R&D
RPM Section (cross-reference)	None
Functional Division	Office of Institutional Assurance
Prior reference information (optional)	PUB-3000, Section 22.1

## Source Requirements Documents

- [Federal Policy for the Protection of Human Subjects \("Common Rule"\)](#), and subparts B, C, and D (45 CFR Part 46)
- [DOE O 443.1B, Protection of Human Research Subjects](#)

## Other Driving Requirements

- [The Belmont Report](#)

## Implementing Documents

Document Number	Other Reference Number	Document Title	Type
n/a		<a href="#">Human/Animal Research Protocol (HARP)</a>	Web site
03.02.002.001	PUB-3000 Chapter 22	<a href="#">Research with Human and Animal Subjects</a>	Program
n/a		<a href="#">Human Subjects Committee Charter</a>	Charter
n/a		<a href="#">Human Subjects Protection Program, Federalwide Assurance of Compliance</a>	Compliance document

## Other References

- [Criteria for the Approval of Human Subjects Research](#)
- [Full or Initial Review Process](#)
- [Expedited Protocol Review Process](#)
- [Continuing Review, or Renewal Process](#)
- [Changing, Amending, Modifying an Approved Protocol](#)
- [Treatment and Compensation for Research-Related Injury](#)
- [Dealing with Adverse Events](#)

# Immunization against Biosafety Hazards

Title:	Immunization against Biosafety Hazards
Publication date:	8/8/2013
Effective date:	11/30/2008

## BRIEF

### Policy Summary

Berkeley Lab encourages and promotes the safe use of vaccines to prevent occupational infections. The goal is to increase the safety of research with biological etiologic agents.

Note:

1. Bloodborne pathogens are covered in PUB-3000, Chapter 26, *Section 26.5.4, Bloodborne Pathogens and Human Materials*, due to different regulatory requirements. Immunizations against bloodborne pathogens are also offered under that policy.
2. Immunizations are also offered through the work-related Travel Medicine Program, which is part of the Health Promotion Program at Berkeley Lab.

### Who Should Read This Policy

- All Laboratory employees at risk of infection with biological etiologic agents
- Members of the Laboratory's Institutional Biosafety Committee (IBC)
- The Laboratory Biosafety Officer
- The Laboratory Medical Director
- Laboratory work leads or managers conducting research with biological etiologic agents, or using environmental samples reasonably suspected of containing biological etiologic agents

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

- <http://www.lbl.gov/ehs/pub3000/CH03.html>
- <http://www.lbl.gov/ehs/pub3000/CH26.html>
- <http://www.lbl.gov/ehs/biosafety/manual/index.shtml>

### Contact Information

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PEstacio@lbl.gov](mailto:PEstacio@lbl.gov)

or

Health Services Program Manager

Sue Broadway  
(510) 486-6266  
scbroadway@lbl.gov

or

Biosafety Officer  
Bruce King  
EH&S Division  
bwking@lbl.gov

Title:	Immunization against Biosafety Hazards
Publication date:	8/8/2013
Effective date:	11/30/2008

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) encourages and promotes the safe use of vaccines to prevent occupational infections. The goal is to increase the safety of research with biological etiologic agents.

Note:

1. Bloodborne pathogens are covered in PUB-3000, Chapter 26, [Section 26.5.4, \*Bloodborne Pathogens and Human Materials\*](#), due to different regulatory requirements. Immunizations against bloodborne pathogens are also offered under that policy.
2. Immunizations are also offered through the work-related Travel Medicine Program, which is part of the Health Promotion Program at Berkeley Lab.

### B. Persons Affected

- All Laboratory employees at risk of infection with biological etiologic agents
- Members of the Laboratory's Institutional Biosafety Committee (IBC)
- The Laboratory Biosafety Officer
- The Laboratory Medical Director
- Laboratory work leads or managers conducting research with biological etiologic agents, or using environmental samples reasonably suspected of containing biological etiologic agents

### C. Exceptions

None

### D. Policy Statement

1. See the [Biosafety Manual](#) for:
  - a. Pre-approval of work with biological agents
  - b. Internal procedures of the Institutional Biosafety Committee (IBC)
2. The IBC is required to:
  - a. Invite the Laboratory Medical Director to all IBC meetings
  - b. Solicit immunization recommendations of the Laboratory Medical Director.
    - i. When the SOMD or his/her designee is not present at IBC meetings, the Laboratory Biosafety Officer is responsible for



getting the SOMD's recommendations.

3. The following events trigger an appointment with Health Services to evaluate an employee's exposure to biohazards:
  - a. A vaccine is recommended by the SOMD as potentially protective for a given exposure.
  - b. Medical evaluations are needed to determine whether immunizations are appropriate or personal medical conditions are contraindicated for working with biological etiologic agents.
4. Principal investigators or employees should call Health Services to schedule the appointment for 3.a or 3.b, above. At that appointment, Health Services will determine whether the risks of exposure are sufficient to warrant vaccination.
5. Health Services will provide information to the employee about the characteristics of the vaccine and whether the vaccine's potential benefits outweigh its risks.
6. The recommendation for vaccine usage may only apply to subgroups of employees, based on their health status and/or the contraindications of the vaccine.
7. Recommended vaccines are provided at no cost to the employee.
8. Medical records must be maintained for vaccinated employees in accordance with medical record guidelines.

## E. Roles and Responsibilities

Role	Responsibility
Work leads or safety line managers (conducting research using biological etiologic agents)	<ul style="list-style-type: none"> <li>• Ensure that research with biohazardous materials or agents is documented, reviewed, and preauthorized by the Institutional Biosafety Committee prior to beginning work</li> <li>• Ensure that workers complete the Job Hazards Analysis process</li> <li>• Ensure that safety controls (e.g., immunizations) are implemented prior to the start of work</li> <li>• Direct their workers to attend appointments in Health Services for health evaluations and/or immunization when advised by the Biological Use Authorization</li> <li>• Assist Health Services in arranging appointments for affected managers and their workers</li> <li>• Prevent workers, students, and affiliates from working with biological etiologic agents until the employees are approved for such work by Health Services</li> </ul>
Institutional Biosafety Committee (IBC)	<ul style="list-style-type: none"> <li>• Reviews proposed work with biohazardous materials and/or biological etiologic agents in accordance with PUB-3000 Chapter 26 and the Laboratory <i>Biosafety Manual</i></li> <li>• Seeks input from the Laboratory Medical Director or the Laboratory Medical Director designee on ways to reduce the risk of infection, when protocols anticipate work with biological etiologic agents or unknown environmental samples reasonably suspected of containing biological etiologic agents. This input includes the availability and advisability of the use of vaccines in preventing occupational infections. Normally, this input is received during the Institutional Biosafety Committee meeting.</li> </ul>
Biosafety Officer	<ul style="list-style-type: none"> <li>• Ensures that every protocol reviewed by the Biosafety Committee is reviewed by the Laboratory Medical Director or Laboratory Medical Director designee for consideration of the use of vaccines to protect the workers</li> <li>• Refers to the SOMD and applicable Institutional Biosafety Committee standards or guidelines regarding vaccination relative to the proposed work</li> </ul>
Laboratory Medical Director	<ul style="list-style-type: none"> <li>• Consults with the Laboratory Biosafety Officer, Institutional Biosafety Committee, and others to evaluate the risk of occupational infection from Laboratory research using biohazardous materials or biological etiologic agents</li> <li>• Identifies and reviews applicable standards or guidelines regarding vaccination relative to the proposed work</li> <li>• Recommends for or against the use of vaccination for some or all workers as a means to reduce the risk of occupational infection</li> <li>• Serves as the Laboratory Subject Matter Expert on health aspects of the Laboratory's vaccination policy and its application to specific work and workers</li> <li>• Recommends other means, as appropriate, for reducing the risk of occupational infection</li> </ul>

## F. Definitions/Acronyms

See PUB-3000 [Chapter 3](#) and [Chapter 26](#) for technical terms related to the details of this policy and its implementation.

Term	Definition

Biological Etiologic Agent	A microorganism, virus, or toxic protein (biologic toxin or prion) known to cause human disease
Biohazardous Material	Environmental materials reasonably suspected of containing biological etiologic agent(s)
Workers at Risk of Infection with Biological Etiologic Agents	Laboratory employees, affiliates, or students working with biological etiologic agents in a manner that may expose them to the risk of infection from the organism/protein

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Health Services	Maintains medical records for vaccinated employees in accordance with medical record guidelines
Biosafety Officer	Records that immunization recommendations have been developed during the biosafety protocol review. The immunization recommendations will be attached to the approved protocol.

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
02.13.002.001	Chapter 3	<a href="#">Health Services</a>	Program
07.07.004.001	Chapter 26	<a href="#">Biosafety</a>	Program

## I. Contact Information

Laboratory Medical Director  
 Pedro Estacio, MD  
 (510) 486-7589  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)

or

Health Services Program Manager  
 Sue Broadway  
 (510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

or

Biosafety Officer  
 Bruce King  
 EH&S Division  
[bwking@lbl.gov](mailto:bwking@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/8/2013	1.1	P. Lichty	Review completed 7/24/13, no changes; update next review date	–	Minor
1/2/2012	1	P. Lichty	Rewrite for RPM	all	Minor

## DOCUMENT INFORMATION

Title:	Immunization against Biosafety Hazards
Document number	07.05.001.000
Revision number	1.1
Publication date:	8/8/2013
Effective date:	11/30/2008
Next review date:	7/24/2016
Policy Area:	Health Services Programs
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapters 3 and 26

## Source Requirements Documents

10 CFR 851, Appendix A, *Worker Safety and Health Functional Areas*

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
02.13.002.001	Chapter 3	<a href="#">Health Services</a>	Program
07.07.004.001	Chapter 26	<a href="#">Biosafety</a>	Program

# Indirect Burdens Applied to Training Fellowships and Work for Other (WFO) Career Development Projects

## Brief

Title:	Indirect Burdens Applied to Training Fellowships and Work for Other (WFO) Career Development Projects
Publication date:	4/22/2013
Effective date:	4/22/2013

## BRIEF

### Policy Summary

This policy defines the Non-DOE Training Fellowship, the Work for Other (WFO) Career Development Project, and their related indirect burden treatment.

### Who Should Read This Policy

Berkeley Lab employees who work on proposals and projects related to DOE Fellowships, Non-DOE Training Fellowships, and WFO Career Development Fellowships

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Indirect Budget Manager](#), Budget Office, OCFO

## Policy

Title:	Indirect Burdens Applied to Training Fellowships and Work for Other (WFO) Career Development Projects
Publication date:	4/22/2013
Effective date:	4/22/2013

## POLICY

### A. Purpose

This policy defines the Non-DOE Training Fellowship, the Work for Other (WFO) Career Development Project, and their related indirect burden treatment. DOE Fellowships, Non-DOE Training Fellowships, and WFO Career Development Projects are excluded from the application of organization burdens; Associate Laboratory Directorate (ALD) burdens; and Office of Homeland Security, General and Administrative (General, Site Support, Off-site), Laboratory Directed Research and Development (LDRD), and Institutional General Plant Project (IGPP) rates.

### B. Persons Affected

This policy applies to employees who work on proposals and projects related to DOE Fellowships, Non-DOE Training Fellowships, and WFO Career Development Fellowships at Lawrence Berkeley National Laboratory (Berkeley Lab).

### C. Exceptions

Not applicable

## D. Policy Statement

1. **At Berkeley Lab, fellowships, training, and career-development programs that meet all of the following conditions are defined as a DOE or Non-DOE Training Fellowship or a WFO Career Development Project:**
  - a. A formal fellowship or career-development program that is funded and approved by either DOE or a WFO sponsor.
  - b. The fellowships/training selections are based on a formal application and review process. The selection of individuals is based on pre-established criteria reviewed by a selection board.
  - c. The fellowship/training is for a named individual or for the benefit of a named individual. Substitution of the fellow/trainee is not permitted.
  - d. The intent is to provide support for training of the named individual in the early stages of his or her career. Training for these purposes is defined as the acquisition of new scientific skills or techniques necessary to function independently in the area in which the training has occurred.
  - e. A mentor is assigned to the fellow to ensure the fellow works towards becoming an independent researcher.
  - f. The training provides a direct benefit to Berkeley Lab work or enhances the capability of Berkeley Lab to carry out its mission.
  - g. Receipt of any combination of fellowship and/or awards while at Berkeley Lab is limited to a total of five years for a specific level of training, i.e., predoctoral or postdoctoral.
  - h. Cost of the fellowship program may consist of stipends, labor, payroll burden, travel, training, and incidental materials. The project does not include the cost to manage or operate the fellowship or training program.
2. **DOE/Non-DOE Training Fellowship and WFO Career Development projects are exempt from the following indirect rates:**
  - a. Organization burdens
  - b. ALD burdens
  - c. General and Administrative (General, Site Support, Off-site)
  - d. Office of Homeland Security
  - e. LDRD
  - f. IGPP

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to ensure that a proposal or project qualifies as a training fellowship or WFO career development before indirect rates are exempt.

Division Role	Responsibility
Requester for Fellowship/WFO Career Development proposal or project	<ul style="list-style-type: none"> <li>• Complete a <i>Non-DOE Fellowship Training Indirect Exemption Approval Form</i></li> <li>• Should obtain Budget Office approval before submitting these types of proposals</li> <li>• Create unique project IDs to capture and properly burden the cost of the fellowship/WFO career-development project</li> </ul>
Division Director, Deputy Division Director or the Business Manager	<ul style="list-style-type: none"> <li>• Sign <i>Non-DOE Fellowship Training Indirect Exemption Approval Form</i></li> <li>• Submit signed form to the Indirect Budget Group of the Budget Office for review</li> </ul>

Budget Office Role	Responsibility
Indirect Budget Group	<ul style="list-style-type: none"> <li>• Reviews and approves/declines the <i>Non-DOE Fellowship Training Indirect Exemption Approval form</i></li> <li>• Informs the requester, Office of Sponsored Projects and Industry Partnerships (OSPIP), and WFO Group by e-mail</li> </ul>
Budget Office	<ul style="list-style-type: none"> <li>• Ensures the Indirect Group has approved these projects before opening these type of projects</li> </ul>

OSPIP Role	Responsibility
Contracts Officer	<ul style="list-style-type: none"> <li>• Ensures approval from the Budget Office is received prior to approving any proposals</li> <li>• Ensures approval from the Budget Office is received prior to setting up these types of projects</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Organization burden indirect rates	Rate applied to recover the costs for the general management and administration of the scientific and support divisions or departments at Berkeley Lab
Associate Laboratory Directorate (ALD) burden rates	Rate applied to recover the activities related to the management, supervision, and administration of the Associate Laboratory Directorate
General and Administrative (General, Site Support, Off-site) indirect rate	Rate applied to recover costs of the management and administration of Berkeley Lab as a whole
Office of Homeland Security (OHS) indirect rate	Rate applied to recover the costs of technical programmatic oversight of Berkeley Lab's Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence research and development.
Laboratory Directed Research and Development (LDRD) indirect rate	Rate applied to recover the costs of LDRD projects
Institutional General Plant Project (IGPP) indirect rate	Rate applied to recover the costs of IGPP projects

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.016.001	<a href="#">Non-DOE Fellowship Training Indirect Exemption Approval Form</a>	Form
11.02.003.001	<a href="#">Cost Accounting Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory</a>	Official Guidance

## I. Contact Information

[Indirect Budget Manager](#), Budget Office, OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/22/2013	0	L. Freeman	New policy	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Indirect Burdens Applied to Training Fellowships and Work for Other (WFO) Career Development Projects
Document number	11.02.016.000
Revision number	0
Publication date:	4/22/2013
Effective date:	4/22/2013
Next review date:	4/22/2015
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	None

## Source Requirements Documents

- [Cost Accounting Standard 401, \*Consistency in Estimating, Accumulating and Reporting Costs\*](#)
- [Cost Accounting Standard 402, \*Consistency in Allocating Costs Incurred for the Same Purpose\*](#)
- [Cost Accounting Standard 406, \*Cost Accounting Period\*](#)
- [Cost Accounting Standard 418, \*Allocation of Direct and Indirect Costs\*](#)

## Implementing Documents

Document number	Title	Type
11.02.016.001	<a href="#">Non-DOE Fellowship Training Indirect Exemption Approval Form</a>	Form
11.02.003.001	<a href="#">Cost Accounting Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory</a>	Official Guidance

# Injury Response and Review

## Brief

Title:	Injury Response and Review
Publication date:	7/19/2013
Effective date:	9/30/2010

## BRIEF

### Policy Summary

The Berkeley Lab Injury Response and Review policy for reporting and reviewing work-related injury or illness defines the actions that assure the Lab meets regulatory requirements and exercises sound business practice. Key Berkeley Lab expectations under this policy include:

- Reporting all work-related injuries and illness to proper Berkeley Lab authorities
- Reporting all work-related injuries and illnesses to Health Services
- Ensuring appropriate health care is provided to all employees reporting a work-related injury or illness
- Reviewing the event to:
  - Determine cause
  - Initiate control measures that will prevent or reduce the likelihood of recurrence

### Who Should Read This Policy

All employees and non-employees at Berkeley Lab

### To Read the ES&H Program Details, Go To:

[http://www.lbl.gov/ehs/pub3000/CH05\\_1.html](http://www.lbl.gov/ehs/pub3000/CH05_1.html)

### Contact Information

Incident Reporting/Analysis Subject Matter Expert  
EHS Division

## Policy

Title:	Injury Response and Review
Publication date:	7/19/2013
Effective date:	9/30/2010

## POLICY

### A. Purpose

The Berkeley Lab Injury Response and Review policy for reporting and reviewing work-related injury or illness defines the actions that assure the Lab meets regulatory requirements and exercises sound business practice. Key Berkeley Lab expectations under this policy include:

- Reporting all work-related injuries and illness to proper Berkeley Lab authorities
- Reporting all work-related injuries and illnesses to Health Services
- Ensuring appropriate health care is provided to all employees reporting a work-related injury or illness
- Reviewing the event to:
  - Determine cause
  - Initiate control measures that will prevent or reduce the likelihood of recurrence



## B. Persons Affected

All employees and non-employees at Berkeley Lab

## C. Exceptions

None

## D. Policy Statement

1. **Reporting Injuries**
  - a. Berkeley Lab will review all work-related injuries and illnesses to understand what caused them, and to develop controls to prevent them from recurring.
  - b. All work-related injuries and illness cases must be reported to Health Services.
  - c. Various radiological incidents, chemical exposures, and environmental releases also require reporting and analysis. Consult with your Division Safety Coordinator, [EHSS Division Liaison](#), or Health and Safety Representative for appropriate procedures in specific cases.
2. **Investigation and Determination of Causes**
  - a. The Injury Review Program collaborates with Division Safety Coordinators to tailor the most effective investigative approach for each case and oversees the investigation and analysis process.
  - b. The Incident Review Program Investigator will ensure that appropriate causal analysis is conducted to determine direct, contributing, and root causes of the incident in accordance with the [Causal Analysis Program Manual \(PUB-5 519\[2\]\)](#).
3. **Corrective Actions.** Once causes have been determined and controls to prevent recurrence are identified and recommended, division line management follows the process described in the [Issues Management Program Manual \(PUB-5 519\[1\]\)](#).
4. **Reports and Documentation.** The assigned Injury Review team will prepare the injury investigation report. The report will:
  - a. Be completed within fourteen days from the report of injury
  - b. Satisfy the content requirements of DOE Form 5484.3 (*Individual Accident/Incident Report*)
  - c. Describe the activity and events leading up to the incident
  - d. Describe any apparent, direct, contributing, or root causes
  - e. Describe controls that will effectively prevent recurrence

## E. Roles and Responsibilities

Role	Responsibilities
Division Safety Coordinators	<ul style="list-style-type: none"> <li>Facilitate line-management ownership of the injury review through integration of their division's Integrated Safety Management (ISM) plan with the injury review process</li> <li>Facilitate line-management ownership of issues management after an injury review</li> </ul>
Assistant Laboratory Director (ALD), Liaison, and Division Health and Safety Representative	Contributes SME expertise and support review process at the request of Division Safety Coordinator or Injury Review Program
EHSS Subject Matter Expert (SME)	Contributes SME expertise and supports review process at the request of Division Safety Coordinator or Injury Review Program
Incident Review Program Investigator	Provides the professional skills and tools for incident investigation, causal analysis, recurrence-control development, and report preparation for all injury-review cases
Incident Review Program Manager	<ul style="list-style-type: none"> <li>Determines whether a review will be "division owned" or "institutional"</li> <li>Assigns investigators for all injury reviews</li> <li>Where appropriate, waives the requirement for a review for minor cases where a review is unlikely to add value</li> </ul>
Supervisor/work lead for injured employee	<ul style="list-style-type: none"> <li>Initiates and owns overall investigation</li> <li>Initiates an incident review</li> <li>Requests support or oversight from Incident Review Program for completing the injury investigation, analysis, and report</li> <li>Reviews, contributes to (as appropriate), and signs report prepared by the Incident Review Program Investigator</li> <li>With assistance from the Division Safety Coordinator, submits corrective actions into the Corrective Action Tracking System (CATS)</li> </ul>
Injured employee	<ul style="list-style-type: none"> <li>Reports injury to supervisor and Health Services</li> <li>Participates in the incident review</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Division ownership	The injured employee's division bears responsibility and accountability for controlling factors related to the cause of an incident and can institute controls to prevent recurrence.
Division line management	The injured employee's supervisor or other line-management representatives, as defined in that division's ISM plan (such as the Division Safety Coordinator, a work lead, a principal investigator, or another individual with delegated authority and accountability)
Institutional ownership	The injured employee's division bears no or insignificant responsibility or accountability for factors related to the causes of an incident, and any controls identified to prevent the recurrence of an incident are likely to have an institutional foundation (e.g., controls developed by the Facilities Division, the Environment, Health, and Safety [EHS] Division, or another Berkeley Lab organization).
Incident	An unplanned event that resulted in injury, illness, other loss, or a near miss
Near miss	An unplanned event that under slightly different circumstances could or would have resulted in injury, illness, or other loss

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
EHS Injury Review Program SME	CAIRS (Computerized Accident Incident Reporting System) DOE F 5484.3, <i>Individual Accident/Incident Report</i>
EHS Injury Review Program SME	OSHA 300, <i>Log of Work-Related Injuries and Illnesses</i>
EHS Injury Review Program SME	OSHA Log 300A, <i>Summary of Work-Related Injuries and Illnesses</i>
EHS Injury Review Program SME	CAIRS Quarterly Hours Report, Update Days Away and Restricted Days

## H. Implementing Documents

Document Number	Other Reference Number	Title	Type
07.03.002.001	PUB-3000	Injury Response and Review	Program
07.03.002.002	PUB-3000	<i>Reacting to a Work-Related Injury or Illness Event, Work Process A</i>	Process
07.03.002.003	PUB-3000	<i>Notifications Following a Work-Related Injury, Illness, or Near-Miss Event, Work Process B</i>	Process
07.03.002.004	PUB-3000	<i>Procedure for Reviewing Work-Related Injury or Illness, Work Process C</i>	Process
07.03.002.005	PUB-3000	<i>Causal Analysis, Work Process D</i>	Process
07.03.002.006	PUB-3000	<i>Corrective Actions, Work Process E</i>	Process
07.03.002.007	PUB-3000	<i>Investigation Reports, Work Process F</i>	Process
07.03.002.008	PUB-3000	<i>DOE Report F 5484.3 – Individual Accident/Incident Report and DOE Computerized Accident Information System (CAIRS), Work Process G</i>	Process
07.03.002.009	PUB-3000	<i>Quarterly DOE Hours Report,</i> Work Process H	Process
07.03.002.010	PUB-3000	<i>Quarterly Quality and Assurance Review, Work Process I</i>	Process
	PUB-5519(1)	Issues Management Program Manual	Publication
	PUB-5519(2)	Causal Analysis Program Manual	Publication

## I. Contact Information

[Incident Reporting/Analysis Subject Matter Expert](#)  
EHS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Fisher	Rewrite for wiki (brief)	All	Minor
7/19/2013	1	R. Fisher	Rewrite for wiki (update to current)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Injury Response and Review
Document number	07.03.002.000
Revision number	1
Publication date:	7/19/2013
Effective date:	9/30/2010
Next review date:	7/19/2016
Policy Area:	Incident Review and Reporting
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Chapter 5.1

## Source Requirements Documents

- PUB-3000 Chapter 1, Work Process E
- PUB-3000 Chapter 3, Health Services
- PUB-3851, *Worker Safety and Health Program*, Sections 4.6 and 7.7
- 10 CFR 851, *Worker Safety and Health Program*
- 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illnesses*
- DOE O 414.1D, *Quality Assurance*
- DOE O 231.1B, *Environment, Health and Safety Reporting*

## Implementing Documents

Document Number	Other Reference Number	Title	Type
07.03.002.001	PUB-3000	Injury Response and Review	Program
07.03.002.002	PUB-3000	<i>Reacting to a Work-Related Injury or Illness Event</i> , Work Process A	Process
07.03.002.003	PUB-3000	<i>Notifications Following a Work-Related Injury, Illness, or Near-Miss Event</i> , Work Process B	Process
07.03.002.004	PUB-3000	<i>Procedure for Reviewing Work-Related Injury or Illness</i> , Work Process C	Process
07.03.002.005	PUB-3000	<i>Causal Analysis</i> , Work Process D	Process
07.03.002.006	PUB-3000	<i>Corrective Actions</i> , Work Process E	Process
07.03.002.007	PUB-3000	<i>Investigation Reports</i> , Work Process F	Process
07.03.002.008	PUB-3000	<i>DOE Report F 5484.3 – Individual Accident/Incident Report and DOE Computerized Accident Information System (CAIRS)</i> , Work Process G	Process
07.03.002.009	PUB-3000	<i>Quarterly DOE Hours Report</i> , Work Process H	Process
07.03.002.010	PUB-3000	<i>Quarterly Quality and Assurance Review</i> , Work Process I	Process
	PUB-5519(1)	Issues Management Program Manual	Publication
	PUB-5519(2)	Causal Analysis Program Manual	Publication

# Institutional Committees

Title:	Institutional Committees
Publication date:	7/10/2014
Effective date:	7/27/2011

## BRIEF

### Summary

This document briefly describes Berkeley Lab's standing institutional committees that support its scientific and management functions.

- Laboratory Diversity & Inclusion Council
- Laboratory Staff Committee
- Laboratory Professional Awards Committee
- Space Advisory Committee (SPAC)
- Human Subjects Committee (HSC)
- Animal Welfare and Research Committee
- Conflict of Interest Advisory Committee (COIAC)
- Radiation Safety Committee (RSC)
- Safety Advisory Committee (SAC)
- Requirements Management Committee (RMC)

### Who Should Read This Policy

All interested persons

### To Read the Full Description, Go To:

The INFORMATION tab of this page.

### Contact Information

To update the information contained herein, contact the RPM editor at [rpm@lbl.gov](mailto:rpm@lbl.gov).

To find more information on a particular committee, see the provided links.

Title:	Institutional Committees
Publication date:	7/10/2014
Effective date:	7/27/2011

## INFORMATION

### A. Purpose

This document summarizes Lawrence Berkeley National Laboratory's (Berkeley Lab's) standing institutional committees that support various aspects of its scientific and management functions.

## B. Descriptions

1. The **Laboratory Diversity & Inclusion Council** seeks to foster innovative actions to create an inclusive work environment that makes full use of the contributions of all employees. Its charter may be found [here](#). The Council reports to the Chief Human Resources Officer, and each division chooses at least one representative to serve. The Council helps support a workforce that reflects and embraces the diversity of our community, nation, and world, while striving to attain the following goals/objectives:
  - a. Create synergy between division/department diversity action plans and initiatives.
  - b. Share diversity best practices across the Laboratory.
  - c. Create and execute new initiatives that promote diversity in divisions and the Laboratory.
  - d. Visibly recognize and communicate diversity best-practices achievements throughout the Laboratory.
  - e. Identify and address emerging issues that can impact our diversity culture.
2. The **Laboratory Staff Committee** advises the Laboratory Director on matters concerning Laboratory-wide consistency in the quality of the scientific staff and on divisional procedures for selection and appointment. More information may be found at [RPM Section 2.07\(B\)\(1\), Laboratory Staff Committee](#).
3. The **Laboratory Professional Awards Committee**, reporting to the Deputy Director, seeks and publicizes outside recognition of Laboratory scientific and technical staff. To this end, it promotes awareness of awards at the Laboratory, advises the Laboratory Director and Deputy Director on strategies for awards, and encourages coordination and cooperation among divisions and with the University in nominating candidates for awards. Members are drawn from scientific divisions and the Lab Directorate, and are appointed by the Deputy Director.
4. The **Space Advisory Committee (SPAC)**, chartered by the Associate Laboratory Director for Operations (ALDO), makes recommendations for space-management policy and procedures. It reviews proposals for new and revised division space allocations and assignments, and makes recommendations to the ALDO, who is the deciding official. The SPAC includes representatives from the scientific and operations divisions and the ALDO or the ALDO's designee. Its charter may be found [here](#).
5. The **Human Subjects Committee (HSC)** is the Laboratory's Institutional Review Board (IRB) for Human Research Participants Protection and reviews research performed at Berkeley Lab that involves the participation of human subjects. The HSC reports to the Berkeley Lab Institutional Officer, currently the Deputy Director. The HSC ensures that subjects are treated ethically, and that the risks and benefits of research are balanced and consistent with the principles set out in the Belmont Report: respect for persons, justice, and beneficence. All human-subject research performed at or funded through the Laboratory, or conducted off site by Laboratory staff, must be subject to HSC review, and must not be performed unless approved by the HSC. Members of the HSC are nominated by the HSC and appointed by the Institutional Officer. Berkeley Lab strives to ensure this committee reflects varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. More information about this committee is available in [Health and Safety Manual PUB-3000, Chapter 22 \(Research with Human and Animal Subjects\)](#).
6. The **Animal Welfare and Research Committee (AWRC)** ensures the humane and ethical treatment of research animals at the Laboratory. The AWRC is also the Laboratory's link to people and institutions involved with animal research outside the Laboratory. Members are generally drawn from the Biosciences Divisions.
7. The **Conflict of Interest Advisory Committee (COIAC)** acts under the authority of the Deputy Director and independently assesses the significance of financial interests associated with proposed outside professional activities of principal investigators and others involved in the design, conduct, and reporting of research to be performed under Contract 31, regardless of the funding source. The Committee makes a written recommendation to the Deputy Director concerning approval of the proposed compensated outside professional activity and, if applicable, appropriate strategies to manage, reduce, or eliminate associated conflicts of interest. The COIAC's independent assessment of potential conflicts of interest promotes integrity in the research enterprise. The Committee is staffed by the Research and Institutional Integrity Office.
8. The **Radiation Safety Committee (RSC)** is appointed by, and reports to, the Laboratory Director and advises Laboratory Management on all matters related to occupational and environmental radiation safety. The RSC reviews and recommends approval of radiation safety policies and guides the Environment, Health & Safety (EH&S) Division and radiation user divisions in carrying out these programs. The scope of its actions will generally focus on issues of broad institutional concern and impact, or areas of potential high consequence either in terms of safety or institutional needs. Its charter may be found [here](#).
9. The **Safety Advisory Committee (SAC)** performs research for and makes recommendations to the Laboratory Director on the development and implementation of Environment, Safety & Health (ES&H) policy, guidelines, codes, and regulatory interpretation. It conducts reviews of special safety problems and provides recommendations for possible solutions if requested to do so by the Laboratory Director. The SAC also provides advice and counsel to the Laboratory Deputy Chief Operating Officer for Operations by reviewing appeals from the Laboratory divisions when there is a disagreement between any division and the EH&S Division over an interpretation or application of criteria, rules, or procedures. Such advice and counsel may include options for a resolution. Its charter may be found [here](#).

10. The **Requirements Management Committee (RMC)** provides centralized coordination and communications on Contract 31 requirements and related Laboratory policy matters. The RMC reports to the Associate Laboratory Director and Chief Operating Officer of Operations. The RMC champions requirements management and institutional document management processes, and applies cross-functional knowledge to the review and oversight of matters related to requirements, Laboratory policies, and, on a case-by-case basis, Laboratory implementing documents. Its charter may be found [here](#).

## C. References or Implementing Documents

Committee	Charters, Web Pages, or Other Links
Laboratory Diversity & Inclusion Council	<a href="#">Laboratory Diversity &amp; Inclusion Council Charter</a>
Laboratory Staff Committee	<a href="#">RPM Section 2.07(B)(1), <i>Laboratory Staff Committee</i></a>
Laboratory Professional Awards Committee	
Laboratory Space Advisory Committee	<a href="#">SPAC Charter</a>
Human Subjects Committee	<a href="#">Human Subjects Committee Charter</a>
Animal Welfare and Research Committee	<a href="#">Animal Welfare and Research Committee</a>
Conflict of Interest Advisory Committee	<a href="#">Conflict of Interest Advisory Committee</a>
Radiation Safety Committee	<a href="#">Radiation Safety Committee Charter</a>
Safety Advisory Committee	<a href="#">Safety Advisory Committee Charter</a>
Requirements Management Committee	<a href="#">Requirements Management Committee Charter</a>

## D. Contact Information

To update the information contained herein, contact the RPM editor at [rpm@lbl.gov](mailto:rpm@lbl.gov).

To find more information about a particular committee, see the provided links.

## E. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	L. Young	Rewrite for wiki	all	Minor
7/10/2014	1.1	L. Young	update links, next review date	all	Minor

## DOCUMENT INFORMATION

Title:	Institutional Committees
Document number	01.02.001.000
Revision number	1.1
Publication date:	7/10/2014
Effective date:	7/27/2011
Next review date:	7/10/2017
Policy Area:	Laboratory General Information
RPM Section (home)	Lab General Policy & Info
RPM Section (cross-reference)	Section 1.25
Functional Division	Directorate
Prior reference information (optional)	RPM Section 1.25

## Source Requirements Documents

(not applicable)

## Implementing Documents

Committee	Charters, Web Pages, or Other Links
Laboratory Diversity & Inclusion Council	<a href="#">Laboratory Diversity &amp; Inclusion Council Charter</a>
Laboratory Staff Committee	<a href="#">RPM Section 2.07(B)(1), Laboratory Staff Committee</a>
Laboratory Professional Awards Committee	
Human Subjects Committee	<a href="#">Human Subjects Committee Charter</a>
Animal Welfare and Research Committee	<a href="#">Animal Welfare and Research Committee</a>
Conflict of Interest Advisory Committee	<a href="#">Conflict of Interest Advisory Committee</a>



Radiation Safety Committee	<a href="#">Radiation Safety Committee Charter</a>
Safety Advisory Committee	<a href="#">Safety Advisory Committee Charter</a>
Requirements Management Committee	<a href="#">Requirements Management Committee Charter</a>

# Institutional Programs and Manuals

Title:	Institutional Programs and Manuals
Publication date:	7/10/2014
Effective date:	5/20/2011

## BRIEF

### Summary

This page describes core policy and program documents of Berkeley Lab. These are controlled documents and must be managed in accordance with Laboratory Document Management policy and processes.

### Who Should Read This Information

All employees and interested non-employees

### To Read the Full Description, Go To:

The INFORMATION tab of this wiki page

### Contact Information

Requirements Management Program Manager  
Office of Contractor Assurance  
[requirementsmgmt@lbl.gov](mailto:requirementsmgmt@lbl.gov)

Title:	Institutional Programs and Manuals
Publication date:	7/10/2014
Effective date:	5/20/2011

## INFORMATION

### A. Purpose

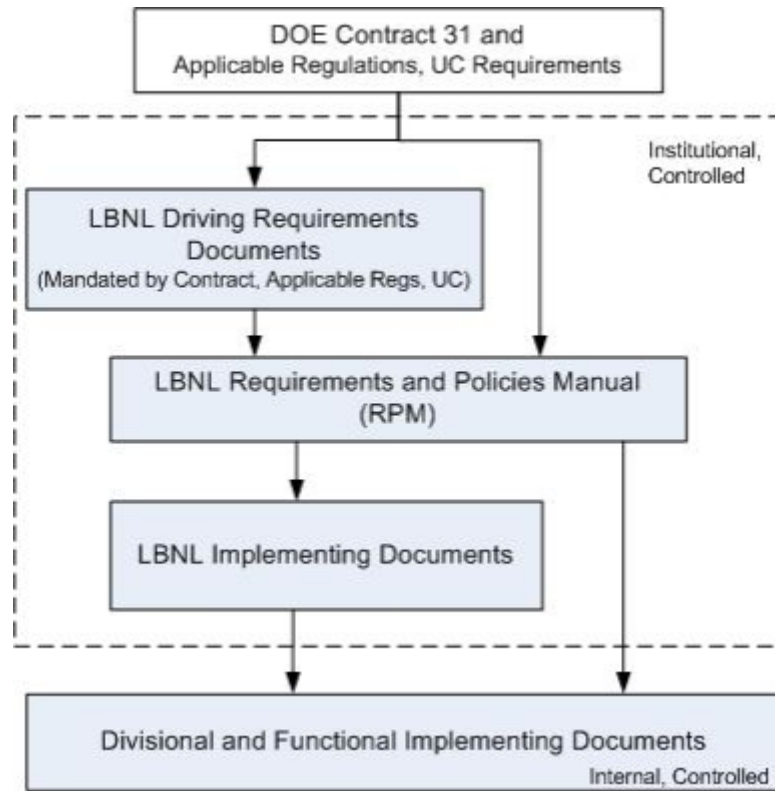
This page describes core policy and program documents of Lawrence Berkeley National Laboratory (Berkeley Lab). More specifically, this page (a) describes the overall relationships of institutional documents in support of the Laboratory's requirements management policy and (b) provides summaries of core policy and program documents that may be of most interest to the Laboratory community.

### B. Description

1. **Overview:** Berkeley Lab's institutional documents establish the framework of operations for the Laboratory and derive from the DOE/Berkeley Lab Contract (Contract DE-AC02-05CH11231), which is the performance-based management and operating contract

between the Department of Energy (DOE) and the Regents of the University of California for the management of Berkeley Lab. Figure 1 illustrates the hierarchical relationships between the DOE/Berkeley Lab Contract and the Laboratory's institutional and divisional and functional documents. All institutional documents must be controlled and managed per the Laboratory's Document Management policy. Divisional and functional documents are internally controlled by the individual divisions or functions. Neither Laboratory driving requirements nor Laboratory policies replace the governing DOE directives, the DOE/Berkeley Lab Contract, or applicable law. The institutional documents are divided into several types:

- **Berkeley Lab driving requirements documents** are institutional documents that (a) are mandated by the Contract; applicable federal, state or local regulations; or the University of California (UC), and must be approved by at least Berkeley Lab senior management; and (b) drive institutional policies or processes or other documents. These driving requirements do not include Laboratory policies, and are typically program or system descriptions.
- **Berkeley Lab policies** are collected in the *Requirements and Policies Manual (RPM)*, and derive their authority from Laboratory driving requirements, the DOE/Berkeley Lab Contract, applicable requirements from UC, and Laboratory management.
- The remaining institutional documents are **implementing documents**, which are processes, procedures, programs, or systems that describe how to meet Berkeley Lab requirements and policies. The Laboratory's *Environmental, Safety and Health (ES&H) Manual (PUB-3000)* is a core institutional implementing document.



2. **Contract DE-AC02-05CH11231 (the DOE/Berkeley Lab Contract or Contract 31)** is the performance-based management and operating contract between DOE and the UC Regents for the management of Berkeley Lab. [The DOE/Berkeley Lab Contract](#) is available online from the UC Office of the President's Laboratory Administration Office. It is controlled via a modification process defined in the Contract. It is the primary governing document that sets the mission of the Laboratory, provides the basis for Berkeley Lab's policies and procedures, and includes:
  - DOE directives (also known as orders) that pertain to the Laboratory
  - The contractual terms and conditions governing the Laboratory's operations in areas such as human resources; finance; procurement; environment, safety, and health; technology; facilities; and legal (e.g., intellectual property)
  - An explicit clause (H.76) that calls for the inclusion of applicable federal, state, and local regulations
  - The annual performance goals and objectives against which DOE evaluates the Laboratory
3. **Berkeley Lab driving-requirements documents and core policy and program documents** are organized by key business topic and are briefly described below. Section D of this page provides a crosswalk between each listed Laboratory driving-requirements document and its respective Contract 31 requirement(s) and the resulting Laboratory policies contained within the Laboratory's RPM.
  - a. The **Requirements and Policies Manual (RPM) (PUB-201)** contains all Laboratory-wide policies and serves as a reference for guidelines, rules, and general business practices for Laboratory personnel. It can be found via the Lab's Web A-to-Z directory. Questions concerning policy interpretation, regulation applicability, or allowability of activities should be directed to the contact

responsible for the particular RPM policy, designated at end of each policy.

**b. Laboratory Assurance and Quality Management Programs**

- i. The ***University of California Contractor Assurance System Description for Lawrence Berkeley National Laboratory (PUB-5520)*** describes the operating systems used to ensure that the Laboratory's organizations achieve reliable and safe performance in their work activities, and are in compliance with regulatory and contractual requirements. These systems apply to all Laboratory staff, participating affiliates, students, and subcontractors. This is a Laboratory driving requirement.
- ii. The ***Quality Assurance Program Description (QAPD) (PUB-3111)*** specifies the quality assurance and conduct of Operations requirements for all Laboratory divisions. Copies of this plan are available from the [Office of Institutional Assurance](#) (OIA). Questions concerning the applicability of the Operating and Quality Management Program to particular activities may be answered by the Quality Assurance Program Manager. The OQMP is a Laboratory driving requirement.

- c. The ***Personal Property Policy Manual (PPPM) (PUB-3032)*** describes the Laboratory's system for ensuring responsible stewardship of property used for DOE mission-driven work at the Laboratory. The PPPM and associated training are key to successfully managing property throughout its life cycle. The manual serves as a resource for division property staff, and provides information for the Laboratory community.

**d. Emergency Plans:**

- i. The ***Master Emergency Program Plan (MEPP)*** describes how the Laboratory's resources are organized to respond to disasters such as a significant earthquake. The MEPP is available online. The point of contact is the Laboratory Emergency Services Manager. The MEPP is a Laboratory driving requirement.
- ii. The ***Business Continuity Plan*** describes how key services will operate after the initial response to a major disaster. The Plan is available from the Business Continuity Program Manager. For more information, see the [Business Continuity Planning Web site](#), and the Business Continuity policy in the RPM.

**e. Security Program Plans**

- i. The ***Integrated Safeguards and Security Management (ISSM) System*** describes the overarching approach to security at Berkeley Lab. This document is a Laboratory driving requirement.
- ii. The ***Site Security Plan*** describes the Laboratory's approach to physical security. The point of contact is the [Security Manager](#). The Site Security Plan is a Laboratory driving requirement.
- iii. The ***Computer Security Program Plan*** describes the Laboratory's approach to cyber security. The point of contact is the [Computer Protection Program Manager](#). A summary is [available here](#).

**f. Safety**

- i. The ***Integrated Environment, Safety, and Health Management Plan (PUB-3140)*** sets forth the foundations for managing the many environmental, safety, and health programs at Berkeley Lab. This Integrated Safety Management (ISM) Plan is a Laboratory driving requirement.
- ii. **Laboratory-wide safety policies** are contained in the RPM and are mapped to the detailed implementing processes contained in the Laboratory's ***Environmental, Safety and Health (ES&H) Manual (PUB-3000)***. This manual provides the detailed work processes and references for general safety; chemical safety; electrical safety; the design, installation, and test of hazardous research equipment; and general safety recommendations for fire and accident prevention. Questions should be referred to the Environment, Health & Safety (EH&S) Division point of contact listed within each policy, program, or process.
- iii. The ***Worker Safety and Health Program (PUB-3851)*** summarizes the overall elements for worker safety and health at Berkeley Lab. It is available via the EH&S Division Web site, and is a Laboratory driving requirement. The Program's implementation is supported by the *ES&H Manual (PUB-3000)* and its implementing procedures.
- iv. The ***Environmental Management System Plan (PUB-3180)*** summarizes the overall elements for management of the Berkeley Lab's environment. It is available via the EH&S Division Web site.
- v. The ***Radiation Protection Program*** describes the Berkeley Lab management approach and implementation methodologies to assure continued comprehensive compliance with 10 CFR 835 and to protect individuals during Laboratory work activities involving radiological materials or the operation of radiation sources. It includes all the elements of Berkeley Lab's comprehensive radiation safety effort — i.e., As Low as Reasonably Achievable (ALARA) program management and radiation safety oversight functions; radiation dose limits; monitoring requirements; entry controls; posting and labeling criteria; record-keeping; communication reporting; safety-training requirements; design and control standards; radioactive material controls; and emergency response.

## C. Definitions/Acronyms

Term	Definition
Berkeley Lab driving requirements document	An institutional document that (1) is mandated by the DOE/Berkeley Lab Contract; applicable federal, state, or local regulations; or UC, and approved by at least Berkeley Lab senior management; and (2) drives institutional policies, processes, or other documents
Controlled document	A document whose changes are managed so as to provide users with current and reliable information. See Berkeley Lab process 10.06.001.001 for detailed information.
Institutional document	A publication authorized by Laboratory management that delineates Laboratory-wide or multifunctional policies, procedures, regulations, or plans. A subset of authoritative documents. Scientific and technical publications and reports are not included in this definition. Examples: policy on nonsmoking, <i>Lessons Learned and Best Practices Program Manual</i> , <i>Requirements and Policies Manual</i>

#### Acronyms

OCA	Office of Contractor Assurance
EH&S	Environment, Health and Safety Division
EH&S-RPG	EH&S – Radiation Protection Group

### D. Crosswalk of Laboratory Driving Requirements to Contract 31 and Berkeley Lab Policy

Laboratory Driving Requirement	Contract 31 or Applicable Regulation	Implementing Laboratory Policy	Functional Owner
<a href="#">UC Contractor Assurance System Description for LBNL (PUB-5520)</a>	Contract 31, Clause H.30	Contractor Performance Contractor Assurance	OCA
<a href="#">Quality Assurance Program Description (PUB-3111)</a>	Contract 31, Clause H.30 DOE O 414.1D 10 CFR 830, Subpart A	Quality Assurance Document Management Contractor Assurance	OCA
<a href="#">Personal Property Policy Manual (PUB-3032)</a>		Use of Laboratory Property and Supplies Policy Personal Property Management Policy	
Site Security Plan	DOE O 470.4B	Site Access Policy	Protective Services

<i>Master Emergency Program Plan</i>	DOE Order 151.1C California Government Code 8607(a), SEMS	Emergency Policy (list)	Protective Services
<i>Integrated Environment, Safety &amp; Health Management Plan (PUB-3140)</i>	Contract 31, Clause I.86	EHS Core Policy	EHS
<i>Worker Safety and Health Program (PUB-3851)</i>	10 CFR 851	EHS Core Policy	EHS
<i>Environmental Management System Plan (PUB-3180)</i>	DOE Order 436.1	EHS Core Policy	EHS-Environmental
<i>Radiation Protection Program</i>	10 CFR 835	Radiation Protection Policy	EHS-RPG

## E. Implementing Documents

Document number	Title	Type
10.06.001.000	Document Management Policy	Policy
10.06.001.001	Document Management Process	Process

## F. Contact Information

Requirements Management Program Manager  
Office of Contractor Assurance  
[requirementsmgmt@lbl.gov](mailto:requirementsmgmt@lbl.gov)

## G. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	L. Young	Re-organize for wiki	All	Minor
7/10/2014	1.1	L. Young	Triennial review, update links, next review date	All	Minor

## DOCUMENT INFORMATION

Title:	Institutional Programs and Manuals
Document number	01.02.002.000
Revision number	1.1

Publication date:	7/10/2014
Effective date:	5/20/2011
Next review date:	7/10/2017
Policy Area:	Laboratory General Information
RPM Section (home)	Laboratory General Policy and Information
RPM Section (cross-reference)	Section 1.01
Functional Division	Directorate
Prior reference information (optional)	RPM Section 1.01

## Crosswalk of Laboratory Driving Requirements to Contract 31 and Berkeley Lab Policy

Laboratory Driving Requirement	Contract 31 or Applicable Regulation	Implementing Laboratory Policy	Functional Owner
<i>UC Contractor Assurance System Description for LBNL (PUB-5520)</i>	Contract 31, Clause H.30	Contractor Performance Contractor Assurance	OCA
<i>Quality Assurance Program Description (PUB-3111 )</i>	Contract 31, Clause H.30 DOE O 414.1D 10 CFR 830, Subpart A	Quality Assurance Document Management Contractor Assurance	OCA
<i>Personal Property Policy Manual (PUB-3032)</i>		Use of Laboratory Property and Supplies Policy Personal Property Management Policy	
Site Security Plan	DOE O 470.4B	Site Access Policy	Protective Services
<i>Master Emergency Program Plan</i>	DOE Order 151.1C California Government Code 8607(a), SEMS	Emergency Policy (list)	Protective Services
<i>Integrated Environment, Safety &amp; Health Management Plan (PUB-3140)</i>	Contract 31, Clause I.86	EHS Core Policy	EHS
<i>Worker Safety and Health Program (PUB-3851)</i>	10 CFR 851	EHS Core Policy	EHS

<i>Environmental Management System Plan (PUB-31 80)</i>	DOE Order 436.1	EHS Core Policy	EHS-Environmental
<a href="#">Radiation Protection Program</a>	10 CFR 835	Radiation Protection Policy	EHS-RPG

## Implementing Documents

Document number	Title	Type
10.06.001.000	<a href="#">Document Management Policy</a>	Policy
10.06.001.001	<a href="#">Document Management Process</a>	Process



# Intellectual Property Acknowledgment Policy

Title:	Intellectual Property Acknowledgment Policy
Publication date:	9/14/2012
Effective date:	7/22/2011

## BRIEF

### Policy Summary

All Berkeley Lab employees must sign an Intellectual Property Acknowledgment (IPA) form. All affiliates must sign an Affiliate Intellectual Property Acknowledgment form.

### Who Should Read This Policy

This policy applies to:

- All employees, including part-time employees and those with faculty appointments
- All affiliates, including users and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Patent Attorney  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Intellectual Property Acknowledgment Policy
Publication date:	9/14/2012
Effective date:	7/22/2011

## POLICY

### A. Purpose

All Berkeley Lab employees must sign an Intellectual Property Acknowledgment (IPA) form. All affiliates must sign an Affiliate Intellectual Property Acknowledgment form. These requirements allow Berkeley Lab to fulfill its obligations to DOE and other sponsors of research, and to conduct a successful technology-transfer program.

### B. Persons Affected

This policy applies to:

- All employees, including part-time employees and those with faculty appointments
- All affiliates, including users and subcontractors

### C. Exceptions

- Upon review and approval by the Office of Laboratory Counsel, certain subcontractors at the National Energy Research Scientific Computing Center (NERSC) who do not perform research may be exempted from this policy as requested by a Berkeley Lab Associate Laboratory Director.
- Employees of another DOE national laboratory with which Berkeley Lab has executed a Bilateral Utilization Agreement generally are not required to execute the Affiliate Intellectual Property Acknowledgment form; patent attorneys in Technology Transfer and Intellectual Property Management may be consulted regarding this exception.

### D. Policy Statement

In order to protect the intellectual property of Berkeley Lab, all employees and affiliates are required to sign an Intellectual Property Acknowledgment (IPA) form. By signing the IPA form, the employee or affiliate acknowledges that:

- All intellectual property developed by Berkeley Lab employees, or using Berkeley Lab facilities, resources, or research funds is owned by The Regents of the University of California
- The obligation to disclose all intellectual property made so that an ownership determination can be made, among other reasons
- The obligation to assist in securing intellectual property protection

### E. Roles and Responsibilities

Role	Responsibility
Employee	Signs <a href="#">Employee Intellectual Property Acknowledgment form</a>
Affiliate	Signs <a href="#">Affiliate Intellectual Property Acknowledgment form</a>
Human Resources	<ul style="list-style-type: none"><li>• Ensures signature of Intellectual Property Acknowledgment form by employee or affiliate prior to issuance of a Berkeley Lab ID badge</li><li>• Keeps records of signed IPA forms</li></ul>

### F. Definitions/Acronyms

Term	Definition
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students

Intellectual Property (IP)	Intellectual property (IP) refers to creations of the mind: inventions, creative, literary and artistic works, and symbols, names, images, and designs used in commerce. The means to protect IP include patents, trademarks, copyright and trade secrets. Patents protect inventions. Trademarks protect words, names, symbols, sounds, or colors that distinguish goods and services. Copyrights protect works of authorship, such as writings, software, music, and works of art that have been tangibly expressed. Trade secrets are information that companies keep secret to give them an advantage over their competitors. While Berkeley Lab has discretion to secure and license patents, trademarks and copyrights, it is prohibited by DOE policy from licensing trade secrets.
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

Human Resources keeps electronic and/or written records of signed IPA forms.

## H. Implementing Documents

Document number	Title	Type
10.04.005.001	<a href="#">Employee Intellectual Property Acknowledgment</a>	Form
10.04.005.002	<a href="#">Affiliate Intellectual Property Acknowledgment</a>	Form

## I. Contact Information

Patent Attorney  
 Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Clark	Re-write for wiki (brief)	All	Minor
9/14/2012	1	R. Chiang	Re-write for wiki (policy)	All	Major

## DOCUMENT INFORMATION

Title:	Intellectual Property Acknowledgment Policy
Document number	10.04.005.000
Revision number	1
Publication date:	9/14/2012

Effective date:	7/22/2011
Next review date:	7/22/2014
Policy Area:	Intellectual Property
RPM Section (home)	Info Management
RPM Section (cross-reference)	
Functional Division	Technology Transfer and Intellectual Property Management
Prior reference information (optional)	RPM Section 1.06(A)(4)

## Source Requirements Documents

- University of California *Contract and Grant Manual*, Intellectual Property and Related Matters, section 11-220, [University of California Patent Policy](#)
- University of California *Contract and Grant Manual*, Intellectual Property and Related Matters, section 11-230, [Patent Agreement](#)
- U.S. Department of Energy Contract No. DE-AC02-05CH11231, Clauses I.91, I.92, and I.97, including I.91(c)-(e), I.92(b), and I.97(b) and (p)(2)

## Implementing Documents

Document number	Title	Type
10.04.005.001	<a href="#">Employee Intellectual Property Acknowledgment</a>	Form
10.04.005.002	<a href="#">Affiliate Intellectual Property Acknowledgment</a>	Form

# Interlocation Appointments (ILAs) – Financial Management

Title:	Interlocation Appointments (ILAs) – Financial Management
Publication date:	4/17/2013
Effective date:	12/1/2010

## BRIEF

### Policy Summary

An Interlocation Appointment (ILA) is an arrangement under which a Berkeley Lab employee is assigned or loaned to another institution to perform work at a specified percentage of effort, for a specified duration, at a specified cost. The purpose of an ILA is to maintain continuity of a Berkeley Lab employee's University of California (UC) employment history and benefits coverage when the individual performs work at more than one eligible institution, with no break in service. An ILA cannot be used to circumvent the Work for Others (WFO) program or to reduce costs for the host institution.

### Who Should Read This Policy

All employees involved with the financial aspect of ILAs at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- [Human Resources - Interlocation Appointment \(ILA\) Office, OCFO](#)
- [Direct Budget Manager, OCFO](#)
- [Payroll Manager, OCFO](#)
- [Travel Manager, OCFO](#)

Title:	Interlocation Appointments (ILAs) – Financial Management
Publication date:	4/17/2013
Effective date:	12/1/2010

## POLICY

### A. Purpose

This policy provides financial guidance for Interlocation Appointments (ILAs). An ILA is an appointment of Lawrence Berkeley National Laboratory (Berkeley Lab) personnel to perform work at other organizations such as the federal government, state or local governments, institutions of higher learning, Native American tribal governments, and other eligible nonfederal organizations, including federally funded research and development

centers.

## B. Persons Affected

All Berkeley Lab employees involved with the financial management of ILAs

## C. Exceptions

None

## D. Policy Statement

1. **Appointment Types:** This policy applies to the appointment types reflected on the following table.

Appointment Type	Project Type	Host Institution	Length of Appointment	Eligibility Criteria	Host Reimbursement
Multi-Location Appointment	MLA	University of California (UC) institution other than Berkeley Lab Used throughout the UC system to facilitate the ability of employees at one institution to perform work at another institution	May be either short- or long-term duration	Nonfaculty employee classification	Salary (direct effort) and payroll burden only
Intergovernmental Personnel Assignment	IPA	U.S. federal government agencies	Up to 2 years, but may be extended for an additional 2 years	Employed at least 90 days in a Career employee classification	Salary (direct effort), payroll burden, & travel per diem or relocation as negotiated with agency
Interjurisdictional Employee Exchange	IJE	State of California agencies	Not to exceed 4 years		Salary (direct effort), payroll burden, & travel per diem or relocation as negotiated with agency

### 2. Nature of the Appointment

- a. An ILA is an arrangement under which an employee is assigned or loaned to another institution to perform work at a specified percentage of effort (which may range from 1% to 100%), for a specified duration, at a specified cost. (See [Definitions/Acronyms](#) for information on the intent of each appointment type.)
- b. The purpose of an ILA is to maintain continuity of a Berkeley Lab employee's UC employment history and benefits coverage when the individual performs work at more than one eligible institution, with no break in service. An ILA cannot be used to circumvent the Work for Others (WFO) program or to reduce costs for the host institution.
- c. While performing ILA work, the Berkeley Lab employee works under the auspices of the host institution, takes direction from the host institution supervisor, uses the host institution's resources and facilities to perform the work, and is considered a contract worker for the host institution. As defined in Contract 31, Clause I.115 (h), "Government property shall be used only for the performance of this contract." Therefore, Berkeley Lab facilities, property, or resources cannot be used in the execution of a non-Berkeley Lab appointment.
- d. The agreement between Berkeley Lab and the host institution is limited to provision of the employee's effort on the interlocation appointment only. Berkeley Lab is not responsible for meeting work goals, deliverables, and/or managing the employee's performance on the appointment. Attribution of work performed by a Berkeley Lab employee on an ILA is to the host institution.
- e. Berkeley Lab approval of the appointment is contingent upon the needs of the employee's Berkeley Lab work unit and may include a revision of the employee's Berkeley Lab duties and responsibilities for the duration of the ILA assignment. During the term of the appointment, the work for the host institution should not interfere with the employee's Berkeley Lab work assignment.

### 3. Financial Considerations

- a. As the appointment represents work in support of another institution, at no time may DOE funds be used for costs associated with the appointment. There should only be one appointment per authorized assignment agreement and only one Berkeley Lab project per appointment.
- i. No work may begin prior to receipt of an authorized assignment agreement (see [Appendix A](#)).
  - ii. An authorized assignment agreement can take up to 30 days or more to finalize; therefore, all new or renewal ILA requests must be submitted to the Berkeley Lab ILA Office, thirty (30) days in advance of the appointment's anticipated start date.
  - iii. An authorized assignment agreement is effective upon the receipt of appropriate, complete documentation from the host institution and appropriate Berkeley Lab approvals.
  - iv. Monthly invoices will be generated by Berkeley Lab and submitted to the host institution for payment.
  - v. Berkeley Lab will notify the host institution if cost changes associated with the ILA occur (i.e., changes to employee's salary rate and/or changes to Berkeley Lab's payroll burden rate).
  - vi. At the end of the appointment term, once the project costs are finalized, a final invoice will be sent to the host institution. The project will be closed in Berkeley Lab's Financial Management System (FMS).
  - vii. Indirect costs are assessed on any MLA/IJE/IPA in accordance with the current [Non-WFO Burden Matrix](#).
  - viii. Travel expenses related to an IJE or IPA will be handled as negotiated in the authorized assignment agreement.
  - ix. Coordination of travel or reimbursement for travel expenses associated with an MLA is to be handled directly between the employee and the UC institution (see [Intercampus Travel Expenses](#)).

## E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab Employee	<ul style="list-style-type: none"> <li>• Obtains Berkeley Lab supervisor and division director or designee concurrence that the ILA assignment is not a WFO activity (see <a href="#">Appendix A</a>) and does not conflict with the employee's other Berkeley Lab work assignments               <ul style="list-style-type: none"> <li>• For MLAs only: Review MLA Decision Trees (see Appendices B and C) to determine whether appointment meets specified criteria.</li> <li>• If the appointment is for scientific staff and does not match criteria outlined in the second or third tiers of the Scientific Staff – MLA Decision Tree (see <a href="#">Appendix B</a>), decide whether institutional benefit exists (<a href="#">Appendix B</a>, fourth Tier). If institutional benefit can be proved, provide written justification to the Berkeley Lab ILA Office for the Berkeley Lab Deputy Director's consideration.</li> </ul> </li> <li>• Identifies off-site work location, and confirms that Berkeley Lab facilities, property, or resources will not be used in the execution of the appointment</li> <li>• Completes and signs the Berkeley Lab <a href="#">ILA Request Form</a>. Submits the form to the Berkeley Lab Division Resource Analyst.</li> <li>• Ensures work does not begin on the ILA assignment until notified by the Berkeley Lab ILA Office that the authorized assignment agreement has been received and approved</li> <li>• At the direction of the Berkeley Lab ILA Office, confers with Berkeley Lab's third-party tax consultant for possible income tax implications prior to accepting an IPA assignment</li> <li>• Charges wage expense via the Laboratory Electronic Time Entry System (LETS) and other budgeted costs to a specified, appropriate project over the term of the appointment</li> <li>• Submits to the Berkeley Lab Travel Office IJE/IPA related travel reimbursement requests (for per diem, relocation costs, and/or meeting expenses), as negotiated in the authorized assignment agreement</li> <li>• Performs the assignment in accordance with the terms of the authorized assignment agreement. Informs the Berkeley Lab Resource Analyst if any contract term requires revision.</li> <li>• Provides the Berkeley Lab supervisor, division director or designee, and Division Resource Analyst with advance notice if a request to extend the appointment term is likely</li> <li>• Notifies the Berkeley Lab Payroll Office if the ILA assignment requires work to be performed outside of California for 40 hours/5 days (or greater) per month</li> </ul>

<p>Berkeley Lab Resource Analyst (RA)</p>	<ul style="list-style-type: none"> <li>• Notifies the Berkeley Lab ILA Office and Berkeley Lab Human Resources Center of a possible new ILA assignment as soon as knowledge is available</li> <li>• Reviews the Berkeley Lab <a href="#">ILA Request Form</a> and determines the appropriate contract value and sixty (60)-day bridge funding estimate for the ILA assignment. Signs the Berkeley Lab <a href="#">ILA Request Form</a> after conferring with the division director or designee to determine that the cost estimates are reasonable.</li> <li>• Coordinates the home institutional approvals and submits the Berkeley Lab <a href="#">ILA Request Form</a> to the Berkeley Lab ILA Office for processing</li> <li>• After receipt of notification from the Berkeley Lab ILA Office that the ILA project has been established in the Berkeley Lab FMS, initiates the following: <ul style="list-style-type: none"> <li>• Reviews the project setup panels for accuracy</li> <li>• Changes the project status to "request"</li> <li>• Informs the supervisor and the employee of the project identification number in which to charge effort and expenses</li> </ul> </li> <li>• Ensures the employee's Berkeley Lab Timekeeper is aware of the appointment so that the employee can appropriately report ILA efforts in LETS</li> <li>• Reviews the monthly ILA Status Report to ensure the activity identified meets the terms of the PO (i.e., period of performance and contract value)</li> <li>• Works with the Berkeley Lab Accounts Receivable (AR) Office and the Berkeley Lab ILA Office to ensure outstanding receivables plus the bridge funding estimate remains a positive balance</li> <li>• Notifies the Berkeley Lab ILA Office of changes to employee's salary rate, percent of effort, or contractual terms</li> <li>• Provides financial details or reports to the host institution, when requested</li> <li>• Assists the Berkeley Lab AR Office with delinquent payment issues, as requested</li> <li>• Notifies the Berkeley Lab AR Office and Berkeley Lab ILA Office of the award closeout</li> </ul>
<p>Berkeley Lab Supervisor</p>	<ul style="list-style-type: none"> <li>• Reviews the terms of the ILA assignment and discusses with the host institution, as necessary.</li> <li>• Confirms in consultation with Berkeley Lab division director or designee that the assignment does not conflict with any of the employee's Berkeley Lab assignments and is not a WFO activity (see <a href="#">Appendix A</a>)</li> <li>• Ensures the assignment does not begin prior to receipt of confirmation from the Berkeley Lab ILA Office that authorized assignment agreement has been received and approved</li> <li>• Ensures the employee reports his or her effort in LETS in a timely manner</li> <li>• Ensures the employee evaluation is completed by the merit deadline, receiving input from the supervisor at the host institution</li> <li>• Approves the Berkeley Lab <a href="#">ILA Request Form</a> for submission to the Berkeley Lab division director or designee</li> </ul>
<p>Berkeley Lab Division Director or Designee (limited to Deputy Director or Business Manager)</p>	<ul style="list-style-type: none"> <li>• Confirms, in consultation with the supervisor and the employee, that the proposed ILA assignment does not conflict with any of employee's Berkeley Lab assignments and is not a WFO activity (see <a href="#">Appendix A</a>)</li> <li>• Confirms, in consultation with the Berkeley Lab Resource Analyst, that the contract value and bridge funding estimates are reasonable</li> <li>• Approves the Berkeley Lab <a href="#">ILA Request Form</a> for submission to the Berkeley Lab ILA Office</li> </ul>



Berkeley Lab ILA Office

- Manages and negotiates all Berkeley Lab ILA agreements
- Functions as a subject matter expert for Berkeley Lab Human Resources (HR) and financial issues related to ILA assignments
- Discusses the proposed ILA with the Berkeley Lab Resource Analyst/Business Manager or the employee to determine appropriateness and/or allowability
- Assists the employee with negotiating the terms of ILA assignment (i.e., scope of work, period of performance, percent of effort, and contract value)
- Functions as a liaison between the third-party tax consultant and the Berkeley Lab division, Payroll Department, and the employee for possible tax implications related to IJE or IPA assignments
- Reviews the Berkeley Lab [ILA Request Form](#) to ensure the following:
  - The proposed ILA assignment is not a WFO activity.
  - A Berkeley Lab/Campus union representation issue does not exist.
  - The estimated contract value is consistent with the employee's salary and payroll burden rate, based on percentage of effort and performance period of ILA assignment.
  - The bridge funding estimate is reasonable.
  - The term of the ILA assignment is within the employee's Berkeley Lab appointment performance period.
  - Authorized signatures are included.
  - For MLAs only, if the appointment does not match the criteria outlined in the second or third tiers of Scientific Staff – MLA Decision Tree ([Appendix B](#)), consults with the employee regarding the institutional benefit ([Appendix B](#), fourth tier).
- Coordinates the submission of the Berkeley Lab [ILA Request Form](#) and the employee's written justification of institutional benefit to the Berkeley Lab Deputy Director for a decision (for MLA requests that apply to the fourth tier of Scientific Staff MLA Decision Tree – see [Appendix B](#))
- Informs the Berkeley Lab division RA or Business Manager of other forms necessary for submission of the ILA request to the host institution (applies to IJE or IPA assignments only). Prepares and submits formal ILA request to the host institution.
- Consults with Berkeley Lab Budget Office and Legal Department on ILA requests that may pose potential conflict-of-interest risks
- Communicates with the host institution to obtain approvals and documentation for authorized assignment agreement
- Enters the appointment information into the Research Administration Proposal/Project Information Database (RAPID) and generates the award within 24 hours of receipt and approval of the authorized assignment agreement. Notifies the Berkeley Lab Division RA when the project has been established.
- Notifies the Budget Office of the bridge funding amount
- Notifies the appropriate Berkeley Lab parties (i.e., employee, supervisor, division director or designee, division RA, or HR Center) of receipt and approval of the authorized assignment agreement
- Notifies the Berkeley Lab HR Center when an employee's work location requires change in the Human Resources Information System (HRIS)
- Notifies the Berkeley Lab Travel Department of travel or relocation provisions approved in the authorized assignment agreement (applicable to IJE and IPA assignments only)
- Advises the employee of his/her responsibility to contact the Payroll Office when ILA assignment will require work outside of California for 40 hours/5 days (or greater) per month
- Manages the initial and subsequent changes to terms from the initial agreement (i.e., change orders, RAPID updates, and bridge funding estimates)
- Ensures the employee is kept "whole" in terms of service credit, health and welfare benefits, and applicable accruals and leaves (i.e., vacation, sick, and Berkeley Lab paid holidays)
- Develops and cultivates business contacts with the host institutions
- Reviews the monthly ILA Appointment Status Report
- Assists the Berkeley Lab Division and AR Department with troubleshooting payment issues

Human Resources (HR) Center	<ul style="list-style-type: none"> <li>• Notifies the Berkeley Lab Division RA and the ILA Analyst of any personnel issues (i.e., appointment, salary changes, etc.)</li> <li>• Prepares a Personnel Action Form (PAF), when appropriate</li> <li>• Files a copy of the authorized assignment agreement in employee's personnel file</li> <li>• Ensures the employee's performance evaluation is completed by the supervisor, including input from the host supervisor during the temporary assignment. Ensures the employee is eligible for a scheduled merit increase.</li> </ul>
Berkeley Lab Budget Office	<ul style="list-style-type: none"> <li>• Reviews the project for appropriate burden treatment and opens the project in the Berkeley Lab FMS</li> <li>• Reviews the bridge funding estimates for reasonableness</li> <li>• Enters the authorized bridge funding amount into the Budget System</li> <li>• Develops and distributes the monthly ILA Appointment Status Report</li> </ul>
Berkeley Lab Payroll Office (IPAs and IJEs)	<ul style="list-style-type: none"> <li>• Processes the PAF, when appropriate</li> <li>• Processes the journal entry at the end of each month to debit the project identification listed on the PAF, when appropriate</li> <li>• Processes the relocation and per diem payments for IJE and IPA appointees, in accordance with the terms negotiated in authorized assignment agreement</li> <li>• Processes and reports the Berkeley Lab employee's payroll earnings in accordance with appropriate tax regulations</li> </ul>
Berkeley Lab Travel Office (for IJE and IPA assignments only)	<p><b>Travel costs supported by the host institution (as negotiated in the authorized assignment agreement)</b></p> <ul style="list-style-type: none"> <li>• Adheres to appropriate state or federal travel guidelines</li> <li>• For appointments greater than one year, reviews travel relocation, dislocation, and per diem reimbursement forms and forwards them to the Payroll Office</li> <li>• Processes travel expense vouchers for appointees through the Travel and Expense Reimbursement System (TRES) for costs related to collaborative and scientific meetings and conferences</li> </ul> <p><b>Travel costs supported by Berkeley Lab (as negotiated in the authorized assignment agreement)</b></p> <ul style="list-style-type: none"> <li>• Adheres to appropriate state or federal travel relocation/reimbursement guidelines</li> </ul>
Berkeley Lab Accounts Receivable (AR) Office	<ul style="list-style-type: none"> <li>• Notifies the Budget Office on the receipt of any advance payments</li> <li>• Invoices the host institution for appointee costs</li> <li>• Applies payments to invoices</li> <li>• Performs tracking and collections activities</li> <li>• Requests collection assistance from the Division Resource Analyst and the ILA Office for delinquent payments</li> <li>• Performs the award closeout</li> </ul>
Berkeley Lab Deputy Director (for MLA requests that apply to the fourth-tier category, as outlined in <a href="#">Appendix B</a> )	<ul style="list-style-type: none"> <li>• Makes final determination on approval of MLA request, after reviewing employee's justification of institutional benefit</li> </ul>
Host Institution	<ul style="list-style-type: none"> <li>• Works directly with the employee and the ILA Office</li> <li>• Creates or approves the authorized assignment agreement, which specifies the scope, term, and cost of the appointment</li> <li>• Returns the approved authorized assignment agreement to the ILA Office</li> <li>• Directs the work of the Berkeley Lab employee, completes the employee evaluation, notifies the employee of termination or renewal of contract</li> </ul>

## F. Definitions/Acronyms

Term	Definition

Home Institution	The institution or organization that hires the employee and that manages the employee's payroll/benefits
Host Institution	The institution or organization for which the employee performs the other appointment
Intergovernmental Personnel Act (IPA) Assignment	<p>A temporary transfer of skilled personnel between the federal government and state or local governments, institutions of higher education, Native American tribal governments, and eligible non-federal "other organizations," including federally funded research and development centers.</p> <p>The assignment is effected for purposes of mutual concern to the federal government and to the participating nonfederal entity and should also serve a sound public purpose. IPA assignments can be used to:</p> <ul style="list-style-type: none"> <li>• Strengthen the management capabilities of federal agencies; of state, local, and Native American tribal governments; and of other eligible organizations</li> <li>• Assist in the transfer and use of new technologies and approaches to solving governmental problems</li> <li>• Involve state and local officials in the development and implementation of federal policies and programs</li> <li>• Provide program and developmental experience that will enhance a DOE employee's performance in his or her regular job</li> </ul>
Interjurisdictional Exchange (IJE)	<p>The temporary assignment or loan of employees within an agency or between agencies, not to exceed two years or between jurisdictions not to exceed four years. Conditions of the IJE are that it:</p> <ul style="list-style-type: none"> <li>• Enables a loaned/exchanged employee to receive training and valuable experience</li> <li>• Enables an employing agency to obtain expertise needed to meet a compelling program or management need</li> <li>• Enables an employing agency to obtain temporary expertise that is lacking in its organization</li> <li>• Enables an employing agency to obtain the expertise of an individual employee</li> <li>• Prohibits the displacement and layoff of civil service employees</li> <li>• Guarantees a right of return to the loaned employee back to his/her former position at the end of the assignment</li> <li>• Enables the loaned employee or participating agencies the right to terminate the assignment at any time</li> <li>• Enables the borrowing or loan of one or more employees between government (local, state, federal) and/or public entities (i.e., colleges or universities)</li> </ul>
Interlocation Appointment (ILA)	A non-Berkeley Lab appointment of Laboratory personnel to perform work at other organizations such as the federal government, state or local governments, institutions of higher learning, Native American tribal governments, and other eligible non-federal organizations, including federally funded research and development centers
Multiple Location Appointment (MLA)	Appointments that occur when an employee performs work at two or more UC-managed institutions simultaneously. Multiple-location appointments may be of either short or long duration.
Work for Others (WFO)	<p>The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.</p> <p>WFO agreements are a mechanism through which industry can utilize the unique expertise and facilities at Berkeley Lab. In this type of arrangement, the industrial sponsor pays 100% of the cost of the work to be performed by the Berkeley Lab.</p> <p>Under many conditions, a company may take title to inventions created by Berkeley Lab under the WFO program. Some key points in such arrangements include product, general and IP indemnification, advance payment requirements, and the fact that the Berkeley Lab may not compete with the private sector for such work. Berkeley Lab does not perform proprietary work and all results can be published by Berkeley Lab researchers.</p>

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.009.001	<a href="#">Berkeley Lab ILA Request form</a>	Form
11.02.009.002	<a href="#">Berkeley Lab Travel Office – Procedures</a>	Procedures
11.02.009.003	<a href="#">UCOP Accounting Manual</a>	Manual
11.02.009.004	<a href="#">US General Services Administration Federal Travel Regulation Chapter 302 Relocation Allowance</a>	Government guidance document
11.02.009.005	<a href="#">Appendix A – Interlocation Appointment vs. Work for Others Criteria</a>	Table
11.02.009.006	<a href="#">Appendix B – ILA Policy and Procedure MLA Decision Tree – Scientific Staff</a>	Flow Chart
11.02.009.007	<a href="#">Appendix C – ILA Policy and Procedure MLA Decision Tree – Nonscientific Staff</a>	Flow Chart
11.02.009.008	<a href="#">Appendix D – ILA Request Form Image</a>	Image of form

## Contact Information

- [Human Resources - Interlocation Appointment \(ILA\) Office, OCFO](#)
- [Direct Budget Manager, OCFO](#)
- [Payroll Manager, OCFO](#)
- [Travel Manager, OCFO](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/17/2013	1.1	Lundell	Review completed 12/1/12, no changes	Pub & Next Review dates	Minor
1/2/2012	1	Moore	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Interlocation Appointments (ILAs) – Financial Management
Document number	11.02.009.000
Revision number	1.1

Publication date:	4/17/2013
Effective date:	12/1/2010
Next review date:	12/1/2013
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.51
Functional Division	OCFO
Prior reference information (optional)	RPM Chapter 11.51

## Source Requirements Documents

- [DOE M 321.1-1, Intergovernmental Personnel Act Assignments](#)
- [CA Codes Government Codes Section 19050.8 Interjurisdictional Exchange](#)
- [Office of Personnel Management Provisions of the IPA Mobility Program](#)
- [State of CA - Dept. of General Services Personnel Operations Manual \(Interjurisdictional Exchange\)](#)

## Other Driving Requirements

Document number	Title	Type
11.02.001.000	<a href="#">Bridge Funding Policy</a>	Policy
02.04.004.000	<a href="#">Relocation or Change of Station Policy</a>	Policy
11.06.001.000	<a href="#">Travel Policy</a>	Policy

## Implementing Documents

Document number	Title	Type
11.02.009.001	<a href="#">Berkeley Lab ILA Request form</a>	Form
11.02.009.002	<a href="#">Berkeley Lab Travel Office – Procedures</a>	Procedures
11.02.009.003	<a href="#">UCOP Accounting Manual</a>	Manual

11.02.009.004	US General Services Administration Federal Travel Regulation Chapter 302 Relocation Allowance	Government guidance document
11.02.009.005	Appendix A – Interlocation Appointment vs. Work for Others Criteria	Table
11.02.009.006	Appendix B – ILA Policy and Procedure MLA Decision Tree – Scientific Staff	Flow Chart
11.02.009.007	Appendix C – ILA Policy and Procedure MLA Decision Tree – Nonscientific Staff	Flow Chart
11.02.009.008	Appendix D – ILA Request Form Image	Image of form

# Introduction to Human Resources Policies

The Human Resources (HR) policies in the Requirements and Policies Manual (RPM) contain important information concerning employment at Berkeley Lab, and have been designed to be a useful reference tool to assist employees in becoming acquainted with Laboratory expectations and processes. The HR policies and procedures provide:

- Employees information on their responsibilities in the workplace
- Supervisors information on their responsibilities for ensuring consistent application of Laboratory HR policies

HR policies are grouped into the following categories:

- Compensation and Work Hours
- Employee Development
- Employee Records
- Health Services Programs (owned by Health Services)
- Leaves of Absence
- Outside Business and Employment (owned by Research & Institutional Integrity Office (RIIO))
- Problem Resolution
- Recruitment
- Relations with Employee Organizations
- Separation from Employment
- Types of Employee Appointments
- Work Environment

To view a full list of HR policies, go [here](#).

The HR section of the RPM applies to nonrepresented employees. Employees should refer to the "Who Should Read This Policy" section to see if a specific policy applies to them. This manual is not intended to be, and should not be interpreted as, a contract between Berkeley Lab and any employee. Policies may be changed at any time by the Laboratory. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

Employees may contact their [division's HR Center](#) or [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov) if they have any questions about an HR policy or procedure. For Health Services Programs, contact [Health Services](#) or call x6266. For Outside Business and Employment, contact [Research and Institutional Integrity Office \(RIIO\)](#)

# Invoice Cancellation

Title:	Invoice Cancellation
Publication date:	1/2/2012
Effective date:	10/1/2010

## BRIEF

### Policy Summary

This policy provides guidelines for the cancellation of any invoice associated with a Work for Others (WFO) award, a Multiple Location Appointment (MLA), an Interjurisdictional Exchange (IJE), and the Intergovernmental Personnel Act (IPA) at Berkeley Lab. These guidelines also apply to the cancellation of any other non-WFO miscellaneous invoice.

### Who Should Read This Policy

Employees involved with processing invoices for WFO awards, MLAs, IJEs and IPAs

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page:

### Contact Information

[Business Services Manager](#)

Title:	Invoice Cancellation
Publication date:	1/2/2012
Effective date:	10/1/2010

## POLICY

### A. Purpose

This policy provides guidelines for the cancellation of any invoice associated with a Work for Others (WFO) award, a Multiple Location Appointment (MLA), an Interjurisdictional Exchange (IJE), and the Intergovernmental Personnel Act (IPA) at Berkeley Lab. These guidelines also apply to the cancellation of any other non-WFO miscellaneous invoice.

### B. Persons Affected

Employees involved with WFO awards, MLAs, IJEs and IPAs



## C. Exceptions

None

## D. Policy Statement

### 1. WFO Invoices

- a. Cancellation for invoices generated by the Contract Accounting (CA) Department for WFO awards may occasionally, and legitimately, be required to adjust and/or restate receivables. This may be necessary to reflect contractual changes or adjust advance balances (see [Definitions/Acronyms](#), below). Invoice cancellation should only be utilized after CA conducts a financial review of the WFO award. The review will determine if there will be any further costs on the award above the remaining advance balance. Invoice cancellation may be recommended by the Division Resource Analyst, WFO Sponsor, CA, and Office of Sponsored Projects and Industry Partnerships Contracts Officer (OSPIP CO). All parties must concur with the cancellation. Concurrence will be implemented by e-mail.
- b. Invoicing is based on costs posted to the projects related to the award. If an invoice must be canceled, the cancellation will create a credit invoice mirroring the original invoice. The original invoice and the new credit invoice will be offset against each other to close them out. The amount from the original invoice plus any adjustments made to the original invoice will be reflected on the next invoice along with any current period costs posted to the project.

2. **Miscellaneous Invoices:** For other miscellaneous invoices, CA processes credit memos in lieu of invoice cancellations. The division or department should submit a [Request for Preparation of Miscellaneous Invoice Form](#) for the amount of the credit. Based on the request form, CA will process a credit invoice.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
OSPIP CO and/or Resource Analyst	For WFO invoices, submit an invoice cancellation request via e-mail ( <a href="mailto:ARhelp@lbl.gov">ARhelp@lbl.gov</a> ). Include: <ul style="list-style-type: none"><li>• "Invoice Cancellation Request" and award number in subject line</li><li>• Sponsor contact information (name, telephone number, e-mail address)</li><li>• For other miscellaneous invoices, use the <a href="#">Request for Preparation of Miscellaneous Invoice Form</a>, and submit to <a href="mailto:ARhelp@lbl.gov">ARhelp@lbl.gov</a> the amount of the credit invoice to be generated</li></ul>
Contract Accounting Staff	<ul style="list-style-type: none"><li>• Reviews requests for appropriateness</li><li>• For WFO invoice cancellations (deemed necessary by CA), obtains the sponsor's concurrence via e-mail</li><li>• Upon receipt of WFO sponsor's concurrence, notifies Division Resource Analyst, WFO Sponsor, and OSPIP CO</li><li>• Processes a credit invoice during the monthly billing cycle</li><li>• Sends credit invoice to the sponsor/customer</li></ul>

## F. Definitions/Acronyms">F. Definitions/Acronyms

Term	Definition
Accounts Receivable	Money owed to Berkeley Lab by an employee or other entity for reimbursement of costs, or by a WFO sponsor for research, goods, and services provided by Berkeley Lab on a specified award
Advance	Funds paid by a WFO sponsor, usually as a condition of Berkeley Lab beginning work on an award. The advance is held in a deferred revenue account until such time as it is drawn down (usually the last 90–120 days of the award).

Advance Balance	The amount of the advance payment remaining on the award
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.01.012.001	<a href="#">Request for Preparation of Miscellaneous Invoice Form</a>	Form

## I. Contact Information

[Business Services Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	S. Frainier	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Invoice Cancellation
Document number	11.01.012.000
Revision number	1
Publication date:	1/2/2012
Effective date:	10/1/2010
Next review date:	10/23/2014

Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.30

## Source Requirements Documents

[DOE Accounting Handbook, Chapter 8, Receivables](#)

## Implementing Documents

Document Number	Title	Type
11.01.012.001	<a href="#">Request for Preparation of Miscellaneous Invoice Form</a>	Form

# Invoice Certifications

Title:	Invoice Certifications
Publication date:	1/2/2012
Effective date:	4/28/2010

## BRIEF

### Policy Summary

This policy defines requirements and procedures for certifying vendor invoices at Berkeley Lab. Approval of procurement costs (i.e., commitment of funds) should have already been accomplished during the requisition process. It is the policy of Berkeley Lab to pay all invoices timely, accurately, and in accordance with the terms and conditions of the applicable subcontract and all other applicable regulations.

### Who Should Read This Policy

Any employee involved with certifying vendor invoices at the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- [Accounts Payable Manager](#), OCFO
- [Business Services Manager](#), OCFO
- [Property Manager](#), OCFO

Title:	Invoice Certifications
Publication date:	1/2/2012
Effective date:	4/28/2010

## POLICY

### A. Purpose

This policy defines requirements and procedures for certifying vendor invoices at Lawrence Berkeley National Laboratory (Berkeley Lab). Approval of procurement costs (i.e., commitment of funds) should have already been accomplished during the requisition process.

### B. Persons Affected

Any employee who certifies vendor invoices at Berkeley Lab

## C. Exceptions

Not applicable

## D. Policy Statement

### 1. General

- a. It is the policy of Berkeley Lab to pay all invoices timely, accurately, and in accordance with the terms and conditions of the applicable subcontract and all other applicable regulations.
- b. When a purchase requisition is entered into the Financial Management System (FMS), the requisition preparer works with the division requester to determine if invoice certification is required and identifies the appropriate invoice certifier. This information is also conveyed to the procurement buyer. After a requisition is reviewed by the procurement buyer and all the necessary criteria are met, the buyer establishes a subcontract purchase order with the vendor.
- c. Certification may automatically be required for some invoices based upon the item category (e.g., services in excess of \$5,000, or items requiring inspection or testing). In these instances, the system uses the requester's name as the default certifier. If a change in the certifier is necessary, the requester works with the procurement buyer to implement the change.
- d. Note: An invoice certifier is required to certify that goods or services were satisfactorily received. The certification must be performed in a timely manner to ensure that the vendor is paid within the payment terms of the purchase order/subcontract. Failure to provide timely certification may result in a late payment, which could affect the Laboratory's ability to comply with the purchase order/subcontract and/or DOE requirements. Uncertified items are accrued at month-end.
- e. When a vendor invoice is received at the Laboratory Accounts Payable (AP) Department, it is entered into FMS. If certification is required, a system-generated e-mail is sent to the designated certifier for approval, and a copy of the invoice is attached to the online invoice certification screen.
- f. If for any reason it is determined that a portion of the invoice should not be certified, the certifier notifies Accounts Payable and the procurement buyer for resolution.

### 2. Purchase Orders/Subcontracts Over \$1 Million

- a. For purchase orders/subcontracts **over \$1 million**, any invoice **over \$100,000** requiring certification must also receive **approval** from an employee authorized in the Laboratory [Signature Authorization System \(SAS\) Database](#) for the amount of the invoice.
- b. **Buyer** certification is also required on these types of purchase orders/subcontracts. The buyer is copied in the electronic certification. The purpose of the buyer certification is to ensure that the invoice conforms to the terms and conditions of the purchase order/subcontract.

### 3. Travel Costs:

If travel costs are included in the invoice **and** the terms of the subcontract require the Travel Office to review the invoice, it is the responsibility of the **certifier** to ensure those costs were reviewed and certified by the Travel Department **prior** to division certification (see the Laboratory's [Travel and Expenses Policy](#)).

### 4. American Recovery Reinvestment Act (ARRA):

The certifier verifies the ARRA statistic codes and amounts on the online certification page and revises them as necessary. The division prepares a journal entry for any adjustments required after the invoice cost has been posted to the cost browser and ledger.

## E. Roles and Responsibilities

Role	Responsibility
Requisition Preparer	<ul style="list-style-type: none"><li>• Works with the requester to identify the scope of the procurement</li><li>• Identifies the invoice certifier, as necessary</li></ul>

Certifier	<ul style="list-style-type: none"> <li>• Uses the online certification system to certify in a timely manner that services have been performed and/or goods have been received</li> <li>• Ensures that invoices conform to all contractual requirements</li> <li>• Ensures that the Travel Department has reviewed the invoice prior to certification if required by the subcontract terms</li> <li>• Ensures that invoices for labor include names, positions, job classifications, hourly rates, and the number of hours worked per day with extended amounts</li> <li>• Notifies the vendor and the buyer of any discrepancies to resolve them in a timely manner</li> </ul> <p>Note: The role of the certifier is to validate receipt of goods or services, and to ensure that vendor invoices adhere to the terms of the contract. Certification does not authorize the commitment of funds.</p>
Accounts Payable	<ul style="list-style-type: none"> <li>• When the invoice is received, enters the invoice information in the Financial Management System to create a voucher</li> <li>• Changes a purchase-order line (project or cost) distribution on the invoice as requested by the invoice certifier</li> <li>• Makes adjustments based on vendor credit memos or similar documentation</li> <li>• Accrues all invoices not yet certified at month-end and year-end</li> </ul>
Procurement Buyer	<ul style="list-style-type: none"> <li>• Works with the division to determine if certification is required on a purchase order and assists the division in identifying a certifier other than the requester, if appropriate</li> <li>• When required, ensures that the invoice conforms to the terms and conditions of the purchase order/subcontract</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Certifier	A Berkeley Lab employee designated to review and certify invoices, and to validate the receipt of goods or services prior to payment. Certification does not authorize the commitment of funds.
Requisition Preparer	The person who enters the requisition into the Financial Management System and who works with the requester to identify the certifier
Voucher	An invoice that has been entered into the Financial Management System

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.01.013.001	<a href="#">Certification Instructions</a>	Procedure

## I. Contact Information

- [Accounts Payable Manager](#), OCFO
- [Business Services Manager](#), OCFO
- [Property Manager](#), OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. A. Bothe	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Invoice Certifications
Document number	11.01.013.000
Revision number	1
Publication date:	1/2/2012
Effective date:	4/28/2010
Next review date:	4/28/2014
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.31
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.31

## Source Requirements Documents

- [LBNL Procurement Standard Practices Manual, SP 32.1, \*Payments\*](#)
- [LBNL Procurement Standard Practices Manual, SP 31.3, \*Unallowable Costs\*](#)

## Implementing Documents

Document Number	Title	Type
11.01.013.001	<a href="#">Certification Instructions</a>	Procedure

## Other References

Document Number	Title	Type
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11.07.005.000	Signature Authority for Financial Transactions	Policy
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# Issues Management Policy

Title:	Issues Management Policy
Publication date:	2/15/2013
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab administers an Issues Management Program and process for issues identification, tracking, resolution, and verification; and validation of corrective action effectiveness. The Laboratory also identifies, analyzes, and corrects adverse trends, and promotes continuous feedback and performance improvement.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Theresa Triplett  
Issues Management Program Manager  
Office of Contractor Assurance  
[TATriplett@lbl.gov](mailto:TATriplett@lbl.gov)

Title:	Issues Management Policy
Publication date:	2/15/2013
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy is designed to implement and maintain an Issues Management system that promptly identifies issues and develops effective corrective actions to ensure successful resolution and prevention of recurring issues.

### B. Persons Affected

This policy applies to all Lawrence Berkeley National Laboratory (Berkeley Lab) employees.

## C. Exceptions

Personnel-sensitive issues such as, but not limited to, allegations of harassment, intimidation, retaliation, and discrimination, and employee/employer relationship issues are not managed through the Issues Management Program.

## D. Policy Statement

Berkeley Lab must implement and maintain a system to promptly identify issues and effective corrective actions to prevent reoccurrence of the same or similar issues in accordance with requirements set forth in U.S. Department of Energy (DOE) Contract No. DE-ACO2-05CH11231 and Laboratory policy. Issues management is performed using a risk-based, graded approach to ensure that the appropriate levels of analysis, corrective action development, and documentation are commensurate with federal and Berkeley Lab requirements and with the management of risks that:

- Affect Berkeley Lab's ability to meet contract and regulatory requirements
- Adversely impact the reliability of the Berkeley Lab mission and operations
- Adversely impact the environment, public, and employee safety and health

For specific details, refer to PUB-5519(1), *Issues Management Program Manual*; PUB-5519(2), *Causal Analysis Program Manual*; PUB-5519(3), *Data Monitoring and Analysis Program Manual*; and PUB-5519(4), *Lessons Learned and Best Practices Program Manual*.

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Management	Communicates and reinforces the importance of proactively reporting and managing issues
Division Management	Ensures that personnel are working to the requirements outlined in this policy and the Issues Management Program manuals
Office of Contractor Assurance	Provides oversight and administration for the Issues Management Program, which includes maintaining and revising program manuals, maintaining the Corrective Action Tracking System (CATS) and Lessons Learned databases, and providing technical guidance to Berkeley Lab staff with regard to the Issues Management Program
Employees	Adhere to the requirements outlined in this policy and the Issues Management Program manuals

## F. Definitions/Acronyms

Term	Definition
Apparent Cause	The most probable / reasonable cause(s) of an incident that management has the control to fix through effective corrective actions. There may be more than one apparent cause for a given incident.
Corrective Action	An action that eliminates a deficiency and/or the cause of an issue, and prevents or significantly reduces the likelihood of the same problem occurring again

Graded Approach	The process by which the levels of analysis, documentation, verification, and other controls necessary to comply with program requirements are developed commensurate with specified factors
Issue	A generic term that refers to programmatic or performance deficiencies, regulatory or procedural noncompliances, assessment findings, and other actions that require formal corrective action
Issues Management	The process by which issues are managed and tracked through resolution to prevent recurrence
Lessons Learned	A lesson that is derived from an event, incident or implementation and evaluation of a system, process or program that is used to identify strengths and weaknesses. A lesson learned may be derived from an internal or external source and is used to improve systems, processes or programs.
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: LBNL Site Access
Procedure	A series of specific steps to be followed to accomplish work or to carry out a policy or requirement. Procedures are controls meant to mitigate risk, improve efficiency, or assure compliance. Examples: Obtaining a Berkeley Lab badge, maintaining the Laboratory's 12 kV electrical system, completing a travel expense form
Program	A course of action, typically comprising multiple coordinated projects, established to accomplish an organization's strategic objectives or to improve its performance. A program's duration may be perpetual or undetermined, and success is measured in terms of benefits derived. A program has a generally defined scope or mission, with specific objectives, and a prescribed governing structure with defined roles and responsibilities.
Requirement	A specific obligation to perform an action mandated by Berkeley Lab senior management or the federal, state, or local government; or to comply with the Laboratory's contract with DOE; or to comply with agreements made between the Laboratory and its corporate manager, the University of California
Risk Level	The severity / significance rating assigned to an issue to ensure that appropriate levels of analysis oversight and resolution are commensurate with Berkeley Lab requirements. Risk levels are stated as high, medium, or low.
Root Cause	The underlying or basic cause of an adverse condition that can reasonably be identified and that management has the control to fix, and when fixed, will preclude recurrence or significantly reduce the likelihood of recurrence of the same or similar adverse conditions. The root cause is typically one level further in analysis beyond an apparent cause, the fundamental reason for the apparent cause.

## G. Recordkeeping Requirements

Records that are generated as a result of implementing policy requirements must be maintained in accordance with the records-retention requirements outlined in the *Requirements and Policies Manual* (RPM) and Berkeley Lab implementing documents.

## H. Implementing Documents

Document number	Title	Type

PUB-3032	<i>Personal Property Manual</i>	System
07.03.001.000	<i>Occurrence Reporting</i>	Policy
PUB-3000, Ch. 15	<i>Occurrence Reporting</i>	Policy
PUB-5519(1)	<i>Issues Management Program Manual</i>	System
PUB-5519(2)	<i>Causal Analysis Program Manual</i>	System
PUB-5519(3)	<i>Data Monitoring and Analysis Program Manual</i>	System
PUB-5519(4)	<i>Lessons Learned and Best Practices Program Manual</i>	System
PUB-201	<i>Requirements and Policies Manual (RPM)</i>	Policy
11.07.003.000	<i>Audit Resolution and Follow-Up Policy</i>	Policy
04.02.004.000	PAAA Policy	Policy
(tbd)	<i>Laboratory Procurement Standard Practices Manual, Section 46.1, Subcontract Quality Assurance</i>	Process
04.02.004.001	Price-Anderson Amendments Act (PAAA) Compliance Program Manual	Manual
RPP	LBNL Radiation Protection Program	Program
(tbd)	<i>Policy on Corrective Actions and Plans of Action and Milestones (POAMs) (IT internal)</i>	Policy
OIA-OCA-0001	Corrective Action Tracking System (CATS) Database User Manual	Manual
OIA-OCA-0002	Lessons Learned and Best Practices Database User Manual	Manual

## I. Contact Information

Theresa Triplett  
Issues Management Program Manager  
Office of Contractor Assurance  
[TATriplett@lbl.gov](mailto:TATriplett@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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2/15/2013	0.1	L. Young	Update SRD and Implementing Documents info	Document Info	Editorial
1/2/2012	0	T. Triplett	Initial	all	Major

## DOCUMENT INFORMATION

Title:	Issues Management Policy
Document number	04.02.003.000
Revision number	0.1
Publication date:	2/15/2013
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Contractor Assurance
RPM Section (home)	Contractor Performance Management
RPM Section (cross-reference)	none
Functional Division	Office of Contractor Assurance
Prior reference information (optional)	none

## Source Requirements Documents

- Contract 31, Section H.30, *Contractor Assurance*
- PUB-3111, *Quality Assurance Program Description*
- PUB-5520, *UC Contractor Assurance System Description*
- DOE Order 232.2, Occurrence Reporting and Processing of Operations Information
- DOE Order 210.1A, DOE Corporate Operating Experience Program, Attachment 1, Contractor Requirements Document
- DOE Order 225.1B, Accident Investigations, Attachment 1, Contractor Requirements Document

## Other Driving Requirements

- 04.03.001.000, *Quality Assurance Policy*
- 04.02.001.000, *Contractor Assurance Policy*

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Document number	Title	Type
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# Issues Management Policy

Title:	Issues Management Policy
Publication date:	2/15/2013
Effective date:	1/2/2012

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[TATriplett@lbl.gov](mailto:TATriplett@lbl.gov)

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Effective date:	1/2/2012

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## H. Implementing Documents

Document number	Title	Type

PUB-3032	<i>Personal Property Manual</i>	System
07.03.001.000	<i>Occurrence Reporting</i>	Policy
PUB-3000, Ch. 15	<i>Occurrence Reporting</i>	Policy
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PUB-5519(2)	<i>Causal Analysis Program Manual</i>	System
PUB-5519(3)	<i>Data Monitoring and Analysis Program Manual</i>	System
PUB-5519(4)	<i>Lessons Learned and Best Practices Program Manual</i>	System
PUB-201	<i>Requirements and Policies Manual (RPM)</i>	Policy
11.07.003.000	<i>Audit Resolution and Follow-Up Policy</i>	Policy
04.02.004.000	PAAA Policy	Policy
(tbd)	<i>Laboratory Procurement Standard Practices Manual, Section 46.1, Subcontract Quality Assurance</i>	Process
04.02.004.001	Price-Anderson Amendments Act (PAAA) Compliance Program Manual	Manual
RPP	LBNL Radiation Protection Program	Program
(tbd)	<i>Policy on Corrective Actions and Plans of Action and Milestones (POAMs) (IT internal)</i>	Policy
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## I. Contact Information

Theresa Triplett  
Issues Management Program Manager  
Office of Contractor Assurance  
[TATriplett@lbl.gov](mailto:TATriplett@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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2/15/2013	0.1	L. Young	Update SRD and Implementing Documents info	Document Info	Editorial
1/2/2012	0	T. Triplett	Initial	all	Major

## DOCUMENT INFORMATION

Title:	Issues Management Policy
Document number	04.02.003.000
Revision number	0.1
Publication date:	2/15/2013
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Contractor Assurance
RPM Section (home)	Contractor Performance Management
RPM Section (cross-reference)	none
Functional Division	Office of Contractor Assurance
Prior reference information (optional)	none

## Source Requirements Documents

- Contract 31, Section H.30, *Contractor Assurance*
- PUB-3111, *Quality Assurance Program Description*
- PUB-5520, *UC Contractor Assurance System Description*
- DOE Order 232.2, Occurrence Reporting and Processing of Operations Information
- DOE Order 210.1A, DOE Corporate Operating Experience Program, Attachment 1, Contractor Requirements Document
- DOE Order 225.1B, Accident Investigations, Attachment 1, Contractor Requirements Document

## Other Driving Requirements

- 04.03.001.000, *Quality Assurance Policy*
- 04.02.001.000, *Contractor Assurance Policy*

## Implementing Documents

Document number	Title	Type
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PUB-3032	<i>Personal Property Manual</i>	System
07.03.001.000	<i>Occurrence Reporting</i>	Policy
PUB-3000, Ch. 15	<i>Occurrence Reporting</i>	Program
PUB-5519(1)	<i>Issues Management Program Manual</i>	System
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PUB-201	<i>Requirements and Policies Manual (RPM)</i>	Policy
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04.02.004.000	PAAA Policy	Policy
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OIA-OCA-0002	Lessons Learned and Best Practices Database User Manual	Manual

# Job Hazards Analysis (JHA)

## Brief

Title:	Job Hazards Analysis (JHA)
Publication date:	11/30/2012
Effective date:	7/7/2010

## BRIEF

### Policy Summary

Berkeley Lab's Job Hazards Analysis (JHA) Program analyzes an individual's work and its hazards and produces a work authorization for that work. The work authorization is the means by which line management authorizes the worker to perform the defined and analyzed work.

Every worker must be either directly supervised or have a current Work Authorization resulting from a JHA process. Unpredictable, short-term, or unusual work not included in the individual's JHA Work Authorization must be authorized by a Task-Based Work Authorization. Workers must complete the JHA, have the work authorized before it begins, and have the authorization reviewed/updated at least annually from the date of initial authorization or as the job changes significantly.

The JHA Program ensures that process hazards are identified and addressed for the individual worker by:

- Describing the steps of the job being performed
- Identifying the potential hazards of each step
- Determining the controls necessary to mitigate hazards
- Performing the work as approved
- Periodically reviewing the JHA and providing feedback

### Who Should Read This Policy

This policy applies to all Berkeley Lab employees, visitors, affiliates, and subcontractors.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH32.html>

### Contact Information

JHA Subject Matter Expert  
Technical Support Services  
EHSS Division

## Policy

Title:	Job Hazards Analysis (JHA)
Publication date:	11/30/2012
Effective date:	7/7/2010

## POLICY

### A. Purpose

The Lawrence Berkeley National Laboratory (Berkeley Lab) Job Hazards Analysis (JHA) Program analyzes an individual's work and its hazards and produces a Work Authorization document for that work. The Hazards Profile defines the worker's tasks, the hazards associated with those tasks, and the controls for those hazards. The Work Authorization document is the means by which line management authorizes the worker to perform the defined and analyzed work.

Every worker must be either directly supervised or have a current Work Authorization resulting from a JHA process. Unpredictable, short-term, or unusual work that is not included in the individual's JHA Work Authorization must be authorized by a Task-Based Work Authorization. Workers must complete the JHA, have the work authorized before it begins, and have the authorization reviewed/updated at least annually from the date of initial authorization or as the job changes significantly.

The JHA Program ensures that process hazards are identified and addressed for the individual worker by:

- Describing the steps of the job being performed
- Identifying the potential hazards of each step
- Determining the controls necessary to mitigate hazards
- Performing the work as approved
- Periodically reviewing the JHA and providing feedback

## B. Persons Affected

This policy applies to all Berkeley Lab employees, visitors, affiliates, and subcontractors.

## C. Exceptions

1. An employee or affiliate working at a non-Berkeley Lab facility – including UC Berkeley – that has its own health and safety programs must conform to the requirements of the host institution. If there are no local health and safety programs, a worker must conform to the Berkeley Lab requirements stated in the [JHA Program](#).
2. For certain specific applications, a worker who is a Berkeley Lab affiliate may use an alternate Individual Baseline JHA and Work Authorization process that is equivalent to the Berkeley Lab institutional JHA Program. The determination of equivalence is made by the Environment, Health, Safety, and Security (EHSS) Division Director after evaluating the information submitted, per [Appendix A](#) of the JHA Program.
3. If a worker does not have a current Work Authorization, he/she may perform work that has been analyzed for someone else, provided that:
  - He/she is directly supervised by that person,
  - That person has been authorized to perform the described work, and
  - Both adhere to the controls specified for that work.

This exception only applies to the first 30 days of work; after that time, workers must have a Work Authorization in place in order to perform the work.

## D. Policy Statement

1. Every worker must be either directly supervised or have a current Work Authorization resulting from a JHA process. The JHA is performed using the electronic Individual Baseline JHA process described in the [JHA Program](#).
2. Every worker must have one or more current Task-Based Work Authorizations to authorize any unpredictable, short-term, or unusual work not included in the Individual Baseline JHA. Task-Based Work Authorizations can be obtained through:
  - a. Use of the Task-Based JHA process described in the [JHA Program](#), including use of attached forms, or
  - b. Use of an equivalent Task-Based JHA process as described in the Division ISM Plan, and approved by the EHSS Division Director per the requirements of [Appendix A](#).
3. Task-Based Work Authorizations are not required if all the work is covered by the worker's Individual Baseline JHA.
4. Workers must complete the JHA and have the work authorized before beginning work, and review/update it at least annually from the date of work lead authorization, and as the job changes significantly.
5. Work may not be conducted unless the applicable and authorized Work Authorization(s) exist. The JHA must include all work that is more hazardous than that "commonly performed by the general public."

## E. Roles and Responsibilities

Role	Responsibility
Workers	<ul style="list-style-type: none"> <li>• Complete the JHA upon initial appointment, whenever there is a change in job assignment that presents new hazards, and on an annual basis. The system is accessible online, and workers may begin this process prior to arriving on site.</li> <li>• Consult with the work lead to develop their draft JHAs into final Work Authorizations by verifying work locations, tasks, hazards, and controls</li> <li>• Perform work only as analyzed in and authorized by the Work Authorization</li> <li>• Stop work when the tasks, hazards, and/or required controls differ from those authorized in the completed and active JHA. Do not begin work until the JHA accurately describes the work and has been re-authorized.</li> <li>• Continually review work and assure that the JHA has analyzed and authorized it appropriately. Engage the work lead to modify the JHA as appropriate.</li> </ul>
Work Leads	<ul style="list-style-type: none"> <li>• Assist their direct-report workers to prepare and activate the Individual Baseline JHA</li> <li>• Prepare Task-Based JHAs for tasks not covered in the Individual Baseline JHAs</li> <li>• Prepare JHA Work Group content for inclusion in Individual Baseline JHAs, as appropriate</li> <li>• Use the JHA process as a mechanism to authorize work under their control when the tasks, locations, hazards, and controls have been properly analyzed</li> <li>• Consult with new workers, or workers whose tasks have changed, to assure that their JHAs accurately describe the tasks, hazards, and controls inherent in the work</li> <li>• Ensure that JHAs are updated and reauthorized annually or more frequently if required</li> <li>• Stop authorized work when hazards and controls change, and do not reinitiate work until the JHAs for all workers involved have been updated and reauthorized, and the required controls are in place</li> </ul>
Supervisors	<ul style="list-style-type: none"> <li>• Assign an appropriate and qualified individual as work lead for each direct report</li> <li>• Ensure that all direct reports complete the JHA process with the assigned work lead</li> <li>• Review, and approve as appropriate, any requests by direct reports for opting out of the JHA analysis process, as necessary</li> </ul>
Division Directors	<ul style="list-style-type: none"> <li>• Assure that the JHA process is implemented within the division</li> <li>• Assure that JHAs are completed as required</li> <li>• Assure that facilitator(s) are available to assist work leads in completing JHAs. <b>Note:</b> Facilitators are trained by the EHSS Division.</li> </ul>
Division Safety Coordinators	<ul style="list-style-type: none"> <li>• Assist in the preparation of JHAs, as requested by the division director</li> <li>• Act as facilitators as requested by the division director</li> <li>• Act as conduit between division work leads and EHSS for coordination of Exposure Assessments, as requested</li> </ul>
Facilitators	Assist work leads in completion of JHAs, as requested
EHSS/ALD Liaisons	<ul style="list-style-type: none"> <li>• Act as primary representatives of the EHSS Division to the division safety coordinator, facilitator, and work lead for assisting with JHAs</li> <li>• Act as facilitators as requested by client divisions</li> <li>• Obtain assistance from EHSS subject matter experts, as necessary, to properly identify hazards and controls for tasks (including obtaining assistance with Exposure Assessments) as requested by the work lead or division safety coordinator</li> </ul>
EHSS Division Director	<ul style="list-style-type: none"> <li>• Approves alternative JHA processes</li> <li>• Maintains software, procedures, and other support tools necessary to prepare JH</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Commonly Performed by the General Public	Activity with hazards commonly accepted by the public, the control of which require little or no specialized guidance or training to perform the work safely
Control	A device, procedure, or practice that reduces the likelihood that a hazard will cause harm, or that reduces the severity of the harm. Controls include substitution of materials or methods, engineered barriers, administrative procedures (e.g., training), and personal protective equipment.
Current	Status of a JHA when it is authorized and accurately reflects the work at the time the work is conducted. JHAs are maintained "current" by reviewing, updating, and reauthorizing at least annually, and whenever a significant change in the work occurs. A current JHA is also considered an active JHA.
Directly Supervised Work	Work conducted under line-of-sight supervision by a qualified Berkeley Lab employee. The person supervising the work is considered to be the safety line manager for the work and must assure it is conducted in a safe and healthful manner in compliance with Berkeley Lab requirements. Directly supervised work is an alternative for a current Work Authorization only during the first 30 days of work.
Exposure Assessment	Detailed review of a worker's exposure(s). Exposure Assessments are generally more rigorous than Hazards Assessments and may be either quantitative, semiquantitative, or qualitative. These assessments are generally conducted by an EHSS professional, which may include Berkeley Lab industrial hygienists or safety engineers. These assessments may be conducted for representative employees and are not required to be conducted for each individual.
Hazard	The potential to cause harm. Hazards are associated with tasks; if hazards are not controlled, they can cause illness or injury.
Hazard Assessment	Preliminary evaluation (or screening) of an activity to determine if a more comprehensive Exposure Assessment is required. Hazard Assessments can be performed by work leads, supervisors, workers, or an EHSS professional.
Job Hazards Analysis (JHA)	The process that results in a worker hazard and control description (Hazards Profile) and Work Authorization document prepared according to the requirements of the JHA Program. A JHA includes the following elements: <ol style="list-style-type: none"> <li>1. A description of the work to which the JHA applies</li> <li>2. Descriptions of: <ol style="list-style-type: none"> <li>a. The tasks incorporated into that work</li> <li>b. The hazards associated with those tasks</li> <li>c. The controls required to mitigate those hazards, using Exposure Assessment as necessary to evaluate exposures and controls</li> </ol> </li> <li>3. Signatures of the work lead authorizing the work (as analyzed by the JHA with the hazards mitigated by the specified controls) and the worker, indicating review of the analysis of and understanding of safety requirements of the work</li> <li>4. The duration for which the work is authorized. The maximum duration of a JHA Work Authorization is one year from the date of the work lead's authorizing signature.</li> </ol>
Significant	A level of change in work that introduces additional tasks and/or new hazards, or that requires additional controls for the hazards
Supervisor	A person designated through Human Resources and by the division. A supervisor is defined in the Higher Education Employer-Employee Relations Act ( <i>EHSS Manual</i> , General Policy and Responsibilities).
Task	A discrete element of work
Task-Based Job Hazards Analysis	A Hazards Analysis and Work Authorization document that defines the tasks, hazards, and controls that apply to specific processes or work conditions that fall outside of the Individual Baseline JHA. Task-Based JHAs are generally used for work that is unpredictable, short-term, or unusual. Task-Based JHAs are created and authorized through paper-based systems often residing within an individual division.
Work	All Berkeley Lab activities undertaken by staff, independent of sponsor, program, or location of activities; a collection of tasks
Work Lead	Anyone who directs, trains, and/or oversees the work and activities of one or more workers. Work leads provide instruction on working safely and the precautions necessary to use equipment and facilities safely and effectively. A worker's default work lead is his/her supervisor, but the supervisor may designate another person to be the work lead. Work leads authorize work with the concurrence of the worker's supervisor.
Worker	Anyone who performs work at or for Berkeley Lab, including subcontractors and affiliates (see <i>EHSS Manual</i> , General Policy and Responsibilities)



## G. Recordkeeping Requirements

Current JHAs are maintained electronically on the EHSS JHA database. Task-Based JHAs must be maintained as hard copies by the work lead while the covered work is being performed.

## H. Implementing Documents

Document Number	Title	Type
07.02.001.001	Job Hazards Analysis	Program
07.01.002.001	General Policy and Responsibilities	Program
07.07.013.001	Exposure Assessment	Program
07.02.003.001	Safe Work Authorizations	Program
07.07.011.001	Electrical Safety	Program
07.07.007.001	Construction Safety Manual Administrative Policies	Program
07.08.001.001	Radiation Safety	Program
07.04.001.001	Environment, Health, and Safety (EH&S) Training	Program
07.07.004.001	Biosafety	Program
07.02.04.001	sJHA Process – Subcontractor Job Hazards Analysis	Program
<a href="#">PUB-3140</a>	Integrated Environment, Safety & Health Management Plan	Program

## I. Contact Information

JHA Subject Matter Expert  
Technical Support Services  
EHSS Division

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	J. Heim	Rewrite for the wiki (brief)	All	Minor
11/30/2012	1	J. Heim	Rewrite for the wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Job Hazard Analysis (JHA)
Document number	07.02.001.000
Revision number	1
Publication date:	11/30/2012
Effective date:	7/7/2010
Next review date:	11/30/2015
Policy Area:	Safe Work Authorization
RPM Section (home)	ES&H
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 32

## Source Requirements Documents

- 10 CFR 851.21, *Hazard Identification and Assessment*
- 10 CFR 851.22, *Hazard Prevention and Abatement*

## Implementing Documents

Document Number	Title	Type
07.02.001.001	Job Hazards Analysis	Program
07.01.002.001	General Policy and Responsibilities	Program
07.07.013.001	Exposure Assessment	Program
07.02.003.001	Safe Work Authorizations	Program
07.07.011.001	Electrical Safety	Program
07.07.007.001	Construction Safety Manual Administrative Policies	Program
07.08.001.001	Radiation Safety	Program
07.04.001.001	Environment, Health, and Safety (EH&S) Training	Program
07.07.004.001	Biosafety	Program
07.02.04.001	sJHA Process – Subcontractor Job Hazards Analysis	Program
<a href="#">PUB-3140</a>	Integrated Environment, Safety & Health Management Plan	Program

## Other References

Note: These are past requirements and are no longer in the Laboratory's UC-DOE Prime Contract:

- DOE P 450.4, *Safety Management System Policy*
- DOE M 450.4-1, *Integrated Safety Management System Manual*

# Jury Duty, Court Leave, & Witness Duty Leave - B

Title:	Jury Duty, Court Leave, and Witness Duty Leave
Publication date:	1/2/2012
Effective date:	1/24/1999

## BRIEF

### Policy Summary

Berkeley Lab provides paid time off for full-time Career appointment employees to fulfill their jury duty requirements. The Laboratory may also provide unpaid or paid time off for employees to attend an administrative or legal proceeding.

### Who Should Read This Policy

- Full-time [Career](#) employees are eligible for this type of leave.
- Part-time Career and all other employee classifications are not eligible for this type of leave. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.11.html#RTFToC1>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Jury Duty, Court Leave, and Witness Duty Leave
Publication date:	1/2/2012
Effective date:	1/24/1999

## POLICY

### Purpose

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.11.html#RTFToC1>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Jury Duty, Court Leave, and Witness Duty Leave
Document number	02.07.008.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/24/1999
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.11(A)
Functional Division	Human Resources
Prior reference information (optional)	Section 2.11(A)

## Source Requirements Documents

- California Labor Code 230
- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
		Process

		Form
		Procedure

# Lactation Accommodation Program

Title:	Lactation Accommodation Program
Publication date:	1/2/2012
Effective date:	1/2/2012

## BRIEF

### Program Summary

Berkeley Lab is committed to promoting a supportive, family-friendly work environment by providing programs and services to help employees integrate work and life commitments. To that end, employees and management are encouraged to accept nursing mothers and allow a reasonable amount of break time at an appropriate location to accommodate lactation needs.

### Who Should Read This Program

Employees who wish to express breast milk during the workday when separated from their infant children

### To Read the Full Program, Go To:

For the location of designated lactation rooms, follow this link:

<http://www.lbl.gov/Workplace/HumanResources/html/Employment/lactation-rooms.html>

### Contact Information

For more information, contact your division's Human Resources (HR) Center:

<https://www.lbl.gov/Workplace/HumanResources/html/Staff-Information/center-contacts.html>

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

Title:	Lactation Accommodation Program
Publication date:	1/2/2012
Effective date:	1/2/2012

## PROGRAM

For the location of designated lactation rooms, follow this link:

<http://www.lbl.gov/Workplace/HumanResources/html/Employment/lactation-rooms.html>

### Contact Information

For more information, contact your [division's Human Resources \(HR\) Center](#)

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Reformat for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Lactation Accommodation Program
Document number	2.02.010.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

Source	Document Number	Document Title
California Labor Code	LC 3.8 Sections 1030--1033	<a href="#">Lactation Accommodation</a>

## Implementing Documents

Audience	Document Number	Document Title	Type
Employees	02.02.010.001-01	<a href="#">Nursing Moms/Designated Lactation Rooms</a>	Information



# Laser Safety

Title:	Laser Safety
Publication date:	4/1/2014
Effective date:	4/1/2014

## BRIEF

### Policy Summary

The Berkeley Lab Laser Safety Program is designed to provide protection to personnel from exposure to Class 3B and 4 laser radiation. It is accomplished by:

- Properly classifying lasers
- Evaluating the laser hazard and implementing appropriate engineered and administrative controls
- Recommending laser eyewear
- Providing laser user training

### Who Should Read This Policy

Berkeley Lab employees, affiliates, visitors, and subcontractors who:

- Will purchase or bring a laser device for use at Berkeley Lab
- Intend to use Class 3B or Class 4 lasers or laser systems
- Perform service or open-beam alignment on Class 1 products containing a Class 3B or Class 4 laser

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

## Contact Information

[Laser Safety Officer](#)  
Radiation Protection Group  
EHS Division

Title:	Laser Safety
Publication date:	4/1/2014
Effective date:	4/1/2014

## POLICY

### A. Purpose

The Lawrence Berkeley National Laboratory (Berkeley Lab) Laser Safety Program is designed to provide protection to personnel from exposure to Class 3B and 4 laser radiation. It is accomplished by:

- Properly classifying lasers
- Evaluating the laser hazard and implementing appropriate engineered and administrative controls
- Recommending laser eyewear
- Providing laser user training

## B. Persons Affected

Berkeley Lab employees, affiliates, visitors, and subcontractors who:

- Will purchase or bring a laser device for use at Berkeley Lab
- Intend to use Class 3B or Class 4 lasers or laser systems
- Perform service or open-beam alignment on Class 1 products containing a Class 3B or Class 4 laser

## C. Exceptions

None

## D. Policy Statement

1. Persons using or planning to use laser devices should review [Work Process A, Laser Safety Process and Laser Safety Flowchart](#) ; and [Work Process B, General Laser Requirements](#) , of the Berkeley Lab *Health and Safety Manual* (PUB-3000), Chapter 16, *Laser Safety*.
2. If a laser will be purchased, the Berkeley Lab Laser Safety Officer (LSO) must review the purchase, installation, and use ([Work Process C, Procurement Requirements](#)).
3. Class 1, 2, 3A, 3R, 1M, or 2M lasers may be used as intended when conditions in [Work Process F, Class 1-3A Lasers](#), are satisfied.
4. Users of Class 3B and 4 lasers must pass medical surveillance requirements ([Work Process D, Medical Exam Requirements](#)).
5. Users of Class 3B and 4 lasers must pass training requirements ([Work Process E, Training Requirements](#) ).
6. An Activity Hazard Document (AHD) must be completed for new installation and use of Class 3B and 4 lasers, and approved by the LSO ([Work Process G, Class 4B-4 Lasers](#)).
7. Control measures must be implemented for Class 3B and 4 ([Work Process G](#)):
  - Access controls
  - Beam controls
  - Signs and postings
  - Laser eyewear
  - User authorization
8. Any near-miss, exposure, or injury incidents should be reported and investigated ([Work Process H.3, Suspected Laser Injury](#)).

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility

Supervisor/Work Lead	<ul style="list-style-type: none"> <li>• Ensures the laser inventory is accurate in both the laser inventory system and on the AHD</li> <li>• Ensures that all laser users have taken the Job Hazard Analysis (JHA) training at least annually and whenever the scope of work changes</li> <li>• Ensures that all laser users understand general requirements for laser use</li> <li>• Ensures all lasers purchased for his or her lab or area are reviewed and approved by the LSO</li> <li>• Ensures that all personnel using Class 3B and 4 lasers report to Health Services for laser eye examinations</li> <li>• Ensures that all personnel using Class 3B and 4 lasers are trained and authorized before beginning work on the laser(s), including on-the-job training (OJT)</li> <li>• Ensures all visitors receive a site/experimental hazard orientation as part of any laser-use-area tour when lasers are in use</li> <li>• Prepares an AHD for a laser operation, and ensures that the provisions of the AHD are properly implemented and diligently followed by the laser users</li> <li>• Ensures that any laser safety devices (interlocks, etc.) are functioning properly (Note: Documented verification of interlocks is required every six months.)</li> <li>• Leads laser incident investigations</li> </ul>
All Laser Users	<ul style="list-style-type: none"> <li>• Review <a href="#">Work Process A, Laser Safety Process and Laser Safety Flowchart</a>, of the ES&amp;H Manual Laser Safety program</li> <li>• Work in a safe manner following Laboratory policy and procedural requirements</li> <li>• Promptly report any malfunctions, problems, accidents, or injuries that may have an impact on safety</li> <li>• Immediately report any suspected laser eye exposures to the laser supervisor, Health Services, and the LSO</li> </ul>
Class 3b and 4 Laser Users	<ul style="list-style-type: none"> <li>• Attend appropriate training (such as EHS 302) before operating any laser/laser system unsupervised</li> <li>• Receive appropriate OJT prior to unsupervised laser use</li> <li>• Receive medical surveillance, where applicable (EHS0288)</li> <li>• Read, understand, sign, and follow all applicable procedures in the AHD, and insist that other personnel in the laser lab do the same</li> </ul>
Laser Safety Officer (LSO)	<ul style="list-style-type: none"> <li>• Maintains the Berkeley Lab Laser Safety Program</li> <li>• Evaluates laser hazards (including non-beam hazards), approves mitigation plans, and provides technical advice for safe laser operations</li> <li>• Reviews and signs off on all AHDs that reference laser hazards</li> <li>• Ensures that a laser-safety audit of each Class 3B or Class 4 laser AHD is performed at least annually</li> <li>• Performs and documents observational visits to laser use areas</li> <li>• Approves specific safety plans for laser diode and fiber use when used within an AHD</li> <li>• Ensures laser-safety training is provided for Class 3B and Class 4 laser users through lecture, Web-based, or other techniques</li> <li>• Works with Health Services to develop and maintain the Medical Surveillance Program</li> <li>• Ensures the appropriateness of OJT</li> <li>• Investigates all instances of suspected laser eye exposure and participates in investigations of beam- as well as non-beam-related accidents in Laboratory laser facilities</li> <li>• Maintains Laser Inventory System</li> <li>• Assists in developing Temporary Control Areas/Temporary Work Authorizations</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Class 1 Laser	Poses no threat of biological damage
Class 1M	May pose a threat if viewed with optical devices

Class 2	Visible (0.4 to 0.7 m) output, eye protection is normally afforded by aversion response
Class 2M	Visible (0.4 to 0.7 m) output, may pose a threat if viewed with optical devices
Class 3	Medium-powered lasers – may be hazardous under direct or specular viewing, not normally a diffuse reflection or fire hazard
Class 3R	Has potential hazards, under some direct or specular viewing conditions
Class 3B	Can cause biological damage to the eyes
Class 4	High-powered lasers — direct exposure to primary beam, specular reflections, and diffuse reflections can cause biological damage to the eyes or skin. Laser beam may have potential to generate a fire hazard. Laser beam may generate air contaminants.

Acronym	Term
AHD	Activity Hazard Document
LSO	Laser Safety Officer
OJT	On-the-job training

## G. Recordkeeping Requirements

- Activity Hazard Document (AHD)
- Eye exam
- Training records
- Laser inventory
- Laser control evaluation
- Laser eyewear inventory

## H. Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.07.018.001	Chapter 16	<a href="#">Chapter 16, Laser Safety</a>	Program
07.07.018.002	Ch. 16, Work Process A	<a href="#">Laser Safety Process and Laser Safety Flowchart</a>	Process
07.07.018.003	Ch. 16, Work Process B	<a href="#">General Laser Requirements</a>	Process

07.07.018.004	Ch. 16, Work Process C	Procurement Requirements	Process
07.07.018.005	Ch. 16, Work Process D	Medical Exam Requirements	Process
07.07.018.006	Ch. 16, Work Process E	Training Requirements	Process
07.07.018.007	Ch. 16, Work Process F	Class 1-3A Lasers	Process
07.07.018.008	Ch. 16, Work Process G	Class 3B- 4 Lasers	Process
07.07.018.009	Ch. 16, Work Process H	Special Topics:  1. Laser Use Requirements for Berkeley Lab Off-Site Staff 2. Berkeley Lab Employees Working on the UC Berkeley Campus 3. Suspected Laser Injury	Process
07.07.018.010	Ch. 16, Work Process I	Berkeley Lab Response to a Laser Injury	Process

## I. Other References

- American National Standards Institute (ANSI) Z136.1, 2000 *American National Standard for Safe Use of Lasers*
- ANSI Z136.2, 2012 *American National Standard for the Safe Use of Optical Fiber Communication Systems Utilizing Laser Diode and LED Sources*
- ANSI Z136.3, 2005 (or later revision), *American National Standard for the Safe Use of Lasers in Health Care Facilities*
- ANSI Z136.4, 2010 (or current revision), *Recommended Practice for Laser Safety Measurements for Hazard Evaluation*
- ANSI Z136.5, 2009 (or current revision), *American National Standard for the Safe Use of Lasers in Educational Institutions*
- ANSI Z136.6, 2005 (or current revision), *American National Standard for the Safe Use of Lasers Outdoors*
- ANSI Z136.7, 2008 (or current revision), *American National Standard for Testing and Labeling of Laser Protective Equipment*
- ANSI Z136.8, 2012, *American National Standard for Safe Use of Lasers in Research, Development and Testing*

## J. Contact Information

Laser Safety Officer  
Radiation Protection Group  
EHS Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	K. Barat	Rewrite for wiki	All	Minor
4/1/2014	1.1	G. Toncheva	Editorial changes	All	Minor

## DOCUMENT INFORMATION

Title:	Laser Safety
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Document number	07.07.018.000
Revision number	1.1
Publication date:	4/1/2014
Effective date:	4/1/2014
Next review date:	4/1/2017
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Chapter 16

## Source Requirements Documents

- 10 CFR 851.23(a)(11), *Safety and Health Standards*
- American National Standards Institute (ANSI) Z136.1, 2000, *American National Standard for Safe Use of Lasers*

## Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.07.018.001	Chapter 16	<a href="#">Chapter 16, Laser Safety</a>	Program
07.07.018.002	Ch. 16, Work Process A	<a href="#">Laser Safety Process and Laser Safety Flowchart</a>	Process
07.07.018.003	Ch. 16, Work Process B	<a href="#">General Laser Requirements</a>	Process
07.07.018.004	Ch. 16, Work Process C	<a href="#">Procurement Requirements</a>	Process
07.07.018.005	Ch. 16, Work Process D	<a href="#">Medical Exam Requirements</a>	Process
07.07.018.006	Ch. 16, Work Process E	<a href="#">Training Requirements</a>	Process
07.07.018.007	Ch. 16, Work Process F	<a href="#">Class 1-3A Lasers</a>	Process

07.07.018.008	Ch. 16, Work Process G	Class 3B- 4 Lasers	Process
07.07.018.009	Ch. 16, Work Process H	<p>Special Topics:</p> <ol style="list-style-type: none"> <li>1. Laser Use Requirements for Berkeley Lab Off-Site Staff</li> <li>2. Berkeley Lab Employees Working on the UC Berkeley Campus</li> <li>3. Suspected Laser Injury</li> </ol>	Process
07.07.018.010	Ch. 16, Work Process I	Berkeley Lab Response to a Laser Injury	Process

## Other References

- American National Standards Institute (ANSI) Z136.1, 2000 *American National Standard for Safe Use of Lasers*
- ANSI Z136.2, 2012 *American National Standard for the Safe Use of Optical Fiber Communication Systems Utilizing Laser Diode and LED Sources*
- ANSI Z136.3, 2005 (or later revision), *American National Standard for the Safe Use of Lasers in Health Care Facilities*
- ANSI Z136.4, 2010 (or current revision), *Recommended Practice for Laser Safety Measurements for Hazard Evaluation*
- ANSI Z136.5, 2009 (or current revision), *American National Standard for the Safe Use of Lasers in Educational Institutions*
- ANSI Z136.6, 2005 (or current revision), *American National Standard for the Safe Use of Lasers Outdoors*
- ANSI Z136.7, 2008 (or current revision), *American National Standard for Testing and Labeling of Laser Protective Equipment*
- ANSI Z136.8, 2012, *American National Standard for Safe Use of Lasers in Research, Development and Testing*

# Lead Hazards and Controls

## Brief

Title:	Lead Hazards and Controls
Publication date:	5/28/2013
Effective date:	5/28/2013

## BRIEF

### Policy Summary

The Lead Program at Berkeley Lab intends to minimize lead exposures and to ensure that any activities performed at the Laboratory involving lead or lead-containing materials comply with all applicable regulations.

### Who Should Read This Policy

All Berkeley Lab employees, affiliates, subcontractors, and visitors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH37.html>

## Contact Information

[Lead Subject Matter Expert](#)  
EHSS Division

## Policy

Title:	Lead Hazards and Controls
Publication date:	5/28/2013
Effective date:	5/28/2013

## POLICY

### A. Purpose

The Lead Program at Lawrence Berkeley National Laboratory (Berkeley Lab) intends to minimize lead exposures and to ensure that any activities performed at the Laboratory involving lead or lead-containing materials comply with all applicable regulations.

### B. Persons Affected

All Berkeley Lab employees, affiliates, subcontractors, and visitors

### C. Exceptions

None

### D. Policy Statement



1. The Lead Program at Berkeley Lab is intended to minimize lead exposures and to ensure that any activities performed at the Laboratory involving lead or lead-containing materials comply with all applicable regulations. When implemented properly, this program provides Berkeley Lab employees, subcontractors, and affiliates with a safe and healthful work environment by instituting feasible engineering controls and work practices. In addition, administrative controls and respiratory protection will be used to further reduce exposures to lead concentrations not adequately controlled by engineering methods or work practices.
2. Proper lead management safeguards the health and safety of workers and building occupants, minimizes the impact to the environment, and ensures adherence to regulations concerning lead in the work environment. The purpose of the Lead Program is to outline the guidelines and work processes required to manage, handle, alter, and/or disturb any lead or lead-containing materials at Berkeley Lab.
3. Lead at Berkeley Lab is present in various forms and processes that pose potential employee exposure hazards. Deteriorating lead-based paint, dust from lead shielding, and research processes using lead are potential exposure sources. Employees may also be exposed to lead during construction, alteration, repair, renovation, painting, or decorating that involves any sanding, grinding, welding, removal, or disturbance of surface or building materials that contain or are coated with lead. Lead exposures may also occur with installing lead-containing products.
4. Lead hazards are controlled at Berkeley Lab by:
  - a. Following general requirements for the application and installation of lead-containing products, proper handling of lead shielding, following necessary personal hygiene practices, and establishing regulated work areas when required: [Work Process A, General Requirements](#)
  - b. Requesting a lead hazard assessment when lead-containing materials are damaged or will be disturbed over the course of the work: [Work Process B, Lead Hazard Assessment](#)
  - c. Receiving the appropriate training and qualifications for the type of lead work being performed: [Work Process C, Training and Qualifications](#)
  - d. Planning lead work and receiving the necessary authorization and/or permits to begin: [Work Process D, Authorizations, Permits, and Approved Work Plans](#)
  - e. Using the necessary work controls: [Work Process E, Controlled Operations and Work Controls](#)
  - f. Disposing of lead-contaminated waste properly: [Work Process F, Waste Disposal](#)
  - g. Ensuring that required monitoring is performed before, during, and after work: [Work Process G, Exposure and Surface Contamination Monitoring](#)

## E. Roles and Responsibilities

Role	Responsibility
Line management	<ul style="list-style-type: none"> <li>• Requests for industrial hygienist to evaluate work areas and activities for all workers who may be potentially exposed to lead above established limits</li> <li>• Plans and supervises work in accordance with the Berkeley Lab <a href="#">Integrated Environment, Safety &amp; Health Management Plan</a></li> <li>• Ensures that all available and specified engineering controls, administrative controls, and personal protective equipment (PPE) are implemented before work begins, and ensures that they are used appropriately</li> <li>• Verifies that workers have read the established job-specific Negative Exposure Assessment or the applicable Lead Compliance Work Plan</li> <li>• Verifies that workers are adequately and properly trained before starting work</li> <li>• Schedules workers who have been exposed to levels above the Action Level for medical exams and enrollment into the Berkeley Lab Health Services Lead Medical Surveillance Program</li> <li>• Ensures that individuals who may be potentially exposed to lead receive appropriate training</li> <li>• Conducts job-specific lead training</li> <li>• Provides an alternate work area and non-lead work activities for workers whom Health Services has removed from work involving lead exposure</li> <li>• Notifies the assigned industrial hygienist at least 48 hours before lead work begins</li> </ul>
Employees, subcontractors, affiliates, and visitors	<ul style="list-style-type: none"> <li>• Follow the requirements outlined in this document and other lead-work procedures for work involving lead</li> <li>• Attend required lead training as specified in <a href="#">Work Process C, Training and Qualifications</a></li> <li>• Report to line management any operation or unanticipated work activities that involve lead or lead-containing materials that were not addressed by Integrated Safety Management or pre-task planning</li> <li>• Use engineering controls and PPE in accordance with instruction and training</li> <li>• Notify Health Services if pregnant or actively trying to conceive a child, if working with lead or lead-containing materials</li> </ul>

Industrial hygienist	<ul style="list-style-type: none"> <li>• When possible, establishes job-specific Negative Exposure Assessments for similar lead work activities</li> <li>• Performs required air monitoring</li> <li>• Notifies workers, supervisors, and Health Services of: <ul style="list-style-type: none"> <li>• Air-sample results within five days of receiving results from the analytical laboratory</li> <li>• Any requirements for medical surveillance</li> </ul> </li> <li>• Assists in the design, implementation, and testing of engineering control systems</li> <li>• Reviews job-specific Negative Exposure Assessments, bid specifications, and Lead Compliance Work Plans to ensure they incorporate adequate controls</li> <li>• Recommends the most appropriate type of respirator for workers involved in lead work</li> <li>• Refers employees to Respiratory Protection Program Manager for issuance of appropriate respirator and testing, and to Health Services for any required medical evaluations</li> <li>• Assists supervisors in identifying potential lead-disturbing activities</li> <li>• Performs bulk and surface wipe sampling as required, or as appropriate</li> </ul>
Lead Program Manager	<ul style="list-style-type: none"> <li>• Develops and maintains the Lead Program</li> <li>• Develops and provides the necessary classroom training, or assists in identifying an alternate source of training</li> <li>• Assists industrial hygienists with establishing job-specific Negative Exposure Assessments</li> <li>• Assists industrial hygienists with reviewing facilities bid specifications and Lead Compliance Work Plans to ensure adherence to the Lead Program</li> </ul>
Health Services	<ul style="list-style-type: none"> <li>• Performs required respirator medical approvals and focused surveillance exams to include appropriate blood chemistry tests for employees exposed above the lead Action Level</li> <li>• Determines when workers must be removed from lead work activities because of abnormalities detected during medical surveillance</li> <li>• Determines when workers can return to lead work activities after being removed because of medical abnormalities</li> <li>• Notifies workers of any medical findings, as required</li> <li>• Notifies supervisors of any work restriction related to lead work</li> <li>• Requests the Industrial Hygiene Group to perform a work-site evaluation for any worker found to have an elevated blood lead level</li> <li>• Coordinates exposure monitoring results with the Lead Program Manager</li> </ul>
Facilities Division	<ul style="list-style-type: none"> <li>• Notifies the Lead Program Manager of purchases of lead-containing materials</li> <li>• Prohibits Facilities personnel, supplemental labor personnel, and construction contractors from using construction products containing more than 0.06% lead, or any lead on drinking-water lines <ul style="list-style-type: none"> <li>• This does not apply to electrical solder.</li> </ul> </li> <li>• Specifies in construction contracts if and where lead will be disturbed; alternatively, requires that subcontractors determine the presence of lead before disturbing materials that may contain it</li> <li>• Develops and maintains a bid specification that implements the Berkeley Lab Lead Program in construction, renovation, and demolition contracts where lead material may be encountered</li> </ul>
Procurement and Property Management	<p>Notifies the Lead Program Manager, and obtains approval, prior to purchase of lead materials, in accordance with established protocols</p>

## F. Definitions/Acronyms

Term	Definition
Action Level (AL)	Employee exposure established by the federal Occupational Safety and Health Administration (OSHA) as airborne lead at an eight-hour time-weighted average concentration of 30 micrograms of lead per cubic meter ( $\mu\text{g}/\text{m}^3$ ) of air or 0.030 milligrams per cubic meter ( $\text{mg}/\text{m}^3$ ) of air, without regard to the use of respirators
Engineering controls	Measures other than respiratory protection or administrative controls that are implemented at the work site to contain, control, and/or otherwise reduce exposure to lead-contaminated dust and debris usually in the occupational health setting. The measures include process and product substitution, isolation, and ventilation.
Exposure monitoring	The sampling and analysis of air both inside and outside the work area to determine the degree of worker and occupant exposure to lead or other airborne contaminants, often involving air sampling inside a worker's breathing zone
Lead Compliance Work Plan	A document that describes the types of tasks, workers, protective measures, and tools and other materials that may be employed to control lead-containing hazards in order to comply with the OSHA <i>Lead Exposure in Construction</i> standard
Lead-containing	A coating or material that contains any detectable level of lead
Lead-contaminated surface	Any surface that contains an area or mass concentration of lead in excess of a regulatory limit established by OSHA or the Environmental Protection Agency (EPA) or in excess of a guideline established by an Environment, Health, Safety, and Security (EHSS) industrial hygienist or the Lead Program Manager
Lead paint abatement	A measure or set of measures designed to permanently eliminate lead-based paint hazards or lead-based paint. Abatement strategies include the removal of lead-based paint, removal of lead-contaminated dust, and removal of lead-contaminated soil or overlaying of soil with a durable covering such as asphalt. All these strategies require preparation; cleanup; waste disposal; post-abatement clearance testing; recordkeeping; and, if applicable, monitoring.
Negative Exposure Assessment (NEA)	A Negative Exposure Assessment (NEA) is a written statement within the past 12 months by an EHSS industrial hygienist indicating that a specific lead-disturbing job (or a class of very similar lead-disturbing jobs) does not result in worker exposure above the Action Level. Work conducted pursuant to an NEA can proceed without subsequent review, provided that the controls specified in the NEA are implemented.
Permissible Exposure Limit (PEL)	The eight-hour time-weighted average concentration of airborne lead an employee exposure may not exceed without the use of respirators. The OSHA value is $50 \mu\text{g}/\text{m}^3$ of lead in air or $0.050 \text{mg}/\text{m}^3$ of lead in air.
Public building	A structure, or part of a structure, and its land, which are generally accessible to the public, including but not limited to schools, day-care centers, museums, airports, hospitals, stores, convention centers, government facilities, office buildings, and any other building that is not an industrial building or a residential building
Regulated Area	Work areas where airborne exposure to lead is above the PEL

## G. Recordkeeping Requirements

Lead Compliance Work Plans are required to be developed and submitted for review by an EHSS industrial hygienist or the Lead Program Manager. Examples of lead work activities requiring a Lead Compliance Plan include but are not limited to:

- Lead paint removal prior to hot work
- Cleaning of lead bricks (or shielding)
- Cutting or machining of lead bricks or other lead shielding
- Handling more than five lead bricks or other lead shielding
- Installing enclosure booths in the Advanced Light Source (ALS) (or similar activities)

In addition, California Department of Public Health (CDPH) Form 8551 must be posted at the work site during lead paint abatement for designated public buildings.

The Berkeley Lab Lead Work Permit can be completed and submitted for small lead work activities performed by Berkeley Lab employees. The Lead Work Permit must be approved and signed by an EHSS industrial hygienist.

## H. Implementing Documents

Document Number	Title	Type
07.07.019.001	Lead Hazards and Controls	Program
07.07.019.002	Work Process A, <i>General Requirements</i>	Process
07.07.019.003	Work Process B, <i>Lead Hazard Assessment</i>	Process
07.07.019.004	Work Process C, <i>Training and Qualifications</i>	Process
07.07.019.005	Work Process D, <i>Authorizations, Permits, and Approved Work Plans</i>	Process
07.07.019.006	Work Process E, <i>Controlled Operations and Work Controls</i>	Process
07.07.019.007	Work Process F, <i>Waste Disposal</i>	Process
07.07.019.008	Work Process G, <i>Exposure and Surface Contamination Monitoring</i>	Process
07.07.013.001	Exposure Assessment	Program
07.07.005.001	Chemical Safety Hazards and Controls	Program

## I. Contact Information

[Lead Subject Matter Expert](#)  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Heim	Re-write for wiki (brief)	All	Minor
5/28/2013	1	J. Fleming	Re-write for wiki (brief)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Lead Hazards and Controls
Document number	07.07.019.000
Revision number	1
Publication date:	5/28/2013
Effective date:	5/28/2013
Next review date:	5/28/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 4.11 moved to Chapter 37

## Source Requirements Documents

- 29 CFR 1910.1450, *Occupational Exposure to Hazards in Laboratories*
- 17 CCR 35001-36100, *Accreditation, Certification and Work Practices for Lead-Based Paint and Lead Hazards*
- 29 CFR 1910.1025, *Lead*
- 29 CFR 1926.62, *Lead*

## Implementing Documents

Document Number	Title	Type
07.07.019.001	Lead Hazards and Controls	Program
07.07.019.002	Work Process A, <i>General Requirements</i>	Process
07.07.019.003	Work Process B, <i>Lead Hazard Assessment</i>	Process
07.07.019.004	Work Process C, <i>Training and Qualifications</i>	Process
07.07.019.005	Work Process D, <i>Authorizations, Permits, and Approved Work Plans</i>	Process
07.07.019.006	Work Process E, <i>Controlled Operations and Work Controls</i>	Process
07.07.019.007	Work Process F, <i>Waste Disposal</i>	Process
07.07.019.008	Work Process G, <i>Exposure and Surface Contamination Monitoring</i>	Process
07.07.013.001	Exposure Assessment	Program
07.07.005.001	Chemical Safety Hazards and Controls	Program

# Leased Building Program

## Brief

Title:	Leased Building Program
Publication date:	9/21/2012
Effective date:	12/1/2011

## BRIEF

### Policy Summary

This policy describes the program for leasing off-site space to accommodate the needs of Berkeley Lab. The Leased Building Program provides liaison services to leased-building occupants and the building landlord.

### Who Should Read This Policy

This policy applies to divisions requiring leased off-site space.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## Policy

Title:	Leased Building Program
Publication date:	9/21/2012
Effective date:	12/1/2011

## POLICY

### Purpose

The purpose of this policy is to establish and maintain oversight of the operations of private contractors responsible for providing leased-building services to Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

This policy applies to Berkeley Lab divisions requiring leased off-site space.

### C. Exceptions

Not applicable

### D. Policy Statement

This policy defines the Berkeley Lab Leased Building Program and ensures that the Laboratory complies with all University of California policies and Contract 31 in making any agreements for real property.

The Facilities Division is designated as the sole authorized agent for the acquisition of leased space for Berkeley Lab.

## E. Roles and Responsibilities

Role	Responsibilities
Leased Building Liaison	<ul style="list-style-type: none"> <li>• Assists in the development of contract specifications and work scope</li> <li>• Reviews contracts and related documents to determine appropriate service levels</li> <li>• Works with Berkeley Lab building managers to resolve any complaints or problems concerning the leased-building operation</li> <li>• Reads and analyzes moderately complex contracts</li> <li>• Researches and prepares draft contract scope-of-work</li> <li>• Monitors performance of outside contractors and subcontractors who provide specialized and/or administrative services</li> <li>• Prepares detailed, written inspection reports on deficient quality and frequency levels of contractor services, and recommends corrective actions</li> <li>• Prepares directive letters to contractors regarding contract compliance</li> <li>• Interprets contract requirements for contractors and department staff</li> <li>• Conducts on-site inspections</li> <li>• Participates in pre-award contract briefings, pre-award analysis of contractor's bid proposals, and post-award contractor meetings</li> <li>• Investigates and resolves complaints regarding contractor services</li> <li>• Recommends contract changes based on observable needs</li> <li>• Analyzes contracts to determine requirements</li> <li>• Develops a list of items to be checked during inspections to ensure compliance</li> <li>• Assists in investigating and responding to customer concerns</li> <li>• Demonstrates a continuous effort to improve operations, decrease turnaround times, and streamline work processes</li> <li>• Works cooperatively and jointly with the contractor to provide seamless, high-quality customer service</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Landlord	Owner of the leased building
Contract	Berkeley Lab subcontract with the owner of the leased building

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Related Berkeley Lab Policies

- [Space Management Policy](#), 12.04.001.000

## J. Contact Information

Contracts and Fleet Manager  
Facilities Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	W. Llewellyn	Re-write for wiki (brief)	All	Minor
9/21/2012	1	K. Porter	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Leased Building Program
Document number	09.06.005.000
Revision number	1
Publication date:	9/21/2012
Effective date:	12/1/2011
Next review date:	12/1/2014
Policy Area:	Contracting Services
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities Division
Prior reference information (optional)	RPM Section 1.20

### Source Requirements Documents

- 48 CFR 917.74, *Acquisition, Use, and Disposal of Real Estate*
- U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Section I, Clause I.70 - DEAR 952.217-70, *Acquisition of Real Property* (Apr 1984)

### Related Berkeley Lab Policies

- [Space Management Policy](#), 12.04.001.000

### Implementing Documents

None

### Other References

- U. S. Department of Energy *Real Property Desk Guide*, Revised 2011
- U.S. General Services Administration *Leasing Desk Guide*



# Leased Building Program

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Effective date:	12/1/2011

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The POLICY tab on this wiki page

### Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## Policy

Title:	Leased Building Program
Publication date:	9/21/2012
Effective date:	12/1/2011

## POLICY

### Purpose

The purpose of this policy is to establish and maintain oversight of the operations of private contractors responsible for providing leased-building services to Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

This policy applies to Berkeley Lab divisions requiring leased off-site space.

### C. Exceptions

Not applicable

### D. Policy Statement

This policy defines the Berkeley Lab Leased Building Program and ensures that the Laboratory complies with all University of California policies and Contract 31 in making any agreements for real property.

The Facilities Division is designated as the sole authorized agent for the acquisition of leased space for Berkeley Lab.

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## F. Definitions/Acronyms

Term	Definition
Landlord	Owner of the leased building
Contract	Berkeley Lab subcontract with the owner of the leased building

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Related Berkeley Lab Policies

- [Space Management Policy](#), 12.04.001.000

## J. Contact Information

Contracts and Fleet Manager  
Facilities Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	W. Llewellyn	Re-write for wiki (brief)	All	Minor
9/21/2012	1	K. Porter	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Leased Building Program
Document number	09.06.005.000
Revision number	1
Publication date:	9/21/2012
Effective date:	12/1/2011
Next review date:	12/1/2014
Policy Area:	Contracting Services
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities Division
Prior reference information (optional)	RPM Section 1.20

### Source Requirements Documents

- 48 CFR 917.74, *Acquisition, Use, and Disposal of Real Estate*
- U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Section I, Clause I.70 - DEAR 952.217-70, *Acquisition of Real Property* (Apr 1984)

### Related Berkeley Lab Policies

- [Space Management Policy](#), 12.04.001.000

### Implementing Documents

None

### Other References

- U. S. Department of Energy *Real Property Desk Guide*, Revised 2011
- U.S. General Services Administration *Leasing Desk Guide*

# Licenses & Certifications (Employee Development)

## Brief

Title:	Licenses & Certifications (Employee Development)
Publication date:	9/22/2014
Effective date:	6/18/2002

## BRIEF

### Policy Summary

Berkeley Lab may require employees to obtain and maintain licenses and/or certifications for their positions. The Laboratory may support employees for requests for license or certification renewals and/or attending Continuing Education Unit (CEU) courses.

### Who Should Read This Policy

Portions of this policy apply to the following employee classifications: [Career](#) and [Term](#).

This policy does not apply to the following employee classifications: [Faculty](#), [Postdoctoral Fellow](#), [Limited](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Rehired Retiree](#), and [Visiting Researcher](#).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Licenses & Certifications (Employee Development)
Publication date:	
Effective date:	6/18/2002

## POLICY

### A. Purpose

This policy describes circumstances in which the Laboratory may require employees to obtain and maintain licenses and/or certifications for their positions, and may support employees' requests for license or certification renewals and/or attending Continuing Education Unit (CEU) courses.

### B. Persons Affected

Portions of this policy apply to the following employee classifications: [Career](#) and [Term](#).

This policy does not apply to the following employee classifications: [Faculty](#), [Postdoctoral Fellow](#), [Limited](#), [Graduate Student Research Assistant \(GSRA\)](#), [Student Assistant](#), [Rehired Retiree](#), and [Visiting Researcher](#).

### C. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO)

## D. Policy Statement

Berkeley Lab may require employees to obtain and maintain licenses and/or certifications for their positions. The Laboratory may support employees for requests for license or certification renewals and/or attending Continuing Education Unit (CEU) courses.

**General. For the purposes of this section, government licenses and/or professional certifications are those licenses and certifications required of the employee to hold his or her current position, as documented in the position description.**

- 1. Continuing Education Courses.** Continuing education unit (CEU) courses required for the maintenance of a professional license or certification as noted above are considered position-related courses. The course must be approved by the licensing or certifying agency. The request for course fee reimbursement is the same as for all other position-related training (see [HR Employee Development & Training](#) for forms and procedures).
- 2. License Fees.** Fees for license or certification renewals as defined in [Section D.1, General](#), of this policy are an allowable expenditure. The request is made in writing to the Office of the Chief Financial Officer and must include:
  - a. *Request for Issuance of Check* form with valid project ID and approval;
  - b. Endorsement by the cognizant division director that the cost is allowable as cited; and
  - c. Copy of the license renewal or issuance documentation.

## E. Roles and Responsibilities

Role	Responsibility
Employees	Are responsible for: <ul style="list-style-type: none"><li>• Obtaining and maintaining licenses and/or certifications required for their positions</li><li>• Submitting to the Office of the Chief Financial Officer a completed <i>Request for Issuance of Check</i> form with a valid project ID, approvals for reimbursement of licenses/certification fees in the form of the division director's and supervisor's signatures, and a copy of the license renewal or issuance documentation</li></ul>
Supervisors	Are responsible for authorizing employee's <i>Request for Issuance of Check</i> form for reimbursement of fees associated with license or certification renewal
Division directors	Are responsible for ensuring that the cost is allowable as cited before authorizing the employee's <i>Request for Issuance of Check</i> form for reimbursement of license or certification renewal fees
Office of the Chief Financial Officer (OCFO)	Is responsible for reimbursing employees of any license or certification renewal fees provided the employee has submitted to OCFO an <i>Request for Issuance of Check</i> form with a valid project ID, approvals for reimbursement of licenses/certification fees in the form of the division director's and supervisor's signatures, and a copy of the license renewal or issuance documentation

## F. Definitions/Acronyms

Term	Definition
Certification, professional	A certification required of the employee to hold his or her current position, as documented in the position description
Employee	An individual who receives a paycheck from the Laboratory
Supervisory employees	Supervisory employees are defined by the Higher Education Employer-Employee Relations Act (HEERA) as individuals who, regardless of their job descriptions or titles, directly supervise two or more employees, and (1) have authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees; or (2) have responsibility to direct them, adjust their grievances, or effectively recommend such action if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature but requires the use of independent judgment. Employees whose duties are substantially similar to those of their subordinates shall not be considered to be supervisory employees.
License, government	A license required of the employee to hold his or her current position, as documented in the position description

## G. Recordkeeping Requirements

The Archives and Records office archives copies of employees' *Request for Issuance of Check* forms and documentation for six years and three months.

## H. Implementing Documents

Document number	Title	Type
	<a href="#">Request for Issuance of Check</a>	Form
		Procedure

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
9/22/2014	1	L. Westphal	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Licenses & Certifications (Employee Development)
Document number	02.05.003.000
Revision number	1
Publication date:	9/22/2014
Effective date:	6/18/2002
Next review date:	1/2/2015
Policy Area:	Employee Development
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.04(G)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- Berkeley Lab Senior Management requirement

## Implementing Documents

Document number	Title	Type
	<a href="#">Request for Issuance of Check</a>	Form
		Procedure



# Licensing Income and Royalty Distribution

Title:	Licensing Income and Royalty Distribution
Publication date:	9/15/2012
Effective date:	6/30/2008

## BRIEF

### Policy Summary

Each year, Technology Transfer and Intellectual Property Management (TTIPM) distributes defined portions of income received by Berkeley Lab in the preceding fiscal year from the licensing of Laboratory intellectual property among inventors (Berkeley Lab employees and others who have assigned to the University of California their rights to Berkeley Lab-managed intellectual property, or the creators of Berkeley Lab tangible research materials); the research division(s) in which the invention arose; and a central Berkeley Lab research pool.

### Who Should Read This Policy

This policy applies to:

- All Berkeley Lab researchers and technical staff, including affiliates who have assigned rights to intellectual property to the University of California
- The Directorate and other division management
- Division financial analysts

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Licensing Income and Royalty Distribution
Publication date:	9/15/2012
Effective date:	6/30/2008

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) annually distributes to Berkeley Lab inventors a portion of income received by the



Laboratory in the preceding fiscal year from the licensing of Laboratory intellectual property. [UC Patent Policy](#) requires all UC/DOE national laboratories to complete this distribution by the February following the end of the fiscal year.

## B. Persons Affected

Berkeley Lab researchers and technical staff with licensed technology, including affiliates who have assigned rights to intellectual property to the University of California

## C. Exceptions

An inventor who would otherwise be receiving licensing income may irrevocably donate his or her share to Berkeley Lab or to another person by means of a written agreement approved by Technology Transfer and Intellectual Property Management (TTIPM).

## D. Policy Statement

### 1. Inventor Distributions

- a. Every year, Berkeley Lab holds a ceremony to distribute royalty checks and recognize Laboratory researchers for having their technology successfully commercialized.
- b. The revenue (royalties) generated from any type of Berkeley Lab licensing agreement is first applied toward reimbursing the costs of intellectual-property protection, such as patenting costs or copyright registration fees. Net royalties are distributed according to the following rules, subject to amendment of UC Patent Policy:
  - i. For intellectual property disclosed after September 30, 1997, the inventors' share is 35% of net royalties per invention or other intellectual property.
  - ii. For intellectual property disclosed before October 1, 1997, the inventors' share is 50% of net royalties per invention or other intellectual property with net royalties calculated after a 15% administrative charge.
  - iii. For qualifying inventors who elected to be governed under the November 18, 1985, UC Patent Policy, the inventors' share is 50% of net royalties per invention or other intellectual property, with net royalties calculated after a 15% administrative charge, regardless of date of disclosure of the relevant intellectual property.
- c. If the invention was created by more than one Berkeley Lab inventor, the Laboratory distributes to each inventor an equal share of royalties, unless all affected inventors have previously agreed in writing to a different distribution of those inventors' share of royalties.

### 2. Allocation to Research Divisions

- a. Effective in fiscal year 2000, Berkeley Lab allocates 15% of net royalties from each invention or other intellectual property to the research division in which the invention arose. If the inventors belong to different divisions, this 15% division share is split proportionally by the number of inventors by division.
- b. The research division must use its allocation for research and development activities within the Laboratory's mission. Work must not interfere with or impose adverse effects on ongoing DOE projects and programs. Expenditures may include operating costs (e.g., personnel, supplies, recharges, or travel) or equipment in support of that research.

3. **Allocation to Central Research Pool.** Effective in fiscal year 2000, the remaining net royalties (after the inventors' distribution and the allocation to the research division) is pooled in an account for use at Berkeley Lab for scientific research and development, technology transfer, and/or education. This remaining Laboratory share is generally 35% of the total net royalties for technologies disclosed before October 1, 1997, and 50% for technologies disclosed thereafter. This central pool is allocated at the direction of the Laboratory Director or his or her designee, the Laboratory Deputy Director. Activities using this allocation must not interfere with or impose adverse effects on ongoing DOE projects and programs.

## E. Roles and Responsibilities

Role	Responsibility
Licensing Manager	Oversees the allocation of licensing income
Office of the Chief Financial Officer staff	Implements the allocation of licensing income

Division Director	Directly or indirectly through his/her designee(s) allocates the use for research of the division's licensing income allocation
Berkeley Lab Director or Deputy Director	Allocates the use for research, technology transfer, and/or education from the central pool
Directorate and Division Financial Analysts	Track expenditures of licensing income
Technology Transfer and Intellectual Property Management	Manages intellectual-property management and licensing

## F. Definitions/Acronyms

Term	Definition
Disclosure Date of Intellectual property	The date that Technology Transfer and Intellectual Property Management receives the formal written description of the intellectual property, typically the completed Record of Invention or the Software Disclosure and Abstract form
Inventor	A person who conceived or contributed to the conception of an invention. As used in this policy, inventor may also refer to the author of copyrighted work, or the creator of other intellectual property or tangible research materials licensed by Berkeley Lab for royalty income.
Intellectual Property (IP)	Intellectual property (IP) refers to creations of the mind: inventions, creative, literary and artistic works, and symbols, names, images, and designs used in commerce. The means to protect IP include patents, trademarks, copyright and trade secrets. Patents protect inventions. Trademarks protect words, names, symbols, sounds, or colors that distinguish goods and services. Copyrights protect works of authorship, such as writings, software, music, and works of art that have been tangibly expressed. Trade secrets are information that companies keep secret to give them an advantage over their competitors. While Berkeley Lab has discretion to secure and license patents, trademarks and copyrights, it is prohibited by DOE policy from licensing trade secrets.
Royalty or Licensing Income	As used in this policy, money received by Berkeley Lab as payment for use of intellectual property or tangible research materials, but not including reimbursement of intellectual property protection or litigation costs
Net Royalty or Licensing Income	As used in this policy, royalties received by Berkeley Lab after deducting (1) amounts payable to non-Berkeley Lab owners or licensors of the intellectual property; and (2) patent or other intellectual-property protection costs (including litigation), reserves for bad debt, and licensing costs
License	Agreement to authorize a use (such as copying software or using a patented invention) to a licensee
Licensing Agreement	As used in this policy, a license or a related contract granting rights in intellectual property such as an option to license or a bailment of tangible research material

Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles Example: Berkeley Lab Site Access
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

Role	Responsibility
TTIPM	Keeps records of all licenses, patent, and other intellectual property expenses and royalty calculations
Divisions	Keep records of their allocations and expenditures of licensing income

## H. Implementing Documents

None

## I. Contact Information

Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H.Clark	Re-write for wiki (brief)	All	Minor
9/15/2012	1	V.Wolinsky	Re-write for wiki (policy)	All	Minor

## DOCUMENT INFORMATION

Title:	Licensing Income and Royalty Distribution
Document number	10.05.001.000
Revision number	1
Publication date:	9/15/2012
Effective date:	6/30/2008

Next review date:	9/15/2015
Policy Area:	Licensing
RPM Section (home)	Information Management
RPM Section (cross-reference)	Financial Management
Functional Division	
Prior reference information (optional)	RPM Section 5.05

## Source Requirements Documents

[UC Patent Policy – 1997](#)

## Implementing Documents

None

# Lifecycle Management for Information, Hardware, Software, and Services

## Brief

Title:	Lifecycle Management for Information, Hardware, Software, and Services
Publication date:	11/28/2012
Effective date:	9/20/1996

## BRIEF

### Policy Summary

This policy establishes line management and individual responsibility for lifecycle management of Laboratory Information and Laboratory Information Technology (IT) assets at Berkeley Lab. This policy complements other policies on aspects of lifecycle management, including security and information controls. This policy describes responsibilities and requirements for lifecycle management of Berkeley Lab's:

- Information
- Institutional (centrally provided) services
- Hardware, software, and services, including acquisition restrictions
- Software with special considerations, including:
  - Safety Software
  - Software with physical interfaces
  - Hardware and software assets, and services, including acquisition restrictions

### Who Should Read This Policy

Employees and affiliates who use or manage Laboratory Information or IT; employees and affiliates who acquire, develop, or manage hardware, software, or services

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## Policy

Title:	Lifecycle Management for Information, Hardware, Software, and Services
Publication date:	11/28/2012
Effective date:	9/20/1996

- D. Policy Statement
  - D.1 Employee Responsibilities
  - D.2 Institutional Services
  - D.3 Operations Divisions
  - D.4 Researchers and Research Divisions
  - D.5 Safety Software and Software with Physical Interfaces
  - D.6 Open Source Software
  - D.7 Information Technology Division

## POLICY

## A. Purpose

This policy establishes lifecycle management for information, hardware, software, and services to promote the efficient management of Laboratory Information and IT, while facilitating the scientific mission of Lawrence Berkeley National Lab (Berkeley Lab).

## B. Persons Affected

Employees and affiliates who use or manage Laboratory Information or IT; employees and affiliates who acquire, develop, or manage hardware, software, or services

## C. Exceptions

Not applicable

## D. Policy Statement

### D.1 Employee Responsibilities

**Everyone is responsible for lifecycle management.** Lifecycle management is a line-management function at Berkeley Lab. Laboratory employees and affiliates are responsible for the lifecycle management of Laboratory Information and Laboratory IT that they use or manage. Lifecycle management includes:

- Planning and project management, including disaster and continuity planning
- Security throughout the lifecycle
- Acquisition, development, and implementation
- Management, operations, backups, and maintenance
- Disposal or retirement

### D.2 Institutional Services

For both security and efficiency reasons, the Chief Information Officer identifies select services as [Institutional Services](#). Only the responsible office or its designee may provide [Institutional Services](#).

### D.3 Operations Divisions

Operations divisions may not acquire hardware, software, or services to support operation-level activities without coordination with and approval from the IT Division.

### D.4 Researchers and Research Divisions

In general, researchers and their line management are in the best position to identify hardware, software, and service needs, excluding [Institutional Services](#). When identifying needs, researchers should use a cost-benefit approach to evaluate commercial, open source, custom, or other existing solutions. This section provides additional requirements or policy to promote responsible stewardship.

1. **General Requirements for Software Development.**
  - a. **Lifecycle Management.** Researchers should consider what components of lifecycle management, including quality assurance, are appropriate to the risks and uses of their software. In general, the peer review process constitutes adequate quality assurance for software developed for research purposes.
  - b. **Licensing.** Researchers should consider licensing options early in their project and contact Technology Transfer and Intellectual Property Management for assistance.
  - c. **Disclosure Requirement.** Under certain circumstances, researchers must submit software developed in the course of their work at Berkeley Lab per requirements of the [Software Invention Disclosure Agreement](#) policy.
2. **Software and Service Acquisition.**
  - a. **Acquisition.** If unavailable through Laboratory venues (e.g., [software.lbl.gov](#) and [ebuy.lbl.gov](#)), researchers may acquire software via standard procurement procedures. Researchers may acquire IT services provided that the services meet security requirements as appropriate. Guidance: [Outsourcing - Things to Consider](#).
    - i. For cloud providers, researchers should assess the risks and identify any controls to mitigate those risks. Guidance: [Controls for Cloud Providers](#).
    - ii. Researchers must contact the Computer Protection Program to discuss appropriate controls if a software or service:
      1. Has deep, persistent connections to institutional business systems or
      2. Has a Berkeley Lab domain name and is highly visible to the outside world such that compromise or failure would be newsworthy or
      3. Processes sensitive data such as Personally Identifiable Information (PII) or institutional financial or safety data with special integrity and availability requirements
  - b. **Licensing Agreements.** Berkeley Lab permits licensing agreements in which the user accepts the agreement by clicking or opening the package. A Procurement representative must sign licensing agreements that require signatures.
3. **Hardware Acquisition.** In support of our mission, Berkeley Lab encourages system choice to support the diverse needs of researchers. Divisions and groups may set hardware standards or leave hardware decisions to the discretion of the principal investigator or end user. Standards and decisions should be based on managing lifecycle costs in support of effectively achieving research missions.

## D.5 Safety Software and Software with Physical Interfaces

During the course of research or operations, employees and affiliates may be involved with the development, maintenance, management, or use of Safety Software or software with physical interfaces. Employees and affiliates must adhere to the following requirements.

1. **Safety Software.** Safety Software is software whose degradation can have a direct effect on human safety (see full definition in [Section F](#), below). Safety Software at Berkeley Lab must be appropriately approved, controlled, and tested.
  - a. **Approval and Inventory.** Software that meets the definition of Safety Software must be reported to the Environment, Health, Safety, and Security (EHSS) Division for approval. EHSS must approve the development of safety software in coordination with the Information Technology Division. The Office of Contractor Assurance maintains the Safety Software Inventory, and the organization that owns or uses the software updates the inventory.
  - b. **Safety Software Quality Assurance Requirements.** Anyone involved in the development, maintenance, management, or use of software on the [Safety Software Inventory](#) must adhere to the [Safety Software Quality Assurance Requirements](#).
  - c. Where software is part of a safety chain, but where a nonsoftware control protects human safety from software degradation, management may adopt a subset of the [Safety Software Quality Assurance Requirements](#) at its discretion.
2. **Software with Physical Interfaces.** Software used to monitor or interact with the physical world presents additional risks. This software usually includes programmable logic controllers (PLC) and supervisory control and data acquisition systems (SCADA). Even where this software does not rise to the level of Safety Software, it still merits deliberate controls and testing. Anyone involved in the development, maintenance, management, or use of software with physical interfaces should conduct a risk analysis and identify appropriate controls. When conducting the risk analysis, consider the whole system, including both software and nonsoftware components. Specific risks to consider include cyber security, data integrity, and damage to equipment.

## D.6 Open Source Software

The Laboratory encourages the use of open source software and contributing to open source projects provided that contributions are within the terms associated with the funding for the work.

1. **Security.** Open source software may have security benefits as multiple individuals view the code. However, use caution, especially with smaller projects. Download the software from a reputable source and, when available, use tools to check the integrity of the code (e.g., checksums).
2. **Licensing.** Open source software is typically released under a license that creates a legal obligation between the copyright holder and the Laboratory. Users must review and adhere to the licensing restrictions, especially when modifying or including the code within other software.

## D.7 Information Technology Division

The Information Technology Division is responsible for developing and maintaining a graded approach to IT lifecycle management, from conception to retirement.

All IT-managed services (including institutional), hardware, software, and outsourced services must adhere to the IT lifecycle management approach, which incorporates grades based on risk to physical safety as well as privacy.

## E. Roles and Responsibilities

Employees and affiliates are responsible for adhering to this policy.

## F. Definitions/Acronyms

Term	Definition
Safety Software	<p>Safety Software includes the following:</p> <ol style="list-style-type: none"> <li>1. Safety System Software. Software for a nuclear facility that performs a safety function as part of a structure, system, or component (SSC) and is cited in either (a) a DOE-approved documented safety analysis or (b) an approved hazard analysis per DOE P 450.4, Safety Management System Policy, dated 10-15-96 (or latest version) and 48 CFR 970-5223.1.</li> <li>2. Safety and Hazard Analysis Software and Design Software. Software used to classify, design, or analyze nuclear facilities. This software is not part of an SSC but helps to ensure the proper accident or hazards analysis of nuclear facilities or an SSC that performs a safety function.</li> <li>3. Safety Management and Administrative Controls Software. Software that performs a hazard control function in support of nuclear facility or radiological safety management programs or technical safety requirements or other software that performs a control function necessary to provide adequate protection from nuclear facility or radiological hazards. This software supports eliminating, limiting, or mitigating nuclear hazards to workers, the public, or the environment as addressed in 10 CFR Parts 830 and 835, the DEAR Integrated Safety Management System clause, and 48 CFR 970-5223.1.</li> </ol>
Laboratory Information	Information used to accomplish job-related tasks; information may be owned by the Regents of University of California or the Department of Energy.
Laboratory Information Technology (IT)	Berkeley Lab-managed IT, including computing devices, networks, services, and accounts

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
10.01.003.001	<a href="#">Institutional Services</a>	List
10.01.003.002	Safety Software Inventory	List
10.01.003.004	<a href="#">Safety Software Quality Assurance Requirements</a>	Standard

## I. Contact Information

Information Technology Policy Manager  
 Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Bonaguro	Rewrite for wiki (brief)	All	Minor
11/28/2012	1	J. Bonaguro	Rewrite for wiki (policy)	All	Minor



## Document Information

# DOCUMENT INFORMATION

Title:	Lifecycle Management for Information, Hardware, Software, and Services
Document number	10.01.003.000
Revision number	1
Publication date:	11/28/2012
Effective date:	9/20/1996
Next review date:	11/28/2015
Policy Area:	Information Technology
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 9.02(E)
Functional Division	Information Technology
Prior reference information (optional)	RPM Section 9.02

## Source Requirements Documents

- DOE O 200.1A, *Information Technology Management*, CRD
- DOE O 414.1C, *Quality Assurance, Attachment 1*, CRD
- DOE O 205.1B, *Department of Energy Cyber Security Program*, CRD
- DOE Office of Science *Program Cyber Security Plan*, June 2010
- Berkeley Lab Senior Management requirement

## Implementing Documents

Document Number	Title	Type
10.01.003.001	<a href="#">Institutional Services</a>	List
10.01.003.002	Safety Software Inventory	List
10.01.003.004	<a href="#">Safety Software Quality Assurance Requirements</a>	Standard

# Location of Work - B

Title:	Location of Work
Publication date:	1/2/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab requires employees to perform their work at an official Laboratory location. Agreements to work at alternative work sites must be in compliance with Laboratory policies.

### Who Should Read This Policy

This policy applies to all non-represented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.06.html#sec206d1d>

### Contact Information

For more information, contact your [division's Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

Title:	Location of Work
Publication date:	1/2/2012
Effective date:	1/2/2012

## POLICY

To read the full program, go to:

<http://www.lbl.gov/Workplace/RPM/R2.06.html#sec206d1d>.

### Contact Information

For more information, contact your division's Human Resources (HR) Center: <https://www.lbl.gov/Workplace/HumanResources/html/Staff-Information/center-contacts.html>

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/21/2011	0	M. Bello	Brief Only	all	N/A

## DOCUMENT INFORMATION

Title:	Location of Work
Document number	02.06.003.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Compensation and Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	None
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.06(D)(1)(d)

## Source Requirements Documents

Source	Document number & effective date	Document title

## Implementing Documents

Audience	Document Number	Document Title	Type

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# Lockout-Tagout Program

## Brief

Title:	Lockout-Tagout Program
Publication date:	9/30/2013
Effective date:	10/1/2013

## BRIEF

### Policy Summary

All personnel who work on or near equipment in which the unexpected energization or start-up of the equipment, or the release of stored energy, could cause injury shall personally lock out the equipment for the duration of the work.

### Who Should Read This Policy

All persons, including but not limited to Laboratory employees, affiliates, and subcontractors, who could be performing work requiring Lockout/Tagout (LOTO) at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH18/CH18.html>

## Contact Information

Mark Scott  
Electrical Safety Program Manager  
EHS Division / Occupational Safety Department/Electrical Safety Group  
[mascott@lbl.gov](mailto:mascott@lbl.gov)

## Policy

Title:	Lockout-Tagout Program
Publication date:	9/30/2013
Effective date:	10/1/2013

## POLICY

### A. Purpose

This policy establishes requirements at Lawrence Berkeley National Laboratory (Berkeley Lab) for controlling hazardous-energy sources, in any form, that could cause personal injury, by locking out and tagging out those sources.

### B. Persons Affected

This program is required for all Berkeley Lab employees, affiliates, students, visitors, and subcontractors who may be exposed to hazardous energy while performing any construction, service, maintenance, modification, or demolition activity.

### C. Exceptions

Persons performing work on projects or sites that do not fall under DOE jurisdiction are not required to follow the requirements of this Lockout/Tagout (LOTO) Program. However, an equivalent LOTO program meeting applicable regulatory requirements will apply.

## **D. Policy Statement**

All personnel who perform work on or near equipment in which the unexpected energization or start-up of the equipment, or the release of stored energy, could cause injury shall personally lock out the equipment for the duration of their work.

### **D.1 LOTO Program Quick Reference Map**

A reference to the full program intended to guide the reader to the appropriate work process is provided in [Work Process A](#).

### **D.2 Basic LOTO Rules**

A list of basic rules including but not limited to situations when LOTO is required, authorization of workers, qualifications, and establishing safe zones is provided in [Work Process B](#).

### **D.3 Cord and Plug Equipment**

A detailed explanation of the cord-and-plug exemption from LOTO, including but not limited to requirements for qualifications, conditions allowing for exemption, examples, and restrictions, is provided in [Work Process C](#).

### **D.4 Simple LOTO by a LOTO Authorized Person**

A detailed explanation of the requirements and restrictions for an Authorized Person to perform a simple LOTO, including but not limited to requirements for authorization, qualifications, conditions allowing for simple LOTO, and a step-by-step procedure, is provided in [Work Process D](#).

### **D.5 Complex LOTO by a LOTO Authorized Person**

A detailed explanation of the requirements and restrictions for an Authorized Person to perform a complex LOTO, including but not limited to requirements for authorization, qualifications, written LOTO procedures, and a step-by-step procedure, is provided in [Work Process E](#).

### **D.6 Complex LOTO Requiring a Responsible Individual**

A detailed explanation of the requirements and restrictions to perform a complex LOTO when a Responsible Individual (RI) is required, including but not limited to requirements for authorization, qualifications of the RI, written LOTO procedures, and a step-by-step procedure, is provided in [Work Process F](#).

### **D.7 Group LOTO**

A detailed explanation of the requirements and restrictions to perform a group LOTO, including but not limited to responsibilities of the Responsible Individual and group LOTO participants, conditions allowing for group LOTO, and a step-by-step group LOTO procedure, is provided in [Work Process G](#).

### **D.8 Tagout Only**

A detailed explanation of the requirements and restrictions to perform tagout only where the physical construction of the energy isolation does not accommodate the attachment of a lock, including but not limited to conditions and limitations of a tagout-only procedure, responsibilities of the Responsible Individual and group LOTO participants, and a step-by-step procedure, is provided in [Work Process H](#).

### **D.9 Subcontractor LOTO Permit**

A detailed explanation of the requirements and restrictions to allow subcontractors to perform LOTO, including but not limited to responsibilities of the Responsible Individual, prerequisites for obtaining a subcontractor LOTO permit, Environment/Health/Safety (EHS) Division responsibilities, and requirements for subcontractors to provide their own LOTO equipment, is provided in [Work Process I](#).

### **D.10 Shift Change and Transfer of Control**

A detailed explanation of the requirements and restrictions for shift changes and transfer of control of locked and tagged out energy sources, including responsibilities of the Responsible Individual and individuals involved in the LOTO transfer, and a step-by-step procedure, is provided in [Work Process J](#).

## D.11 Temporary Partial Restoration

A detailed explanation of the requirements and restrictions for temporary partial restoration of energy to part of the system, including responsibilities of the Responsible Individual and individuals involved in the restoration, applicability, and a step-by step procedure, is provided in [Work Process K](#).

## D.12 LOTO Hardware

A detailed description of the requirements and restrictions for LOTO hardware, including but not limited to locks, tags, boxes, and devices permitted at Berkeley Lab, is provided in [Work Process L](#).

## D.13 Training and Authorization

Only persons who have the appropriate level of LOTO training can be authorized to perform LOTO functions. Specific training requirements, including EHS courses, prerequisites, refresher training, and authorizations, are listed in Work Process M, Table M.1. Once LOTO training is complete, specific line-management authorization is required to perform LOTO functions. ([Work Process M](#))

## D.14 LOTO Procedures

A LOTO procedure is a formal document detailing all steps required to establish the lockout. It is specific both to the equipment or system and to the scope of work. A LOTO procedure is required for all complex LOTOs. The LOTO procedure fulfills the following purposes:

- It documents the scope of work permitted under the LOTO.
- It documents the specific isolations established by the LOTO.
- It serves as the primary communication document for all parties involved in the LOTO.

A step-by step procedure for developing and approving LOTO procedures is provided in [Work Process N](#).

## D.15 Special Condition LOTO Lock Removal

LOTO lock removal by someone other than the person who applied the lock is prohibited except under special conditions such as a lost key or unavailable personnel. A step-by-step procedure for removing locks under such special conditions is provided in [Work Process O](#).

## D.16 Periodic Quality Assurance Inspections of LOTO Procedures

All LOTO procedures at Berkeley Lab are subject to periodic quality-assurance (QA) inspection. The EHS Division will coordinate the Laboratory-wide LOTO procedure and QA inspection program, and will certify that inspections have been completed. To meet this requirement, each division must conduct QA inspections of its LOTO procedures and submit the results to the Electrical Safety Group for record-keeping. ([Work Process P](#))

## D.17 Air Gapping

Air gapping is the process whereby the sources of hazardous energy are physically removed from the work area to such an extent that LOTO is not feasible and not necessary. The air-gapping process requires that:

- All energy sources must be physically and visibly separated from the work area
- This separation must be visible without opening any cabinets, manhole covers, etc.
- The minimum separation distance is five feet, except when approved by the EHS Electrical Safety Group.

Additional requirements and restrictions are provided in [Work Process Q](#).

## D.18 Interlocked Systems

Interlocks consist of one or more devices engineered to detect an undesired condition and shut down the equipment or otherwise remove the immediate hazard. Interlocks are not a substitute for LOTO controls and shall not be used or otherwise relied upon for the purpose of protecting persons who are servicing or maintaining equipment. Additionally, an interlock cannot serve as a LOTO energy isolation point, since it does not constitute a positive energy isolation except when permitted by 10 CFR 835, *Occupational Radiation Protection*. A trapped key interlock system may be used in conjunction with the LOTO Program, but by itself does not meet the requirement for personal LOTO. ([Work Process R](#))

## D.19 Administrative Control

1. **Administrative locks.** Administrative locks are used when there is the need to provide "operational control" (control of a system, utility, or facility). Any lock used for a purpose other than LOTO is an administrative lock. Administrative locking does not provide individual personal protection for workers and is not a substitute for personal LOTO. ([Work Process S.1](#))
2. **Tag On.** This is used for equipment that must be shut down in a controlled manner and not accidentally de-energized. When a circuit breaker, disconnect switch, or energy-securing device is readily accessible to any employee, the circuit breaker or disconnect switch may be tagged to indicate that it is not to be turned off. ([Work Process S.2](#))

## D.20 LOTO Coordination

Some large projects or events require the coordination of multiple LOTO procedures. These events include major maintenance outages, emergency outages, initial building energization, or other large projects. The increased complexity may require the assignment of an overall LOTO Coordinator to ensure that conflicts in schedule, outage planning, and required energized events do not lead to confusion. The LOTO Coordinator must ensure the various Responsible Individuals are properly informed of any changes that will affect their respective LOTO procedures. ([Work Process T](#))

## E. Roles and Responsibilities



<b>Role</b>	<b>Responsibilities</b>
Environment/Health/Safety (EHS) Division	<ul style="list-style-type: none"> <li>• Maintain, administer, and revise the LOTO Program as needed</li> <li>• Ensure that LOTO equipment is available and consistent with Berkeley Lab standards</li> <li>• Develop and implement the Lockout/Tagout training courses</li> <li>• Periodically audit LOTO compliance</li> </ul>
Qualified Persons	Wear all required PPE and follow all required safe work practices while performing the necessary operations and verifying the zero-energy state of equipment to support the LOTO process
LOTO Affected Persons	<ul style="list-style-type: none"> <li>• Follow all LOTO and safety requirements</li> <li>• Recognize when LOTO is being used, the general reasons for LOTO, and the importance of not tampering with or removing a lock and tag</li> </ul>
LOTO Authorized Persons	<ul style="list-style-type: none"> <li>• Recognize the conditions of work that require LOTO, assess all hazardous energy sources, and use correct procedures and materials to implement LOTO</li> <li>• Maintain control over the keys to their personal LOTO locks</li> <li>• Apply his or her own personal LOTO lock and tag when performing servicing, maintenance, or modification work. Must NEVER apply a LOTO lock for anyone else</li> </ul>
LOTO Responsible Individuals (RIs)	<ul style="list-style-type: none"> <li>• Accountable for the safe execution of a complex or group LOTO</li> <li>• Conduct the LOTO briefing</li> <li>• Supervise the Qualified Person(s) in the execution of the LOTO procedure</li> <li>• Manage all changes to the scope of work</li> <li>• Ensure all personnel performing work under the LOTO are LOTO Authorized Persons and are personally locked out for their tasks</li> </ul>
LOTO Procedure Evaluators	<ul style="list-style-type: none"> <li>• Observe the performance of LOTO procedures for the purpose of periodic quality assurance (QA) inspection</li> <li>• Verify that the LOTO procedures are adequate, are understood, and are being followed by persons participating in the LOTO</li> <li>• Document the completion of the LOTO procedure inspections in the EHS database</li> </ul>
LOTO Approvers	<ul style="list-style-type: none"> <li>• Review submitted LOTO procedures for completeness and accuracy</li> <li>• Verify that the scope of work is clearly defined, is described in the LOTO procedure, and that the LOTO Safe Zone established in the LOTO procedure fully encompasses the scope of work</li> <li>• Approve LOTO procedures that meet all requirements in Work Process N</li> </ul>
LOTO Coordinators	<ul style="list-style-type: none"> <li>• Maintain overall control of a set of LOTOs established during a large project</li> <li>• Provide overall coordination with the project schedule</li> <li>• Resolve scheduling conflicts between different LOTOs and other scheduled work</li> <li>• Ensure that the various Responsible Individuals are properly informed of any changes that will impact their respective LOTO procedures</li> </ul>
Line management (including supervisors, managers, and work leads)	<ul style="list-style-type: none"> <li>• Prohibits employees from working on equipment requiring LOTO until the worker is trained and authorized to perform LOTO</li> <li>• Generates and maintains written LOTO procedures where required, and audits these LOTO procedures at least annually</li> <li>• Assigns and documents employee LOTO authorization, including: <ul style="list-style-type: none"> <li>• Designating specific equipment or categories of equipment to be controlled</li> <li>• Verifying that workers are qualified to perform the necessary LOTO procedures</li> </ul> </li> <li>• Determines the appropriate levels of training required for each employee</li> <li>• Ensures consistent policy implementation and reinforcing LOTO rules</li> <li>• Removes LOTO devices in case of a person's absence (Work Process O)</li> <li>• Ensures that necessary LOTO hardware is available</li> <li>• Ensures that all outside contractors operating under the supervision of the division are informed of and adhere to the Berkeley Lab LOTO Program (Work Process I)</li> <li>• Ensures that periodic quality assurance (QA) inspections of LOTO procedures are conducted (Work Process P)</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Absent Person lock removal	A procedure for the removal of a lock and tag by someone other than the person who applied the lock and tag when that person is not present or available to remove the lock

Administrative lock	Any lock used for a purpose other than LOTO. The lock may serve a safety function other than LOTO, a configuration-control function, or other purpose. Can be any color except red.
Blocked	A condition where a mechanical device is inserted into the energy path to physically prevent movement. Most commonly used with moving parts.
Capable of being locked out	An energy isolation is capable of being locked out if it has a means of attachment to which, or through which, a lock can be affixed with the device in the "off" or de-energized position, or it has a locking mechanism built into it
Complex LOTO	Any LOTO that does not meet the requirements for a simple LOTO is called a complex LOTO. Requires an assigned Person In Charge and a LOTO procedure.
Cord-and-plug-powered equipment	Portable electric equipment, such as power tools, computers, printers, appliances, etc., for which exposure to the hazards of unexpected energization or start-up of the equipment is controlled by the unplugging of the equipment from the energy source and by the plug being under the continuous control of the employee performing the servicing or maintenance
Credited control radiation safety system	Specific definitions and requirements for radiation-generating devices, radiation safety systems and credited controls are found in the ES&H Manual <i>Radiation Safety</i> program; EH&S Procedure 730, <i>Radiation Generating Device Program</i> ; and EH&S Procedure 731, <i>RGD Interlock Program</i> .
Dissipated	A condition where all stored energy has been reduced to a nonhazardous level. Pertains to energy-storing devices such as capacitors, pressure receivers, accumulators, reservoirs, or springs
EHS Division	Environment/Health/Safety Division
Energized	Connected to an energy source or containing residual or stored energy
Energy isolation	A mechanical device that physically prevents the transmission or release of energy, including but not limited to the following: <ul style="list-style-type: none"> <li>• Manually operated electrical circuit breaker</li> <li>• Manually operated disconnect switch</li> <li>• Manually operated switch by which the conductors of a circuit can be disconnected from all ungrounded supply conductors, and no pole can be operated independently</li> <li>• Manually operated valve</li> <li>• Flange blank</li> <li>• Pin or block</li> <li>• Any similar device used to block or isolate energy</li> <li>• Energy isolations shall be capable of being locked out. Push buttons, selector switches, software interlocks, and control circuit type devices are not energy isolations and cannot be used to isolate hazardous energy.</li> </ul>
Exposure	The condition of being subjected to a source of risk presented by hazardous energy sources
Group LOTO	A process to coordinate a complex LOTO so that LOTO Authorized Persons only have to apply personal LOTO locks to a lockbox instead of at each energy isolation
Group LOTO lock	A LOTO lock used for the purpose of group LOTO. It is identified by a group LOTO lock tag. The keys to group LOTO locks are controlled in a LOTO lockbox.
Hazard zone	The space near a source of hazardous energy where a person could be harmed if the hazardous energy was suddenly or unexpectedly released, such as the unexpected release of stored pressure, the unexpected movement of a machine, the unexpected energization of an electrical conductor, or the spray from a hazardous chemical that was unexpectedly released
Hazardous energy	Energy that is of such a magnitude that it is capable of causing harm to a person
Hazardous energy control	The process of systematically implementing mechanical means to prevent hazardous energy from flowing to a person
Isolated	A condition where a source of hazardous energy has been controlled by physically stopping the energy path so that the energy cannot flow to workers or equipment. The term "isolated" is commonly used with electrical circuits and fluid lines.
Lockout/Tagout (LOTO)	The method of applying a mechanical lockout device and a tag on an energy isolation by a LOTO Authorized Person in accordance with established procedures to control hazardous energies and prevent the equipment from being operated until the lockout device is removed

Look-alike equipment	Equipment that is similar in shape, size, and function that could lead a person to lock out Item A but start working on Item B instead. Common examples are: <ul style="list-style-type: none"> <li>• "North/middle/south" pumps installed side by side</li> <li>• High-voltage switching stations with rows of switchgear</li> <li>• Sets of laboratory furnaces installed in a row</li> </ul>
LOTO Affected Person	A person whose job requires him/her to be near or around the hazard zone (but not within the hazard zone) when equipment or an apparatus is being maintained or serviced under a locked-out or tagged-out condition
LOTO Approver	The LOTO Approver is a person designated by the division to approve LOTO procedures. LOTO Approvers must be authorized as a LOTO Responsible Individual and have technical competence and familiarity with the equipment or systems for which the LOTO procedure is written. They must obtain additional technical assistance as required from qualified persons who are more familiar with the systems involved.
LOTO Authorized Person	A person who has completed the required LOTO training (general and procedure-specific) and is authorized by the supervisor or work lead to perform LOTO on energy isolation points to perform service or maintenance. Only LOTO Authorized Persons shall apply locks and tags to control hazardous energy.
LOTO Coordinator	The LOTO Coordinator is a LOTO Approver who has been assigned by line management to oversee and coordinate multiple LOTOs for a large project, such as a maintenance outage or building energization

## G. Recordkeeping Requirements

- Completed LOTO procedures must be kept by the divisions for 12 months.
- Completed LOTO Audit Forms must be kept by EHS Electrical Safety Group.

## H. Implementing Documents

Document Number	Document Title	Document Type
07.07.020.001	Lockout/Tagout Program	Program
07.07.020.002	Work Process A, <i>LOTO Program Quick Reference Map</i>	Process
07.07.020.003	Work Process B, <i>Basic LOTO Rules</i>	Process
07.07.020.004	Work Process C, <i>Cord-and-Plug Equipment</i>	Process
07.07.020.005	Work Process D, <i>Simple LOTO by a LOTO Authorized Person</i>	Process
07.07.020.006	Work Process E, <i>Complex LOTO by a LOTO Authorized Person</i>	Process
07.07.020.007	Work Process F, <i>Complex LOTO Requiring a Responsible Individual</i>	Process
07.07.020.008	Work Process G, <i>Group LOTO</i>	Process
07.07.020.009	Work Process H, <i>Tagout Only</i>	Process
07.07.020.010	Work Process I, <i>Subcontractor LOTO Permit</i>	Process
07.07.020.011	Work Process J, <i>Shift Changes and Transfer of Control</i>	Process
07.07.020.012	Work Process K, <i>Temporary Partial Restoration</i>	Process
07.07.020.013	Work Process L, <i>LOTO Hardware</i>	Process
07.07.020.014	Work Process M, <i>Training and Authorization</i>	Process
07.07.020.015	Work Process N, <i>LOTO Procedures</i>	Process
07.07.020.016	Work Process O, <i>Special Condition LOTO Lock Removal</i>	Process
07.07.020.017	Work Process P, <i>Periodic Quality Assurance Inspections of LOTO Procedures</i>	Process
07.07.020.018	Work Process Q, <i>Air Gapping</i>	Process
07.07.020.019	Work Process R, <i>Interlock Systems</i>	Process
07.07.020.020	Work Process S, <i>Administrative Control</i>	Process
07.07.020.021	Work Process T, <i>LOTO Coordination</i>	Process
07.02.003.001	Safe Work Authorizations	Program
07.07.011.001	Electrical Safety Program	Program
07.07.018.001	Laser Safety	Program
07.08.001.001	Radiation Protection Program	Program
07.07.021.001	Machine Safeguarding – Shop and Laboratory Machine Safety	Program
07.07.006.001	Confined Spaces	Program

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Scott	Reformat for wiki (brief)	All	Minor
10/1/2013	1	M. Scott	Complete rewrite of the program	All	Major

## Document Information

# DOCUMENT INFORMATION

Title:	Lockout-Tagout Program
Document number	07.07.020.000
Revision number	1
Publication date:	9/30/2013
Effective date:	10/1/2013
Next review date:	10/1/2017
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	Environment, Safety and Health
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB- 3000, Chapter 18

## Source Requirements Documents

- 10 CFR 851.21, *Hazard Identification and Assessment*
- 29 CFR Part 1910.147, *The Control of Hazardous Energy (Lockout/Tagout)*
- 29 CFR Part 1910.269, *Electric Power Generation, Transmission, and Distribution*
- 29 CFR Part 1910.333, Subpart S, *Electrical: Selection and use of work practices*
- 29 CFR Part 1926, *Safety and Health Regulations for Construction*
- NFPA 70E, *Standard for Electrical Safety in the Workplace*

## Implementing Documents

<b>Document Number</b>	<b>Document Title</b>	<b>Document Type</b>
07.07.020.001	Lockout/Tagout Program	Program
07.07.020.002	Work Process A, <i>LOTO Program Quick Reference Map</i>	Process
07.07.020.003	Work Process B, <i>Basic LOTO Rules</i>	Process
07.07.020.004	Work Process C, <i>Cord-and-Plug Equipment</i>	Process
07.07.020.005	Work Process D, <i>Simple LOTO by a LOTO Authorized Person</i>	Process
07.07.020.006	Work Process E, <i>Complex LOTO by a LOTO Authorized Person</i>	Process
07.07.020.007	Work Process F, <i>Complex LOTO Requiring a Responsible Individual</i>	Process
07.07.020.008	Work Process G, <i>Group LOTO</i>	Process
07.07.020.009	Work Process H, <i>Tagout Only</i>	Process
07.07.020.010	Work Process I, <i>Subcontractor LOTO Permit</i>	Process
07.07.020.011	Work Process J, <i>Shift Changes and Transfer of Control</i>	Process
07.07.020.012	Work Process K, <i>Temporary Partial Restoration</i>	Process
07.07.020.013	Work Process L, <i>LOTO Hardware</i>	Process
07.07.020.014	Work Process M, <i>Training and Authorization</i>	Process
07.07.020.015	Work Process N, <i>LOTO Procedures</i>	Process
07.07.020.016	Work Process O, <i>Special Condition LOTO Lock Removal</i>	Process
07.07.020.017	Work Process P, <i>Periodic Quality Assurance Inspections of LOTO Procedures</i>	Process
07.07.020.018	Work Process Q, <i>Air Gapping</i>	Process
07.07.020.019	Work Process R, <i>Interlock Systems</i>	Process
07.07.020.020	Work Process S, <i>Administrative Control</i>	Process
07.07.020.021	Work Process T, <i>LOTO Coordination</i>	Process
07.02.003.001	Safe Work Authorizations	Program
07.07.011.001	Electrical Safety Program	Program
07.07.018.001	Laser Safety	Program
07.08.001.001	Radiation Protection Program	Program
07.07.021.001	Machine Safeguarding – Shop and Laboratory Machine Safety	Program
07.07.006.001	Confined Spaces	Program

# Machine Guarding and Shop Safety

Title:	Machine Guarding and Shop Safety
Publication date:	9/10/2013
Effective date:	6/16/2008

## BRIEF

### Policy Summary

The Machine Safeguarding — Shop and Lab Machine Safety Program at Berkeley Lab assures that machine tools, power tools, machine equipment, and robotics in shops, laboratories, equipment rooms, on construction sites, and other locations are properly guarded and used safely.

- It is the responsibility of division line management to provide machine guarding and to ensure it is used to protect operators, researchers, and other employees from hazards.
- Machine tools, machine equipment, and power tools may only be operated and/or maintained by authorized personnel working in accordance with the requirements of this chapter.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who could be performing work that may include the work with machine tools, power tools, machine equipment, or robots

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH25.html>

## Contact Information

Machine Guarding Subject Matter Expert  
EH&S Division  
[MPWisherop@lbl.gov](mailto:MPWisherop@lbl.gov)

Title:	Machine Guarding and Shop Safety
Publication date:	9/10/2013
Effective date:	6/16/2008

## POLICY

## A. Purpose

The Machine Safeguarding — Shop and Lab Machine Safety Program at Lawrence Berkeley National Laboratory (Berkeley Lab) assures that machine tools, power tools, machine equipment, and robotics in shops, laboratories, equipment rooms, on construction sites, and in other locations are properly guarded and used safely.

- It is the responsibility of division line management to provide machine guarding and to ensure that it is being used to protect operators, researchers, and other employees from hazards.
- Machine tools, machine equipment, and power tools may only be operated and/or maintained by authorized personnel working in accordance with the requirements of this chapter.

## B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who could be performing work that may include the work with machine tools, power tools, machine equipment, or robots

## C. Exceptions

None

## D. Policy Statement

1. New or used acquired machines, machine tools, power tools, or machine equipment are required to meet the guarding requirements of OSHA 29 CFR 1910. (Work Process A)
2. Only qualified personnel are permitted to operate, maintain, adjust, or repair machines, machine tools, power tools, or machine equipment. Qualification is machine specific. Shop managers may qualify users of shop equipment through a documented training and testing program. (Work Process B)
3. Only authorized personnel are permitted to operate, maintain, adjust, or repair machine tools, power tools, or machine equipment. Authorization is through employee Job Hazards Analyses (JHAs), or SJHA, and, when in Berkeley Lab shops, the shop manager. (Work Process C)
4. Assess the hazards for the work being done. Hazards are dependent on the type of work being performed. Assess points of operations, pinch/nip points, as well as entanglement, struck by, cutting, or crushing hazards posed by the task. (Work Process D)
5. Hazards control, including guarding, Lockout/Tagout (LOTO) and personal protective equipment (PPE), are dependent on the type of work being performed. Implement controls based on the work, and comply with OSHA requirements. (Work Process E)

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Line Management	<ul style="list-style-type: none"><li>• Ensures personnel know how to safely operate, maintain, adjust, and/or repair machines, machine tools, power tools, or machine equipment</li><li>• Enforces the use of work techniques, and maintains machines, machine tools, power tools, or machine equipment in good mechanical and operating condition</li></ul>
Shop Manager	<ul style="list-style-type: none"><li>• Controls use of the shop equipment, and limits use to qualified operators</li><li>• Controls the use of any keys or other mechanisms for preventing unauthorized use of shop equipment</li></ul>
Employees	<ul style="list-style-type: none"><li>• Must be appropriately trained, and demonstrate safe operation of the machinery they use, maintain, adjust, or repair</li><li>• Must observe all established safety regulations relating to machine safety</li></ul>



EH&S Division Machine Guarding Subject Matter Expert	<ul style="list-style-type: none"> <li>Provides technical assurance of the Machine Safeguarding — Shop and Lab Machine Safety Program</li> </ul>
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## F. Definitions/Acronyms

Term	Definition
Machine	Any mechanically operated machines, machine tools, power tools, or machine equipment, including robots

## G. Recordkeeping Requirements

- User (Non-Shop Staff) Training Records
- Program Effectiveness Review and Assurance

## H. Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.07.021.001	Chapter 25	Machine Safeguarding — Shop and Machine Safety	Program
07.07.021.002	Chapter 25, Work Process A	General Requirements	Work Process
07.07.021.003	Chapter 25, Work Process B	Procurement and Installation of Machine Tools, Machine Equipment, and Guarding	Work Process
07.07.021.004	Chapter 25, Work Process C	Authorization and Qualification	Work Process
07.07.021.005	Chapter 25, Work Process D	Machine Tool and Machine Equipment Guarding Requirement	Work Process
07.07.021.006	Chapter 25, Work Process E	Inspection and Maintenance	Work Process

## I. Contact Information

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EH&S Division  
[MPWisherop@lbl.gov](mailto:MPWisherop@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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9/10/2013	1.1	M. Wisherop	Reviewed 8/28/13, no changes	Publ & Next Review Dates	Minor
1/2/2012	1	M. Wisherop	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Machine Guarding and Shop Safety
Document number	07.07.021.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	6/16/2008
Next review date:	9/10/2013
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000 Chapter 25

## Source Requirements Documents

- 10 CFR 851.23, *Safety and Health Standards*
- 10 CFR 851.24, *Functional Areas*
- 10 CFR 851.25, *Training and Information*
- 10 CFR 851.26, *Recordkeeping and Reporting*
- 29 CFR 1910 Subpart O, *Machinery and Machine Guarding*

## Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.07.021.001	Chapter 25	Machine Safeguarding — Shop and Machine Safety	Program

07.07.021.002	Chapter 25, Work Process A	General Requirements	Work Process
07.07.021.003	Chapter 25, Work Process B	Procurement and Installation of Machine Tools, Machine Equipment, and Guarding	Work Process
07.07.021.004	Chapter 25, Work Process C	Authorization and Qualification	Work Process
07.07.021.005	Chapter 25, Work Process D	Machine Tool and Machine Equipment Guarding Requirement	Work Process
07.07.021.006	Chapter 25, Work Process E	Inspection and Maintenance	Work Process

# Mail Services

## Brief

Title:	Mail Services
Publication date:	9/19/2012
Effective date:	6/14/2011

## BRIEF

### Policy Summary

Berkeley Lab processes mail only for official Laboratory business. Mail Services ensures that the Laboratory's domestic mail, international mail, and interoffice mail is picked up, sorted, and delivered to on- or off-site locations. The Laboratory uses government funds to provide postage for outgoing mail addressed to an off-site location.

### Who Should Read This Policy

This policy applies to all Berkeley Lab employees and affiliates.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## Policy

Title:	Mail Services
Publication date:	9/19/2012
Effective date:	6/14/2011

## POLICY

### A. Purpose

This policy provides guidance on the requirements for the management and use of the Lawrence Berkeley National Laboratory (Berkeley Lab) internal mail system.

### B. Persons Affected

This policy applies to all Berkeley Lab employees and affiliates.

### C. Exceptions

None

### D. Policy Statement

The Laboratory's mail system is intended to process only official mail, which is mail that results from the performance of duties directly related to official Laboratory business. The Laboratory uses government funds to provide postage on outgoing mail. Using Laboratory-furnished postage for other than official business mail is a violation of Laboratory policy and the Laboratory's contractual obligations to DOE. Examples of mail not considered official are gifts, calendars, Christmas cards, and resumes sent to other organizations. In addition, the Laboratory's mail system may not be used for stamped personal mail. Similarly, the mail system may not be used for incoming personal mail (e.g., personal correspondence, bank and credit statements, popular magazines, clothing catalogs, gift packages). Incoming mail of a personal nature may be refused or returned to sender at the discretion of the Mail Services Supervisor.

## E. Roles and Responsibilities

Managers, supervisors, employees, and affiliates have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

The subcontractor is responsible for recording daily incoming, outgoing and internal mail piece counts.

## H. Implementing Documents

Document Number	Title	Type
	<a href="#">U.S. Postal Service Web site</a>	Web site
09.06.004.001	<a href="#">Statement of Work for LBNL Mail Services</a>	Procedure

## I. Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	B. Llewellyn	Re-write for wiki (brief)	All	Minor
9/19/2012	1	K. Porter	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Mail Services
Document number	09.06.004.000
Revision number	1
Publication date:	9/19/2012
Effective date:	6/14/2011
Next review date:	9/20/2015
Policy Area:	Contracting Services
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	
Functional Division	Facilities
Prior reference information (optional)	RPM Section 1.19

### Source Requirements Documents

- Contract 31, [Section B, Supplies or Services and Prices/Costs](#); B.1, "Service Being Acquired"
- Berkeley Lab Senior Management

### Other Driving Requirements

- 41 CFR Part 102-192, [Mail Management](#)
- [Ethics and Conduct at Berkeley Lab](#), policy, 01.01.001.000

### Implementing Documents

Document Number	Title	Type
	<a href="#">U.S. Postal Service Web site</a>	Web site
09.06.004.001	<a href="#">Statement of Work for LBNL Mail Services</a>	Procedure

# Materials and Property, Excess

## Brief

Title:	Materials and Property, Excess
Publication date:	12/5/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Excess property consists of equipment and materials no longer needed by a Berkeley Lab division. It includes both property-numbered items (sensitive and controlled) and non-property-numbered items. All personal property must be reviewed against high-risk criteria before disposal.

Supplies, materials, and equipment no longer required for the needs of Berkeley Lab are made available to the Department of Energy (DOE) and other federal and state government agencies through the excess materials and property screening process. The Facilities Division Warehouse Group administers the disposition of government property through donation, reuse, and sales. Berkeley Lab encourages the reuse of property within and among divisions and to other government agencies.

### Who Should Read This Policy

This policy applies to Berkeley Lab employees and affiliates responsible for determining the status of Laboratory property and equipment no longer needed by any division or the individual user.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Warehouse, Materials & Shipping Manager](#)  
Facilities Division

## Policy

Title:	Materials and Property, Excess
Publication date:	12/5/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy provides Lawrence Berkeley National Laboratory (Berkeley Lab) employees with guidance to process excess personal property assets. It also describes the process for the final acquisition of all Department of Energy (DOE) personal property assets.

### B. Persons Affected

This policy applies to Berkeley Lab employees and affiliates responsible for determining the status of Laboratory property and equipment no longer needed by any division or the individual user.

### C. Exceptions

Not applicable

## D. Policy Statement

Per DOE Order 580.1 A., the Laboratory is required to conduct personal property sales for personal excess property. Personal property must be screened for departmental reuse using the Energy Asset Disposal System (EADS). Property is sold after it goes through the excess screening process. Disposition of surplus items can be accomplished by public competitive sales using the sealed-bid method or bid-for-assets Internet sales. Property-numbered assets that are sold are retired from the Asset Management System by the Warehouse Group. Government markings are removed at the time of sale.

Laboratory employees, with the exception of Property Reuse personnel, can participate in the same competitive sales process (sealed bid / bid-for-assets Internet sales) to acquire government personal property as does the general public, provided employees warrant in writing prior to award that they have not directly or indirectly: (1) obtained information not otherwise available to the general public, (2) participated in the determination to dispose of the property, (3) participated in the preparation of the property for sale, or (4) participated in the determination of the method of sale.

The Property Reuse function also processes scrap metal for sale to an awarded contractor. The process for the sale of scrap metal is included as part of this Facilities procedure.

## E. Sales Procedure

### 1. Delivery and Receipt of Excess Materials – Personal Property – Scrap

#### a. Facilities Excess Turn-In Center (FETC)

- i. Review property documentation for identification of high-risk property (See *LBNL Property Management Procedure – High Risk*).
- ii. Sign Equipment Movement Tag (EMT) for all DOE property-tagged items.
- iii. Retain gold copy for records.
- iv. Update custodian and location fields in the Sunflower Database by close of business.
- v. Ensure that no hazardous materials are present.
- vi. Determine which items are reusable within the Laboratory.
- vii. Review internal reutilization redeployment list prior to screening into EADS.
- viii. Process non-reutilized items for EADS screening and/or sales.

### 2. Scrap Metal Sales

#### a. Facilities Excess Turn-In Center (FETC)

- i. Segregate metals and place in assigned hoppers.
- ii. Contact contracted scrap recycler (DC Metals) for pickup when hoppers are full.
- iii. Enter tag number and pickup date in log.
- iv. Prepare transmittal memorandum.
- v. Make copy of check memorandum for the file.
- vi. Send checks, memorandum, and transmittal to the Office of the Chief Financial Officer (OCFO)/Accounting, 971-0150B.

#### b. Material Specialist (FETC)

- i. Receive Weigh Master Certificate and check from metals recycler.
- ii. Review weight slip for accuracy (cost per pound per metal type).
- iii. Ensure that check and sales-receipt dollar numbers match and are calculated correctly.
- iv. Prepare transmittal memorandum notification.
- v. Prepare scrap metal revenue transmittal notification for file.
- vi. Make a copy of checks, memorandum, and transmittal for file.
- vii. Send checks, memorandum, and transmittal to OCFO/Accounting, 971-0150B.



### 3. Bid Sales – (FETC)

#### a. Sealed Bid Method

- i. Maintain and update list of potential bidders.
- ii. Create bid sale notice.
- iii. Mail bid sale notice to potential bidders.
- iv. Review bids.
- v. Award bid.
- vi. Send surplus bid sale agreement for signature
- vii. Collect payment.
- viii. Document check receipt in Sales Receipt Check Issue Book.
- ix. Prepare transmittal memorandum.
- x. Prepare bid sale revenue transmittal notification.
- xi. Send check, memorandum, and transmittal to OCFO/Accounting, 971-0150B.
- xii. Arrange for pickup or shipping of item(s).
- xiii. Maintain file for each sale.
- xiv. Retain disposal form with removed DOE property tag for processing in Sunflower.
- xv. Process in Sunflower Database as final event "Bid Lot Sales."

#### b. Internet Sales – Bid for Assets – Bid4assets.com

- i. Prepare sales notification.
- ii. Determine fair market value based on historic data.
- iii. Determine starting bid and length of auction.
- iv. Post sale to the [Bid4assets.com](http://Bid4assets.com) Web site.
- v. If feasible, provide pictures of items on posting.
- vi. Award bid.
- vii. Send surplus bid sale agreement for signature.
- viii. Collect payment.
- ix. Document check receipt in Sales Receipt Check Issue Book.
- x. Prepare transmittal memorandum.
- xi. Prepare bid sale revenue transmittal notification.
- xii. Forward check, memorandum, and transmittal to OCFO/Accounting, 971-0150B.
- xiii. Arrange for pickup or shipping of item(s).
- xiv. Retain disposal form with removed DOE property tag for processing in Sunflower.
- xv. Process in Sunflower Database as "Sold," "Final Event," "Online Sale."
- xvi. Maintain file for each sale.

#### c. Personal Sales to Public

- i. Stage material for public sale in specified areas (furniture, monitors, keyboards, PCs, etc.).
- ii. Obtain signature and driver's license number of all non-Berkeley Lab staff visitors to FETC, Building 79.
- iii. Do not leave visitors at the FETC unattended.
- iv. Utilize the Surplus Property Fixed Price List to determine cost.
- v. Arrange for immediate pickup of material.
- vi. Collect payment (check or money order only).
- vii. Document transaction in Sales Receipt Check Issue Book.
- viii. Prepare bid and scrap sale transmittal memorandum.
- ix. Forward check, memorandum, and transmittal to OCFO/Accounting, 971-0150B.

#### d. Personal Sales to Laboratory Employee

- i. Obtain employee signature on Certification of Compliance Form.
- ii. Laboratory employees must be given the same opportunity to acquire government personal property as is given to the general public, provided employees warrant in writing prior to award that they have not either directly or indirectly:
  - iii. Obtained information not otherwise available to the general public
  - iv. Participated in the determination to dispose of the property
  - v. Participated in the preparation of the property for sale
  - vi. Participated in the determination of the method of sale

## F. Roles and Responsibilities

<b>Role</b>	<b>Responsibility</b>
Facilities Division Property Reuse Function	Conducts sales of Berkeley Lab excess materials that have been authorized for release through the General Services Administration (GSA) acquisition electronic processing. The sale of Berkeley Lab excess material is processed and managed at the Facilities Excess Turn-In Center in Building 79.
Berkeley Lab Employees	<ul style="list-style-type: none"> <li>• Determine what materials or equipment are no longer needed for use</li> <li>• Inspect and determine if material and equipment are free of all hazards and hazardous chemicals</li> <li>• Place a <a href="#">work request</a> to have the material/equipment picked up by Berkeley Lab Transportation (information needed: location for pickup, detailed list of material and equipment to be picked up, and verification of working condition of equipment: functional, nonfunctional)</li> </ul>
Excess Personnel (FETC)	<ul style="list-style-type: none"> <li>• Off-load excess personal property from Berkeley Lab locations delivered by Berkeley Lab Transportation</li> <li>• Sign Equipment Movement Tag at time of delivery for all DOE tagged items/equipment</li> <li>• Update the Sunflower Database</li> <li>• Ensure that no hazardous materials are present</li> <li>• Segregate scrap metals for sales to contracted vendor</li> <li>• Maintain metal sales documentation</li> <li>• Inspect, segregate, and process excess material for bid sales</li> </ul>
Excess Lead (FETC)	<ul style="list-style-type: none"> <li>• Responsible for the disposition and sales of all surplus property at Berkeley Lab</li> <li>• Determines if asset meets DOE/GSA screening criteria</li> <li>• Processes material for sales</li> <li>• Reviews sales options (sealed-bid method or bid-for-assets Internet sales)</li> <li>• Prepares sealed-bid notices and/or places items on <a href="http://Bid4assets.com">Bid4assets.com</a> auction Web site</li> <li>• Notifies successful bidder of award and arranges for pickup or delivery</li> <li>• Collects payments, documents receipt, and forwards checks to CFO/Accounting, 971-0150B</li> <li>• Maintains auditable records for each transaction</li> </ul>
Facilities Operations Manager	Oversees property reuse/salvage
Facilities Reuse Supervisor	Directly oversees excess/salvage

## G. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Bid Sales	Sales conducted for all other items not covered by the prepriced policy
Energy Asset Disposal System (EADS)	A module contained within DOE/GSA
Excess Property	Supplies, materials, and equipment no longer required for the needs of the Laboratory
Online Sales	Process used to sell excess material(s) online at <a href="http://Bid4assets.com">Bid4assets.com</a>
Personal Sales (Fixed Price)	Laboratory-established fixed-priced sales amounts for specific commodities such as furniture, consumer electronics, and monitors
Scrap Metal Sales	Sale of segregated metals to an awarded contractor (DC Metals)

## H. Recordkeeping Requirements

The Berkeley Lab custodian maintains transfer receipts of excess DOE property assets.  
Excess Salvage personnel log transfers of DOE property assets in the Sunflower Property excess database.  
Excess Salvage maintains records of DOE property assets acquisition through the EADS system.  
Excess Salvage maintains records of Berkeley Lab bid sales.

## I. Implementing Documents

Document Number	Title	Type
PROPREUSE-002	Berkeley Lab Facilities Division Procedure PROPREUSE-002, Personal Property Reuse – Excess Assets Screening	Procedure
	Energy Asset Disposal System (EADS – GSA – ERLE – CFL)	System
	Berkeley Lab <i>Personal Property Policy Manual</i> , Section 10.2, <i>Cleaning, Sanitizing and Destruction of Hard Drives</i> (PUB-3032)	Procedure
PROPREUSE-001	Asset Computer Sanitization Procedure PR-001	Procedure
PROPREUSE-003	Personal Property Sales Procedure PR-003	Procedure
	<a href="#">Sunflower Property Control System</a>	System

## J. Contact Information

[Warehouse, Materials & Shipping Manager](#)  
Facilities Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Chen	Preparation Brief for wiki (brief)	All	Major
12/5/2012	1	L. Chen	Preparation Brief for wiki (brief)	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Materials and Property, Excess
Document number	09.03.003.000
Revision number	1
Publication date:	12/5/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Shipping and Receiving
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- DOE Order 580.1, *Department of Energy Personal Property Management Program*, Attachment 1, *Contractor Requirements Document*, Section 5.j, *Disposition of Property*

## Implementing Documents

Document Number	Title	Type
PROPREUSE-002	Berkeley Lab Facilities Division Procedure PROPREUSE-002, Personal Property Reuse – Excess Assets Screening	Procedure
	Energy Asset Disposal System (EADS – GSA – ERLE – CFL)	System
	Berkeley Lab <i>Personal Property Policy Manual</i> , Section 10.2, <i>Cleaning, Sanitizing and Destruction of Hard Drives</i> (PUB-3032)	Procedure
PROPREUSE-001	Asset Computer Sanitization Procedure PR-001	Procedure
PROPREUSE-003	Personal Property Sales Procedure PR-003	Procedure
	<a href="#">Sunflower Property Control System</a>	System

# Material Transfer Agreements

Title:	Material Transfer Agreements
Publication date:	9/14/2012
Effective date:	9/20/1996

## BRIEF

### Policy Summary

A written Material Transfer Agreement (MTA) must be approved by Technology Transfer and Intellectual Property Management (TTIPM) before tangible research materials are provided to third parties (other than University of California staff or DOE). If a third-party provider of tangible research materials seeks to transfer the material to Berkeley Lab under an MTA, TTIPM must review and approve that MTA.

Examples of tangible research material include cell lines, transgenic plants and animals, DNA and RNA, viruses, plasmids, chemical compounds, and source code for software.

### Who Should Read This Policy

Employees and affiliates who transfer tangible research materials to or from Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Material Transfer Agreements
Publication date:	9/14/2012
Effective date:	9/20/1996

## POLICY

### A. Purpose

At times, Lawrence Berkeley National Laboratory (Berkeley Lab) needs to, or finds it useful to, transfer tangible research material to or obtain such material from third parties. A written Material Transfer Agreement (MTA) must be approved by Technology Transfer and Intellectual Property Management (TTIPM) before tangible research materials are provided to third parties (other than University of California staff or DOE). A MTA is required in order for Berkeley Lab to comply with its obligation under the [UC-DOE Prime Contract](#) to maintain the patentability of inventions, to

foster appropriate technology transfer, to avoid liability for others' use or misuse of Berkeley Lab material, and to maintain appropriate control over the material. If a third-party provider of tangible research materials seeks to transfer its material under an MTA, TTIPM must review and approve that MTA to ensure that the contractual obligations that Berkeley Lab will assume comply with DOE requirements and sound business practices.

## B. Persons Affected

Employees and affiliates who transfer tangible research material to or from Berkeley Lab

## C. Exceptions

No exceptions

## D. Policy Statement

1. At times, Berkeley Laboratory needs to, or finds it useful to, transfer tangible research material or obtain such material from third parties. Examples of tangible research material include cell lines, transgenic plants and animals, DNA and RNA, viruses, plasmids, chemical compounds, and source code for software.

### 2. Outgoing Transfers

- a. Appropriate uses of Berkeley Lab's outgoing transfers are to enable the recipient to evaluate the material's potential commercial utility or the recipient's interest in obtaining a commercial license from Berkeley Lab; to replicate, reproduce, evaluate, or confirm Berkeley Lab's research effort; or do research furthering Berkeley Lab's programmatic goals.
- b. Laboratory staff must observe the following procedures when Berkeley Lab transfers tangible research material to third parties (other than University of California staff or DOE). These procedures are established to enable Berkeley Lab to comply with its obligation under the [UC-DOE Prime Contract](#) to maintain the patentability of inventions, foster successful technology transfer, and avoid liability for others' use or misuse of Laboratory material, and maintain appropriate control over the material (e.g., the use of the materials may be limited to specific projects and preclude the further transfer of the materials to non-approved recipients).
  - i. Contact TTIPM when you wish to transfer Berkeley Lab tangible research material; TTIPM will prepare an MTA.
  - ii. Transfer the tangible research material only after the MTA is signed by both TTIPM and the recipient.
  - iii. For any tangible research material to be transferred, appropriately label and include instructions for handling as necessary for safe use.
  - iv. Ship all tangible research materials through Berkeley Lab's Shipping and Receiving Department to ensure compliance with Export Control and other applicable laws.

### 3. Incoming Transfers

- a. Generally, incoming transfers of tangible research material are generally not commercially available or have limited availability and are necessary or useful to further Berkeley Lab's programmatic goals. (For purchases of tangible research materials, go through the Procurement and Property Management Department.)
- b. Laboratory staff must observe the following procedures if the third-party supplier of tangible research material requires the use of an MTA:
  - i. Contact TTIPM to review the MTA and negotiate any required modifications to the contract.
  - ii. Comply with the terms of the MTA. In particular:
    1. Confirm whether you can transfer the tangible research material to anyone else (virtually all MTAs prohibit transfer outside of Berkeley Lab, and many restrict transfer to a particular research group)
    2. Comply with any restrictions on use, e.g., typically for noncommercial use
    3. Comply with any pre-publication review or reporting requirements
  - iii. Contact TTIPM to negotiate modifications or exceptions if you wish to use or transfer the tangible research material in a way that is not allowed by the MTA
  - iv. Appropriately safeguard the tangible research material (e.g., segregate the tangible research material from Berkeley Lab materials and store it in a secure location), track the disposition of the tangible research material, and comply with return or destruction requirements either at the end of the MTA term or at the end of the research project. If the MTA requires the remaining tangible research material to be returned, send it through Berkeley Lab's Shipping and Receiving Department, either by registered mail or a recognized courier service such as Federal Express or DHL.

## E. Roles and Responsibilities

Role	Responsibility
TTIPM Licensing Staff	<ul style="list-style-type: none"> <li>• Negotiates and approves MTA and any amendments</li> <li>• Keeps MTA records</li> </ul>
Berkeley Lab Researchers, Including Affiliates	<ul style="list-style-type: none"> <li>• Submit or forward MTA request to TTIPM</li> <li>• Appropriately label outgoing materials and secure third-party materials</li> <li>• Ship through the Shipping and Receiving Department</li> <li>• Comply with third-party MTA obligations, and request that TTIPM negotiate any needed changes</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Tangible Research Material	<p>Items produced in the course of research that are not generally commercially available. Tangible research material includes such items as biological materials, chemical compounds, computer software, integrated circuit chips, prototype devices, and equipment that is not yet available on the market.</p> <p>Tangible research material is separate and distinct from intangible (or intellectual) property such as inventions, patents, copyright, and trademarks.</p>
Affiliates	<p>Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses.</p> <p>Examples: Facility users, scientific collaborators, students</p>
Intellectual Property (IP)	<p>Intellectual property (IP) refers to creations of the mind: inventions, creative, literary and artistic works, and symbols, names, images, and designs used in commerce. The means to protect IP include patents, trademarks, copyright and trade secrets. Patents protect inventions. Trademarks protect words, names, symbols, sounds, or colors that distinguish goods and services. Copyrights protect works of authorship, such as writings, software, music, and works of art that have been tangibly expressed. Trade secrets are information that companies keep secret to give them an advantage over their competitors. While Berkeley Lab has discretion to secure and license patents, trademarks and copyrights, it is prohibited by DOE policy from licensing trade secrets.</p>
Material Transfer Agreement (MTA)	<p>A contract that governs the transfer of tangible research materials between two organizations, when the recipient intends to use it for his or her own research purposes. The MTA defines the rights and obligations of the provider and the recipient with respect to the materials and any derivatives.</p>
Policy	<p>Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles.</p> <p>Example: Berkeley Lab Site Access</p>
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

- TTIPM keeps records of all material transfer agreements.
- Researchers must track the location and disposal of third-party tangible research materials obtained under an MTA.

## H. Implementing Documents

None

## I. Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
ttd@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H.Clark	Re-write for wiki (brief)	All	Major
9/14/2012	1	V.Wolinsky	Re-write for wiki (policy)	All	Major

## DOCUMENT INFORMATION

Title:	Material Transfer Agreements
Document number	03.03.001.000
Revision number	1
Publication date:	9/14/2012
Effective date:	9/20/1996
Next review date:	9/14/2015
Policy Area:	Agreements
RPM Section (home)	Conduct of R&D
RPM Section (cross-reference)	Section 5.07(B)(1)
Functional Division	Technology Transfer and Intellectual Property Management
Prior reference information (optional)	Section 5.07(B)(1)

## Source Requirements Documents

U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, [Clause 1.92](#) - DEAR 970.5227-3 Technology Transfer Mission (Deviation,



Jul 2006)

## **Implementing Documents**

None

# Matrixed Employee Work Authorization

## Brief

Title:	Matrixed Employee Work Authorization
Publication date:	1/16/2013
Effective date:	9/6/2011

## BRIEF

### Policy Summary

Berkeley Lab's Matrixed Employee Work Authorization Program describes the alignment of responsibility and authority within the matrixed employee management structure. This policy helps to ensure that the work of matrixed employees is appropriately authorized, and describes responsibilities for funding, equipment, infrastructure, space, and training required to perform work safely.

### Who Should Read This Page

All Berkeley Lab host and home supervisors who assign or oversee work scope for matrixed employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Safety Compliance Program Manager](#)  
Technical Support Services Group  
EHSS Division

## Policy

Title:	Matrixed Employee Work Authorization
Publication date:	1/16/2013
Effective date:	9/6/2011

## POLICY

### A. Purpose

The Matrixed Employee Work Authorization policy at Lawrence Berkeley National Laboratory (Berkeley Lab) describes the alignment of responsibility and authority within the matrixed employee management structure. This policy helps to ensure that the work of matrixed employees is appropriately authorized, and describes responsibilities for funding, equipment, infrastructure, space, and training required to perform work safely.

### B. Persons Affected

All Berkeley Lab host and home supervisors who assign or oversee work scope for matrixed employees

### C. Exceptions

None

### D. Policy Statement

1. An employee is considered matrixed if assigned to an outside division (host division) by his or her home division supervisor. A matrixed employee typically receives daily direction from the host division. The matrixed employee's home division supervisor is responsible for performance assessments; the number, duration, and type of assignments; ensuring required training is completed; and the overall safety of direct reports.
2. In a matrixed management structure, the host division combines employees from several divisions and disciplines under a specific program, project, or ongoing operation of a user facility. This structure is in contrast to traditional division structures, where home divisions group employees by function within a hierarchical reporting relationship.
  - a. In a matrixed structure, the host division:
    - i. Has authority and responsibility for achieving the objectives of the program or project
    - ii. Is responsible for the ongoing operation of the user facility
    - iii. Is accountable to provide all funding, equipment, infrastructure, personnel, and space that directly benefit the program/project objectives and/or the ongoing operation of the user facility
    - iv. In some cases (for example, the Engineering Division) may maintain specialized equipment that may be used by their staff to achieve host objectives
  - b. In a matrixed structure, the home division:
    - i. Has authority and responsibility for providing the disciplinary expertise to achieve the objectives of the program or project and/or to help operate the user facility
    - ii. Is accountable (in consultation with host division) for talent acquisition, assignment to programs and projects, retention, career development, equity, succession planning, and performance management
    - iii. Is responsible for the overall safety of all home division staff assigned to other programs, projects, or user facilities
3. The *Roles and Responsibilities* section below outlines the default configuration of authority assumed by the home and host divisions. The default configuration is considered a best practice, requiring no additional memorandum of understanding (MOU) or other formal document.
  - a. If the health and safety objectives of the program/project — or the effectiveness and efficiency of the user facility — cannot be assured without adjusting the default configuration, a formal MOU must be negotiated, documented (typically by the home and host supervisors in consultation with their respective division safety coordinators), and signed by both the home and host division deputies and division directors.
  - b. Subject matter experts/stakeholders from other Berkeley Lab divisions (e.g., Environment, Health, Safety, and Security [EHSS]; Facilities; Office of the Chief Financial Officer [OCFO]; Office of Contractor Assurance [OCA], etc.) can be consulted at the discretion of the home and host divisions.
  - c. The MOU should document:
    - i. Specific responsibilities and authorities to be transferred or assumed by the home or host division
    - ii. A brief description of why a change from the default configuration is needed
    - iii. The specific program/project or user facility
    - iv. The positions(s) affected by the change
    - v. The time period
  - d. If an employee is assigned to more than one host division, responsibility for employee safety and health remains with the home supervisor and cannot be transferred by an MOU.

## E. Roles and Responsibilities

<b>Safety Responsibility</b>	<b>Home Supervisor or Work Lead</b>	<b>Host Supervisor or Work Lead</b>	<b>Matrixed Employee</b>
Job Hazards Analysis (JHA) and JHA-Identified Training	Ensures the matrixed employee's JHA is accurate and active and all required JHA training is completed in a timely manner	Provides input to the home supervisor or work lead during the JHA process	Completes the JHA Reviews annually with the home supervisor and updates as needed
On-the-Job Training	Clarifies how each (or which) division will bear the cost of a matrixed employee's training and time to attend training	Provides specific safety training and operating procedures to a matrixed employee for work performed for the host division	Acquires on-the-job and formal Environment, Safety & Health (ES&H) training before commencing work
Self-Assessment Program of Matrixed Employee's Work Space	Negotiable with the host supervisor or work lead	Negotiable — may assume responsibility	Keeps work areas safe and uncluttered
Hazard Correction of Matrixed Employee's Work Space	Negotiable with the host supervisor or work lead	Negotiable — may assume responsibility	Reports unsafe conditions and practices in a timely manner to the supervisor or work lead
Engineering Controls for Health and Safety	Negotiable with the host supervisor or work lead	Negotiable — may assume responsibility	Uses the installed engineering controls properly Notifies the supervisor or work lead in a timely manner of any deficiencies with the engineering control
Personal Protective Equipment (PPE)	Negotiable with the host supervisor or work lead If supplied by the home division, a matrixed employee may take PPE to the next job assignment	Negotiable — may assume responsibility Costs are typically assigned to the benefiting project/scope If supplied by the host division, PPE typically remains with the host when a matrixed employee leaves.	Understand the capabilities and limitations of PPE issued pre-inspection and wear appropriate PPE when performing tasks
Administrative Controls for ES&H, including Activity Hazard Documents (AHDs), Radiological Work Authorizations (RWAs), Radiological Work Permit (RWP), etc.	Negotiable with the host supervisor or work lead	Negotiable — may assume responsibility	Follows prescribed administrative controls when performing work If administrative controls are unclear, asks the supervisor or work lead for clarification before starting work
Accident Investigation and Supervisor Accident Analysis Report (SAAR) Reporting	Collaborates with EHSS to investigate incident(s) to determine root cause(s) and complete necessary reports in a timely manner Ensures that corrective actions are completed to prevent recurrence	When requested, fully cooperates with the accident investigation and SAAR process	Reports all work injuries/illnesses, accidents, and discomfort symptoms to either supervisors or work leads; seeks medical assistance from Berkeley Lab Health Services Provides input during the SAAR fact-finding process
Ergonomics	Ensures required <i>Worksmart Ergonomics</i> training (EHS0062) and <i>Ergo Self-assessment for Computer Users</i> (EHS0059) are completed prior to performing work assignments for host division	Provides the appropriate ergonomic tools and equipment, including furniture and accessories that enable matrixed employees to safely perform their tasks	Performs work with proper ergonomic practices. Adjusts and uses ergo equipment properly. Reports ergonomic discomfort immediately to both supervisors and work leads Requests an ergonomic evaluation as needed

## F. Definitions/Acronyms

Terms	Definitions
Home division	Division that provides the professional and technical specialty personnel to support program activities. Assigns matrixed personnel to support the activities of other divisions. Responsible for the technical and specialty qualifications and basic job training.
Host division	Division responsible for providing day-to-day technical direction and oversight, including responsibilities for proper execution of ES&H activities of employees, visitors, and affiliates in the work area of the division
Matrixed employee	An employee assigned to another division outside his or her home division (i.e., a host division)
Matrix and home supervisor	A matrix supervisor provides day-to-day technical direction and oversight and is responsible for the proper execution of ES&H activities by employees and affiliates within the supervisor's purview. Must be a Higher Education Employer-Employee Relations Act (HEERA)-designated supervisor. The home supervisor is the HEERA-designated and accountable supervisor for all aspects of employee performance, including safety. A matrix or host supervisor partners with the home supervisor on matters of staffing, performance review, work direction, and/or evaluation.

## G. Recordkeeping Requirements

Memorandum of Understanding (MOU), if necessary

## H. Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.02.001.001	Chapter 32	Job Hazards Analysis	Program
07.02.003.001	Chapter 6	Safe Work Authorizations	Program
PUB-3140		Integrated Environment, Safety & Health Management Plan	Plan

## I. Contact Information

Safety Compliance Program Manager  
 Technical Support Services Group  
 EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/16/2013	0	W. Wells	Rewrite for wiki	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Matrixed Employee Work Authorization
Document number	07.01.008.000
Revision number	0
Publication date:	1/16/2013
Effective date:	9/6/2011
Next review date:	1/16/2016
Policy Area:	General ES&H
RPM Section (home)	ESH
RPM Section (cross-reference)	PUB-3000 Chapter 1
Functional Division	EHSS
Prior reference information (optional)	

## Source Requirements

- 10 CFR 851.21, *Hazard Identification and Assessment*
- 10 CFR 851.22, *Hazard Prevention and Abatement*

## Implementing Documents

Document number	PUB-3000 Reference	Title	Type
07.02.001.001	Chapter 32	Job Hazards Analysis	Program
07.02.003.001	Chapter 6	Safe Work Authorizations	Program
PUB-3140		Integrated Environment, Safety & Health Management Plan	Plan

## Other References

- DOE P 450.4, *Safety Management System Policy*
- DOE M 450.4-1, *Integrated Safety Management System Manual*

# Medical Evaluations, Employment-Related

Title:	Medical Evaluations, Employment-Related
Publication date:	1/2/2011
Effective date:	7/7/2010

## BRIEF

### Policy Summary

Berkeley Lab offers or requires medical evaluations prior to employment, before certain job transfers, and at the termination of employment.

### Who Should Read This Policy

All Laboratory employees and supervisors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

- [Preplacement and Job Transfer Examinations](#)
- [Termination Examinations](#)

## Contact Information

For assistance with preplacement, job transfer, and termination medical evaluations, contact the:

Laboratory Medical Director  
Pedro Estacio, MD  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)

or

Health Services Program Manager  
Sue Broadway  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

Title:	Medical Evaluations, Employment-Related
Publication date:	1/2/2011
Effective date:	7/7/2010

# POLICY

## A. Purpose

In accordance with Department of Energy (DOE) regulations, Lawrence Berkeley National Laboratory (Berkeley Lab) offers or requires medical evaluations prior to employment, before certain job transfers, and at the termination of employment.

## B. Persons Affected

All Berkeley Lab employees and supervisors

## C. Exceptions

None

## D. Policy Statement

- 1. Placement Medical Evaluations:** After accepting an offer of employment at the Laboratory, new employees are required to undergo a targeted medical evaluation to ascertain their ability to perform the essential duties of their position. These evaluations are tailored to the job demands, as described by the supervisor.
- 2. Job-Transfer Medical Evaluations for Jobs with New Physical Demands:** Employees transferring to a position with new physical demands must undergo a medical evaluation to determine whether they are capable of meeting the new position's essential duties.
- 3. Termination Medical Evaluations (Optional):** Employees terminating employment at Berkeley Lab, including through retirement, shall be offered a medical evaluation to determine whether exposures at the Laboratory may have caused adverse health effects.

## E. Roles and Responsibilities

Role	Responsibility
Newly Hired Employees	Attend the medical evaluation at the Health Services facility, or make alternate arrangements approved by the Laboratory Medical Director
Current Employees Seeking Job Transfer to Job with New Physical Demands	Attend the medical evaluation at the Health Services facility, or make alternate arrangements approved by the Laboratory Medical Director
Retiring and Terminating Employees	Receive the offer of a termination medical evaluation from Health Services and contact Health Services if an evaluation is desired
Supervisors and Work Leads	<ul style="list-style-type: none"><li>• Complete the Job Demands form prior to posting a job requisition</li><li>• Instruct the successful candidate to schedule a medical evaluation</li><li>• Receive and comply with prescribed work restrictions, if any</li></ul>
Human Resources	<ul style="list-style-type: none"><li>• Posts job demands along with job requisitions on the Berkeley Lab Careers site</li><li>• Prepares the job-offer letter describing the condition for successfully passing the medical evaluation</li><li>• Assists the selected candidate in arranging a medical evaluation</li><li>• In a timely manner, provides Health Services the names and contact information of employees subject to medical evaluations, as described above</li></ul>

## F. Definitions/Acronyms



Term	Definition
Job-related Medical Evaluation	A medical evaluation tailored to the essential functions of the prospective position. This evaluation may or may not include a health history, physical examination, medical testing, or functional capacity testing, etc.
Preplacement	A time period between the time of accepting a job offer and before placement into a new job
Transfer Medical Evaluations for Jobs with New Physical Demands	Relevant to job transfers, this evaluation trigger occurs when the new job has new or different physical demands from the prior Berkeley Lab position.

## G. Recordkeeping Requirements

Health Services maintains:

- Confidential medical records of evaluated employees
- Records of permanent work restrictions

## H. Implementing Documents

Document Number	Other Reference	Title	Type
02.13.003.001	<a href="#">PUB-3000, Chapter 3, Section 3.6</a>	Preplacement and Job Transfer Examinations	Program
	<a href="#">PUB-3000, Chapter 3, Section 3.8</a>	Termination Examinations	Program
02.13.002.001		Health Services	Program
07.07.004.001		Biosafety	Program
07.07.022.001		Non-ionizing Radiation	Program
07.07.005.001		Chemical Safety Hazards and Controls	Program
07.07.002.001		Asbestos Hazards and Controls	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.003.001		Beryllium Hazards and Controls	Program
07.07.032.001		Respiratory Protection	Program
07.07.013.001		Exposure Assessment	Program

07.07.025.001		Forklifts and Other Powered Industrial Trucks	Program
07.07.008.001		Cranes, Hoisting, and Rigging Safety	Program

## I. Contact Information

For assistance with preplacement, job transfer, and termination medical evaluations, contact the:

Laboratory Medical Director  
 Pedro Estacio, MD  
[PEstacio@lbl.gov](mailto:PEstacio@lbl.gov)

or

Health Services Program Manager  
 Sue Broadway  
 (510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	P. Lichty	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Medical Evaluations, Employment-Related
Document number	2.13.003.000
Revision number	1
Publication date:	1/2/2012
Effective date:	2/15/2007
Next review date:	1/2/2013
Policy Area:	Health Services
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none

Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapter 3, Sections 3.6 and 3.8

## Source Requirements Documents

- [10 CFR 851](#), Appendix A, Section 8, (g)(2)(i), *Worker Health and Safety Program; Occupational Medicine Section; Worker Health Evaluations*

## Related Berkeley Lab Policies

- Health Services Overview, 02.13.002.000
- Medical Separation Policy, 02.12.002.000
- Medical Return-to-Work Policy, 02.07.026.000
- Workers' Compensation Policy, 02.06.008.000

## Implementing Documents

Document Number	Other Reference	Title	Type
02.13.003.001	<a href="#">PUB-3000, Chapter 3, Section 3.6</a>	Preplacement and Job Transfer Examinations	Program
	<a href="#">PUB-3000, Chapter 3, Section 3.8</a>	Termination Examinations	Program
02.13.002.001		Health Services	Program
07.07.004.001		Biosafety	Program
07.07.022.001		Non-ionizing Radiation	Program
07.07.005.001		Chemical Safety Hazards and Controls	Program
07.07.002.001		Asbestos Hazards and Controls	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.003.001		Beryllium Hazards and Controls	Program
07.07.032.001		Respiratory Protection	Program
07.07.013.001		Exposure Assessment	Program
07.07.025.001		Forklifts and Other Powered Industrial Trucks	Program
07.07.008.001		Cranes, Hoisting, and Rigging Safety	Program

## Other References

- DOE G 440.1-8, *Implementation Guide for Use with 10CFR Part 851, Worker Safety and Health Programs*, Section 3.6.8.5.1, *Types of Exams*

# Medical Records and Privacy - B

## Brief

Title:	Medical Records and Privacy
Publication date:	12/10/2012
Effective date:	11/30/2008

## BRIEF

### Policy Summary

The Medical Records Privacy policy at Berkeley Lab ensures that medical records are kept confidential, protected from unauthorized access, and stored under conditions that ensure their long-term preservation.

### Who Should Read This Policy

All Berkeley Lab:

- Employees with medical records in Health Services
- Managers
- Human Resources staff

### To Read the Full Policy, Go To:

<http://www.lbl.gov/ehs/pub3000/CH03.html>

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH03.html>

### Contact Information

For assistance or information on health-promotion examinations, contact:

[Laboratory Medical Director](#)  
Health Services

or

[Health Services Program Manager](#)

## Policy

Title:	Medical Records and Privacy
Publication date:	12/10/2012
Effective date:	11/30/2008

## POLICY

Details of this policy have not yet been converted to the new format. Please go to this page to find the details:  
<http://www.lbl.gov/ehs/pub3000/CH03.html>

## Contact Information

[Laboratory Medical Director](#)  
[Health Services](#)

or

[Health Services Program Manager](#)

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/10/2012	0	P. Lichy	Rewrite for RPM (brief)	all	Minor

## Document Information

## DOCUMENT INFORMATION

Title:	Medical Records and Privacy
Document number	02.13.001.000
Revision number	0
Publication date:	12/10/2012
Effective date:	11/30/2008
Next review date:	12/10/2015
Policy Area:	Health Services Programs
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 3

## Source Requirements Documents

- 10 CFR 851, Appendix A, Section 8, *Occupational Medicine Section*
- Confidentiality of Medical Information Act, California Civil Code Sections 56–56.16
- State of California Information Practices Act of 1977
- Federal Privacy Rule, at 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#)

## Implementing Documents

Document Number	Title	Type
02.13.002.000	Health Services Program Overview	Procedure
02.13.002.001	Health Services	Program

# Medical Return-to-Work Policy - Dummy



# Medical Separation Policy

Title:	Medical Separation Policy
Publication date:	1/2/2012
Effective date:	4/13/2009

## BRIEF

### Policy Summary

Employees unable to satisfactorily perform essential, assigned functions of their positions due to a disability or medical condition may be separated from employment. Prior to medical separation, Berkeley Lab will engage in the interactive process. See the Reasonable Accommodation policy (document number 02.02.004.000 or RPM [Section 2.01\[D\]](#)). A nonprobationary Career employee separated under this policy is eligible for special re-employment procedures. See the Recruitment and Hiring policy (document number 02.04.001.000 or RPM [Section 2.01\[E\]](#)).

### Who Should Read This Policy

- This policy applies to the following employee classifications: Career, Term, and Faculty.
- This policy is not applicable to the following employee classifications: Postdoctoral Fellow, Limited, Visiting Researcher, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

Title:	Medical Separation Policy
Publication date:	1/2/2012
Effective date:	4/13/2009

## POLICY

### A. Purpose

Employees unable to satisfactorily perform essential, assigned functions of their positions due to a disability or medical condition may be separated from employment. Prior to medical separation, Lawrence Berkeley National Laboratory (Berkeley Lab) will engage in the interactive process. See the Reasonable Accommodation policy see document number 02.02.004.000 or RPM [Section 2.01\(D\)](#). A nonprobationary Career

employee separated under this policy is eligible for special re-employment procedures. See the Recruitment and Hiring policy (document number 02.04.001.000 or [RPM Section 2.01\[E\]](#)).

## B. Persons Affected

- This policy applies to the following employee classifications: Career, Term, and Faculty.
- This policy is not applicable to the following employee classifications: Postdoctoral Fellow, Limited, Visiting Researcher, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

## C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, Chief Human Resources Officer (CHRO) approval.

## D. Policy Statement

### 1. Basis for Separation

- a. A medical separation will be based on: (i) a written statement by the employee's supervisor describing the essential functions the employee is unable to perform; and (ii) a written review by a vocational rehabilitation counselor, or appropriate representative, determining that no reasonable accommodation exists without causing undue hardship.
- b. The medical separation may also be based on: (i) the employee's receipt or approval of disability payments from the retirement system to which the University contributes; and (ii) a written review by a vocational rehabilitation counselor, or appropriate representative, determining that no reasonable accommodation exists without causing undue hardship.
- c. An employee will not be separated under this policy while on sick leave or extended sick leave (see Worker's Compensation Insurance [document number 02.06.008.000 or [RPM Section 2.15](#)]). However, an employee may be separated for medical or other reasons if the date of separation was set before the commencement of sick leave or extended sick leave, and if the employee is afforded all rights provided by the employee's retirement system.

### 2. Medical Documentation

- a. Proof of the employee's disability or medical condition is required and is subject to verification by a Laboratory-appointed licensed healthcare provider. The Laboratory shall pay the cost of any medical examinations requested or required by the Laboratory.

### 3. Notices

- a. **Notice of Intent:** An employee will be given advance written notice of intent to separate him or her. The notice will:
  - i. State the reason for the medical reason for separation and the proposed effective date
  - ii. Include copies of the supervisor's statement and any other pertinent material considered. (Upon written request by the employee, documentation related to the interactive process will be included.)
  - iii. State that the employee has the right to respond orally or in writing within eight (8) calendar days regarding the separation
  - iv. Specify to whom the response must be made
- b. **Notice of Separation:** After the employee's response or eight (8) calendar days have passed, the employee shall be notified of the decision. If it has been determined that separation is appropriate, the employee shall be given advance written notice of the separation date and notice of the right to appeal.
- c. **Effective Date:** The effective date of separation will be at least ten (10) calendar days from the date of issuance of notice of separation or 18 calendar days from the date of issuance of the notice of intent to separate, whichever is later.

### 4. Special Re-employment Procedures

- a. Re-employment. For a period of one year following the date of a medical separation, a former nonprobationary Career employee may be selected for a position without the requirement that the position be publicized. See the Recruitment and Hiring policy (document number 02.04.001.000 or [RPM Section 2.01\[E\]](#)). However, if the former employee receives disability benefits from a retirement system to which the University contributes, the period it will be three (3) years from the date on which the benefits commenced.
- b. Service Credit on Re-employment. If an employee is reappointed or re-employed within the allowed period, a break in service does not occur.

## E. Roles and Responsibilities

Role	Responsibility
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Health Services	Has the responsibility to follow procedures in support of this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures. See [Section H, Implementing Documents](#), below.

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources Officer

## G. Recordkeeping Requirements

Role	Responsibility
Health Services	Maintains records of the reasonable accommodation process
Human Resources	Maintains employee records

## H. Implementing Documents">H. Implementing Documents

Audience	Document Number	Document Title
All Laboratory staff	HSDM-2009-003	<a href="#">Medical Separation Procedure</a>
All Laboratory staff	02.12.001.001	<a href="#">Termination Checkout Sheet</a>
All Laboratory staff	02.12.001.002	<a href="#">Termination Confirmation to Employee and Supervisor from HR</a>
All Laboratory staff	02.12.001.003	<a href="#">Termination Process Guide</a>

All Laboratory staff	n/a	<a href="#">Retirement Plaques</a>
Managers and Supervisors	02.12.001.008	Managers and Supervisors Responsibilities under the Medical Separation Policy
Managers and Supervisors	02.86.001.001	Supervisor Responsibilities Training (mandatory for new supervisors)
Managers and Supervisors	02.86.001.002	Supervisor Scenario Workshop-HR Issues (mandatory for new supervisors)
For HR Staff	02.12.001.004	<a href="#">Emeritus Status Guidelines</a>
For HR Staff	02.12.001.005	<a href="#">End of Term/Limited Appointment</a>
For HR Staff		<a href="#">Medical Termination Questionnaire</a>
For HR Staff	02.12.001.006	<a href="#">Notice to Absent Employee / Affiliate</a>

## I. Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Medical Separation Policy
Document number	02.12.002.000
Revision number	1
Publication date:	1/2/2012
Effective date:	4/3/2009
Next review date:	4/3/2012
Policy Area:	Separation

RPM Section (home)	Human Resources
RPM Section (cross-reference)	Chapter 2.21(E)
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.21(E)

## Source Requirements Documents

Source	Document Number & Effective Date	Document Title
Department of Energy (DOE)	DE-AC02-05CH11231, Mod No. M046, Sec. J, App. A	<a href="#">Advanced Understandings on Human Resources</a>
University of California (UC)	PPSM 66, July 1, 2006	<a href="#">Medical Separation</a>

## Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory staff	HSDM-2009-003	<a href="#">Medical Separation Procedure</a>	Process
All Laboratory staff	02.12.001.001	<a href="#">Termination Checkout Sheet</a>	Form
All Laboratory staff	02.12.001.002	<a href="#">Termination Confirmation to Employee and Supervisor from HR</a>	Form
All Laboratory staff	02.12.001.003	<a href="#">Termination Process Guide</a>	Process
All Laboratory staff	n/a	<a href="#">Retirement Plaques</a>	Website
Managers and Supervisors	02.12.001.008	<a href="#">Managers and Supervisors Responsibilities under the Medical Separation Policy</a>	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities Training (mandatory for new supervisors)</a>	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop-HR Issues (mandatory for new supervisors)</a>	Training
For HR Staff	02.12.001.004	<a href="#">Emeritus Status Guidelines</a>	Process
For HR Staff	02.12.001.005	<a href="#">End of Term/Limited Appointment</a>	Process
For HR Staff	02.12.001.010	<a href="#">Medical Termination Questionnaire</a>	Form

For HR Staff	02.12.001.006	<a href="#">Notice to Absent Employee / Affiliate</a>	Form
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# Medical Surveillance Program

Title:	Medical Surveillance Examination Program
Publication date:	9/10/2013
Effective date:	12/12/2007

## BRIEF

### Policy Summary

In accordance with Department of Energy and Occupational Safety and Health Administration regulations, as well as voluntary standards, Berkeley Lab offers medical surveillance examinations to ensure employees are not overexposed to hazards, and to detect early signs of disease, to prevent disease progression, and to protect other members of the workforce.

### Who Should Read This Policy

Berkeley Lab employees who work with hazardous chemical or physical agents, and their supervisors.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For assistance or information on Berkeley Lab's medical surveillance program, contact:

LBNL Health Services

[Laboratory Medical Director](#) or

[Health Services Program Manager](#)

Title:	Medical Surveillance Examination Program
Publication date:	9/10/2013
Effective date:	12/12/2007

## POLICY

### A. Purpose

This policy describes Lawrence Berkeley National Laboratory's medical surveillance programs.

### B. Persons Affected

Berkeley Lab supervisors and employees who work with hazardous chemical and physical agents

## C. Exceptions

None

## D. Policy Statement

In accordance with Department of Energy (DOE) and Occupational Safety and Health Administration (OSHA) regulations, as well as voluntary standards, Berkeley Lab offers medical surveillance examinations to ensure employees are not overexposed to hazards, and to detect early signs of disease, to prevent disease progression, and to protect other members of the workforce.

Berkeley Lab provides a wide variety of medical surveillance examinations based upon the following:

- Actual exposure to certain hazardous chemicals
- Actual or possible exposure to physical agents and radiation
- The requirement to wear certain types of personal protective equipment
- Qualification standards to operate certain types of equipment or vehicles
- Requirements from collaborating institutions (e.g., Antarctic Field Station)

Participation in medical surveillance examinations may be voluntary or mandatory, depending on the regulatory language and Laboratory policy.

## E. Roles and Responsibilities

See PUB-3000 for roles and responsibilities related to the execution of this policy's implementation.

Role	Responsibility
Laboratory Medical Director	<ul style="list-style-type: none"><li>• Oversees medical surveillance efforts offered by Health Services</li><li>• Design exposure-appropriate medical surveillance exams</li></ul>
Supervisors	Make employees available for medical surveillance examinations
Employees	Cooperate and respond to medical surveillance examination offerings

## F. Definitions/Acronyms

See PUB-3000 Chapter 3 for technical terms related to the details of this policy and its implementation.

Term	Definition
Medical Surveillance	Medical evaluations designed to detect adverse health effects from workplace exposures, with the intent of halting disease development and progression. Also medical evaluations to determine fitness for certain job duties

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Health Services	<ul style="list-style-type: none"><li>• Maintains confidential medical records of employees participating in medical surveillance programs</li><li>• Provides work status documentation to Berkeley Lab management as required by regulation</li><li>• Provides documentation of medical findings to Berkeley Lab employees as required by regulation</li></ul>



## H. Implementing Documents

Document number	Reference number	Title	Type
07.05.002.001	PUB-3000 Section 3.9	Medical Surveillance Program	Program
02.13.002.001		Health Services	Program
07.07.004.001		Biosafety	Program
07.07.022.001		Noise Hazard Assessment and Control	Program
07.07.018.001		Laser Safety Program	Program
07.07.023.001		Non-ionizing Radiation	Program
07.07.005.001		Chemical Safety Hazards and Controls	Program
07.07.002.001		Asbestos Hazards and Controls	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.003.001		Beryllium Hazards and Controls	Program
07.07.032.001		Respiratory Protection	Program
07.07.013.001		Exposure Assessment	Program
07.07.025.001		Forklifts and Other Powered Industrial Trucks	Program
07.07.008.001		Cranes, Hoisting, and Rigging Safety	Program

## I. Contact Information

LBNL Health Services  
[Laboratory Medical Director](#) or  
[Health Services Program Manager](#)

### h3. J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/10/2013	1.1	P. Lichty	Reviewed 8/29/13	Brief, Policy D, definitions, Roles, Next Review date	Minor

1/2/2012	1	P. Lichty	Rewrite for RPM	all	Minor
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## DOCUMENT INFORMATION

Title:	Medical Surveillance Examination Program
Document number	07.05.002.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	12/12/2007
Next review date:	9/10/2016
Policy Area:	Health Services
RPM Section (home)	Human Services
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000 Section 3.9, RPM Section 1.12(A)(1)

## Source Requirements Documents

- [10 CFR 851](#) Appendix A, Section 8, (k)(3), *Worker Health and Safety Program; Occupational Medicine Section; Employee Counseling and Health Promotional Programs*

The following are in the Laboratory's DOE Contract 31, or are good references.

Topic	Subtopic	Regulation#
Animal Care Worker	Initial Exam	Berkeley Lab Environmental Safety and Health Manual (PUB-3000) National Research Council Guide for the Care and Use of Laboratory Animals (reference only, not in Contract 31)
Antarctica	Exam	Driven by organization servicing the south pole groups (requirements are driven by form brought in by employee)
Asbestos	Comment	There are no personnel who qualify for mandatory general industry asbestos and the number of individuals qualifying for mandatory construction surveillance is fairly small.

Asbestos	Voluntary	N/A – Past exposure history
Asbestos (construction)	Annual Exam	8 CCR 1529(m)(2)(A)(3)
Asbestos (construction)	Exit Exam	8 CCR 1529(m)(2)(A)(6)
Asbestos (construction)	Initial Exam	8 CCR 1529(m)(2)(A)(1)-(2)
Beryllium	Emergency	10 CFR 850
Beryllium	Initial	10 CFR 850.34
Beryllium	Periodic	10 CFR 850
Biological Agents and Workers with Compromised Health	Immune competence	Biosafety In Microbiological and Biomedical Laboratories, 5 <sup>th</sup> ed. Section IV Laboratory Biosafety Level 2(A.11.) Criteria and VII Occupational Health and Immunoprophylaxis. Also Biosafety Manual Section 5.3 and C.3.1.11.
Biological Exposure Incidents	Exposure	Biosafety In Microbiological and Biomedical Laboratories, 5 <sup>th</sup> ed. Section IV Laboratory Biosafety Level 2(B.8) Criteria and Section VII Occupational Health and Immunoprophylaxis. Also Biosafety Manual Section 5.3, 5.10.2, and C.3.2.8.
Biosafety Human Pathogens	Potential exposure identified in Biosafety Work Authorization	Biosafety In Microbiological and Biomedical Laboratories, 5 <sup>th</sup> ed. Section IV Laboratory Biosafety Level 2(B.2.) Criteria and Section VII Occupational Health and Immunoprophylaxis. Also Biosafety Manual Section 5.3, and C.3.2.2
Bloodborne Pathogen	Exposure Incident related to a job duty or not related to a job duty	29 CFR 1910.1030 Biosafety Manual Sections 3.3.4 , 5.3, and 5.10.2
Bloodborne Pathogen	Vaccination	29 CFR 1910.1030
CERN	Exam	Driven by organization (requirements and form brought in by employee)
Chemical Hygiene	Event	29 CFR 1910.1450(g)(1)
Crane Operator	Chapter 27.5 >2 tons	No Regulation Currently have PUB-3000 Chapter 27 Clinic follows NCCCO Handbooks, which matches ASME B30 (NCCCO not found in Contract 31) 10 CFR 851, Appendix A 8(g)(2)(ii), requires a fitness-for-duty exam

Crane Operator	Chapter 27.5 >2 tons and mobile crane driver	8 CCR 5006.1
Crane Operator	Chapter 27.5 <2 tons	No regulation Currently have PUB-3000 Chapter 27 Clinic follows NCCCO Handbooks, which matches ASME B30 (NCCCO not found in Contract 31) 10 CFR 851, Appendix A 8(g)(2)(ii) requires a fitness-for-duty exam
DOT Driver	Driver Medical Exam	49 CFR 391.41 et seq. (Reference only - not in Contract 31)
General Health Exam	Age Based	10 CFR 851, Appendix A 8(g)(2)(i)
General Health Exam	Termination	10 CFR 851, Appendix A 8(g)(2)(v)
Hazwoper	Annual or Periodic Exam	29 CFR 1910.120(a)(1) (i)-(iv); f(2)(ii)
Hazwoper	Exposure Exam	29 CFR 1910.120(a)(1) (i)-(iv); f(2)(iii)
Hazwoper	Pre-placement	29 CFR 1910.120(a)(1) (i)-(iv); f(2)(ii)
Hazwoper	Termination Exam	29 CFR 1910.120(a)(1) (i)-(iv); f(2)(ii)
Hearing Conservation	Annual Exam	29 CFR 1910.95(g)
Hearing Conservation	Baseline	29 CFR 1910.95(g)
Laser	Exposure Exam	ANSI Z136.1
Laser	Pre-use	ANSI Z136.1 PUB-3000 Section 16.4.3.2
Laser	Termination Exam	Legal considerations, courtesy to user
Lead	Comment	There are no personnel who qualify for mandatory annual surveillance for construction.
Lead	Voluntary	29 CFR 1910.1025(j); 8 CCR 1532.1(j) (as guides)
Lead (construction)	Initial	8 CCR 1532.1(j)(1)

Nanoparticle	Initial	DOE Notice/Order 456.1 (proposed)
Nanoparticle	Termination	DOE Notice/Order 456.1
PIT Operator	Medical Clearance	ASME B56.1, Powered Industrial Trucks PUB-3000 Section 28.5 Berkeley Lab Health Services Clinic follows NCCCO Handbooks, which matches ASME B30 (NCCCO not found in Contract 31) 10 CFR 851, Appendix A, 8(g)(2)(ii) requires a fitness-for-duty exam
Pre-placement Exam	None	10 CFR 851, Appendix A 8(g)(2)
Respiratory Protection	Annual Exam (SCBA users)	29 CFR 1910.134 Z88.6 9.1.2
Respiratory Protection	Fit Test	29 CFR 1910.134(f)
Respiratory Protection	Initial Non-voluntary Use	29 CFR 1910.134
Respiratory Protection	Voluntary Users (non-dust mask)	29 CFR 1910.134(c)(2)
Return to Work Exam	Suitability	10 CFR 851, Appendix A, 8(g)(2)(iv)
Transfer Exam	None	10 CFR 851, Appendix A, 8(g)(2)(i)

## Related Berkeley Lab Policies

- EHS Core Policy, 07.01.001.000
- Health Services Overview, 02.13.002.000
- Family and Medical Leave Policy, 02.07.003.000
- Workers' Compensation Policy, 02.06.008.000

## Implementing Documents

Document number	Reference number	Title	Type
07.05.002.001	PUB-3000 Section 3.9	Medical Surveillance Program	Program
02.13.002.001		Health Services	Program
07.07.004.001		Biosafety	Program

07.07.022.001		Noise Hazard Assessment and Control	Program
07.07.018.001		Laser Safety Program	Program
07.07.023.001		Non-ionizing Radiation	Program
07.07.005.001		Chemical Safety Hazards and Controls	Program
07.07.002.001		Asbestos Hazards and Controls	Program
07.07.019.001		Lead Hazards and Controls	Program
07.07.003.001		Beryllium Hazards and Controls	Program
07.07.032.001		Respiratory Protection	Program
07.07.013.001		Exposure Assessment	Program
07.07.025.001		Forklifts and Other Powered Industrial Trucks	Program
07.07.008.001		Cranes, Hoisting, and Rigging Safety	Program

## Other References

- DOE G 440.1-8, Implementation Guide for Use with 10 CFR Part 851, Worker Safety and Health Programs, Section 3.6.8.9 Assistance and Wellness

# Memoranda of Understanding (MOUs)

## Brief

Title:	Memoranda of Understanding (MOUs)
Publication date:	11/19/2013
Effective date:	11/19/2013

## BRIEF

### Policy Summary

Memoranda of Understanding (MOUs), sometimes referred to as Letters of Intent, are aspirational statements of intention describing the framework for cooperation and collaboration envisioned by participants from Berkeley Lab and another entity or other entities. MOUs are not legally binding agreements, nor are they appropriate vehicles for obligating funds. All MOUs must be signed by the Laboratory Director, unless signature authority has been delegated by the Laboratory Director. Delegations of signature authority from the Laboratory Director may be informally communicated by the Chief of Staff, who will notify the Office of Laboratory Counsel (OLC) by e-mail of the Laboratory Director's decision to delegate. MOUs must be reviewed by the OLC for legal form, content, and consistency with Laboratory policies. In addition, if it is with a foreign entity, the MOU must undergo a process of due diligence to ensure that any counterintelligence considerations are addressed. This policy describes the requirements and processes for usage, review, and approval of MOUs at the Laboratory.

### Who Should Read This Policy

Any Berkeley Lab employee who drafts, negotiates, or submits MOUs for review, approval, and execution

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Chief Laboratory Counsel  
Office of Laboratory Counsel

## Policy

Title:	Memoranda of Understanding (MOUs)
Publication date:	11/19/2013
Effective date:	11/19/2013

## POLICY

### A. Purpose

This policy describes the requirements and processes for all Memoranda of Understanding (MOU) in which Lawrence Berkeley National Laboratory (Berkeley Lab) is a participant.

### B. Persons Affected

This policy applies to any Berkeley Lab employee who drafts, negotiates, or submits MOUs for review, approval, and execution.

### C. Exceptions

None

## D. Policy Statement

### 1. Overview and Essential Criteria

- a. Memoranda of Understanding (MOUs), sometimes referred to as Letters of Intent, are aspirational statements of intention describing the framework for cooperation and collaboration envisioned by Berkeley Lab and the other participant(s). MOUs are not legally binding agreements, nor are they the appropriate vehicles for obligating funds. All MOUs are to be signed by the Laboratory Director, unless signature authority has been delegated by the Laboratory Director. Delegations of signature authority from the Laboratory Director may be informally communicated by the Chief of Staff, who will notify the Office of Laboratory Counsel by e-mail of the Laboratory Director's decision to delegate.
- b. Laboratory MOUs must meet the following criteria:
  - i. They must align with the strategic interests and policies of the United States and Berkeley Lab.
  - ii. They must be reviewed by the Office of Laboratory Counsel (OLC) as to their legal form, content, and consistency with Laboratory policies.
  - iii. In addition, if one or more of the participants is a foreign entity, they must undergo a process of due diligence to ensure that any counterintelligence considerations are addressed, including that:
    1. The proposing division must notify the Office of Science Program Manager, or pertinent U.S. Department of Energy (DOE) funder, for the contemplated activity. In some cases, OLC may require written concurrence from the DOE funding source.
    2. The OLC must notify and obtain approval of the MOU from the DOE Berkeley Site Office (BSO) through its Site Office Counsel.
    3. The OLC must notify and obtain approval of the MOU from the local DOE Counterintelligence Office; and
    4. The BSO (on behalf of the OLC) must notify and obtain approval of the MOU from the DOE Office of Science Advisor for International Programs.
    5. The OLC must e-mail an electronic version of the completely executed MOU to the DOE by e-mail to: [labagreements@hq.doe.gov](mailto:labagreements@hq.doe.gov) and to the BSO in care of the Contracting Officer.

### 2. Review and Approval Process



- a. A Berkeley Lab employee who initiates or is presented with a written MOU must review the draft MOU for the following points:
- i. Is the MOU in alignment with the strategic interests and policies of the Laboratory and the United States, i.e., Are there equitable benefits between the United States/Berkeley Lab and the other participant(s)?
  - ii. If the MOU includes a foreign participant, has the MOU been shared with the DOE program sponsor?
  - iii. Does the MOU use language that conveys it is informal and nonbinding?

<b>Language That SHOULD NOT BE Used Because It Reflects an Intention to Be Legally Bound</b>	<b>Language That SHOULD BE Used Since It Does Not Reflect an Intention to Be Legally Bound</b>
Shall, will, agree(d), commit, must	Plan to, intend, expect, should, may, decided, determined
Commitment, agreement	Understanding, statement, declaration
Parties, party	Participants
Agreement, treaty, convention, protocol	Statement, arrangement, mechanism
Entry into force, valid	Date activities commence, today's date
Amended	Modified, revised
Terminated	Discontinued

- iv. How is the Laboratory named in the MOU? The appropriate party to an MOU is named as, "The Regents of the University of California, manager and operator of the Lawrence Berkeley National Laboratory pursuant to Contract DE-AC02-05CH11231."
  - v. Is there a clause that describes discontinuation of the MOU? For example, "The Participants may discontinue this MOU at any time in writing. A Participant that wishes to discontinue its participation in this MOU should endeavor to provide at least thirty (30) days written notice to the other Participant."
  - vi. Is there a finite term for the MOU? For example, "Cooperative activities under this MOU may commence upon signature of the Participants and continue for a five (5) year period, unless discontinued in accordance with paragraph \_ of this MOU."
  - vii. Is there a provision that describes how the MOU may be continued? For example, "This MOU may be modified in writing by mutual consent of the Participants and may be extended for additional periods."
  - viii. Is there a statement that the document is not legally binding for either participant? For example, "This MOU does not create legally binding obligations."
  - ix. Is there a statement that the cooperation is subject to the availability of funding? For example, "The conduct of cooperative activities contemplated by this MOU is subject to the availability of funding, personnel, and other resources."
  - x. Is there a statement indicating that all UC policies, Laboratory policies, and DOE regulations will be followed? For example, "Each participant should conduct the cooperation contemplated by this MOU in accordance with all applicable laws, regulations and other requirements to which it is subject, including, without limitation, export control laws and environment health and safety laws and regulations."
  - xi. Is there a statement regarding responsibilities for costs incurred in participating in the MOU? For example, "Each participant is to be responsible for the costs it incurs in participating in cooperative activities under this MOU."
  - xii. Are there any export control issues? If so, what are they? A sample paragraph to consider including for this issue is: "In view of its management by an institution of higher education, LBNL intends to conduct its activities under this MOU as fundamental research under U.S. Export Control regulations and has many foreign persons who are students and employees. Accordingly, [name of other participant] should not transfer to LBNL any information that is export controlled under the Export Administration Regulations or International Traffic in Arms Regulations."
  - xiii. Is there anything in the MOU that may limit research publications? If so, consider deleting or changing it to the following: "Publications are intended to be collaborative and Participants may publish information in whole or in part, independent of the other. Participants may secure pre-publication review from each other, which shall not be unreasonably withheld or delayed beyond thirty (30) days."
- b. For MOUs that include a foreign-entity participant, the proposing division must notify the Office of Science Program Manager, or the pertinent DOE funder, of the proposed collaborative activity.
- c. All MOUs must be referred to the OLC, which will review them as to their legal form, content, and consistency with Laboratory policies.
- d. If the MOU includes intellectual property issues, the OLC may direct a copy to the Department Head of Technology Transfer and Intellectual Property Management, who will perform the review and advise as to any potential legal, intellectual property, or other issues presented by the draft MOU.
- e. If there is a foreign language version of the MOU, the proposing division is responsible for supplying the OLC with a draft of the MOU in both English and the foreign language. The U.S. Department of State must review and accept the foreign-language version and the division will be responsible for the cost of that review.

- f. When language of the draft MOU is acceptable to all participants and has been approved by all necessary authorities — including, for MOUs with foreign-entity participant, Site Counsel for BSO, the DOE Counterintelligence Office, and the DOE Office of Science Advisor for International Programs — the OLC will submit the MOU to the Laboratory Director for review, approval, and signature, if appropriate.
3. **Post-execution Handling:** The division supporting the MOU is responsible for providing the OLC with an original of the executed MOU. If the MOU includes a foreign participant, the OLC is responsible for e-mailing an electronic version of the completely executed MOU to DOE at [labagreements@hq.doe.gov](mailto:labagreements@hq.doe.gov), and to the BSO in care of the Contracting Officer.

## E. Roles and Responsibilities

Role	Responsibility
Division Director	<b>All MOUs:</b> Reviews and approves all draft MOUs emanating from the division to ensure that they align with the strategic interests and policies of the United States and Berkeley Lab
Chief Laboratory Counsel	<b>All MOUs:</b> Is responsible for review of all Berkeley Lab MOUs as to their legal form, content, and consistency with Laboratory policies. The Office of Laboratory Counsel (OLC) is the office of record for original executed MOUs. If there is a foreign participant, the OLC is also responsible for submitting an electronic version of the completely executed MOU to the DOE.
Laboratory Director	<b>All MOUs:</b> Is responsible for reviewing, approving, and executing, if appropriate, all proposed MOUs
Department Head of Technology Transfer and Intellectual Property Management	<b>All MOUs:</b> May be asked by the OLC to review MOUs that include technology transfer or intellectual property content
DOE Berkeley Site Office (BSO)	<b>MOU with a Foreign Participant:</b> Reviews and approves all MOUs that include a foreign participant, and serves as liaison for review requests to the DOE Office of Science Advisor for International Programs
DOE Office of Science Advisor for International Programs	<b>MOU with a Foreign Participant:</b> Reviews and approves all MOUs that include a foreign participant
DOE Counter-Intelligence Office	<b>MOU with a Foreign Participant:</b> Reviews and approves all MOUs that include a foreign participant
U.S. State Department	<b>MOU with a Foreign Participant:</b> Reviews and approves all foreign-language translations of MOUs
Berkeley Lab Employee Proposing MOU	<b>All MOUs:</b> Is responsible for ensuring that all MOUs contain appropriate content, obtaining division director approval of the MOU and underlying activities, and interfacing with the Office of Laboratory Counsel during the MOU review-and-approval process. Serves as liaison with other MOU participant(s). <b>MOU with a Foreign Participant:</b> Is responsible for notifying the Office of Science Program Manager, or pertinent DOE funder, of the proposed MOU and contemplated activities.

## F. Definitions/Acronyms

Term	Definition
MOU	An MOU or Memorandum of Understanding, sometimes referred to as a Letter of Intent, is an aspirational statement of intention describing the framework for cooperation and collaboration envisioned by participants from Berkeley Lab and another entity or other entities
OLC	Berkeley Lab's Office of Laboratory Counsel
BSO	Berkeley Site Office

## G. Recordkeeping Requirements

The Office of Laboratory Counsel shall retain a completely executed original of all MOUs.

## H. Implementing Documents

Document number	Title	Type
N/A	Laboratory Counsel Practical Guide – MOUs	Process
N/A	Laboratory Counsel Practical Guide – MOUs (MOU Template)	Form
N/A	Laboratory Counsel Practical Guide – MOUs	Procedure

## I. Contact Information

Chief Laboratory Counsel  
Office of Laboratory Counsel

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/19/2013	0	A. Del Simone	New RPM policy	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Memoranda of Understanding (MOUs)
Document number	03.03.002.000
Revision number	0
Publication date:	11/19/2013
Effective date:	11/19/2013
Next review date:	11/19/2016
Policy Area:	Agreements
RPM Section (home)	Conduct of Research and Development
RPM Section (cross-reference)	none
Functional Division	Laboratory Counsel
Prior reference information (optional)	

## Source Requirements Documents

- 5/14/12 Memorandum from Steven Chu re: Laboratory Memoranda of Understanding (MOUs) with Foreign Partners
- Frequently Asked Questions: DOE National Laboratory MOUs with Foreign Partners

## Implementing Documents

Document number	Title	Type
N/A	Laboratory Counsel Practical Guide – MOUs	Process
N/A	Laboratory Counsel Practical Guide – MOUs (MOU Template)	Form
N/A	Laboratory Counsel Practical Guide – MOUs	Procedure

# MERGED - Accounting for Internal Use Software (IUS)

Title:	Accounting for Internal Use Software (IUS)
Publication date:	3/6/2014
Effective date:	–

## BRIEF

### Policy Summary

This policy has been merged with the [Property, Plant and Equipment Policy \(PP&E\)](#)

Title:	Accounting for Internal Use Software (IUS)
Publication date:	1/2/2012
Effective date:	12/15/2011

## POLICY

This policy has been merged with the [Property, Plant and Equipment Policy \(PP&E\)](#)

### K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	R. Hegarty	Re-format for wiki	All	Minor
3/6/2014	–	M. Beedle	Merged with Property, Plant & Equipment Policy	All	Major

## DOCUMENT INFORMATION

Title:	Accounting for Internal Use Software (IUS)
Document number	11.01.018.000
Revision number	–
Publication date:	3/6/2014

Effective date:	–
Next review date:	–
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.54

## Source Requirements Documents

## Implementing Documents

# Military Service Leave - B

Title:	Military Service Leave
Publication date:	1/2/2012
Effective date:	3/4/2002

## BRIEF

### Policy Summary

A Berkeley Lab employee may be provided military leave for the following reasons:

- Reserve Training Leave
- Temporary Military Leave
- Extended Military Leave
- Emergency Leave for National Guard
- Physical Examination Leave
- National Defense Leave

### Who Should Read This Policy

All employees who serve in the military or military reserves. Nonrepresented employees should refer to their collective bargaining agreements.

### To Read the Full Policy, Go To:

- Military Leave: <http://www.lbl.gov/Workplace/RPM/R2.14.html>
- National Defense Leave: <http://www.lbl.gov/Workplace/RPM/R2.12.html#RTFToC10a>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Military Service Leave
Publication date:	1/2/2012
Effective date:	3/4/2002

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to these pages to find the details:

- Military Leave: <http://www.lbl.gov/Workplace/RPM/R2.14.html>
- National Defense Leave: <http://www.lbl.gov/Workplace/RPM/R2.12.html#RTFToC10a>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Military Service Leave
Document number	02.07.013.000
Revision number	0
Publication date:	1/2/2012
Effective date:	3/4/2002
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.14, 2.12(E)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- California Spousal Deployment Time Off
- California Domestic Partner Rights and Responsibilities Act
- California Military and Veterans Code Section 394, National Guard members or reserves are entitled up to 17 days per year
- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- DOE Contract 31, Clause I.26, FAR 52.222-35 EQUAL OPPORTUNITY FOR VETERANS (SEP 2010)
- [Uniformed Services Employment and Reemployment Rights Act \(USERRA\)](#)
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure



# Miscellaneous Invoice Requests

Title:	Miscellaneous Invoice Requests
Publication date:	3/25/2013
Effective date:	12/1/2010

## BRIEF

### Policy Summary

This policy provides guidance for the preparation and submission of miscellaneous (manual) invoice requests. Contract Accounting prepares miscellaneous invoices at the request of a Berkeley Lab division seeking reimbursement to third parties for Laboratory services not covered by another contracting method.

### Who Should Read This Policy

Any employee involved with the process of getting reimbursed for Laboratory services not covered by another agreement with a third party

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page:

### Contact Information

[Business Services Manager](#)

Title:	Miscellaneous Invoice Requests
Publication date:	3/25/2013
Effective date:	12/1/2010

## POLICY

### A. Purpose

The purpose of this policy is to provide guidance and establish requirements for the preparation and submission of miscellaneous (manual) invoice requests at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

Any employee involved with the process of getting reimbursed for Laboratory services not covered by another agreement with a third party

### C. Exceptions

Not applicable

## D. Policy Statement

1. Contract Accounting will prepare miscellaneous invoices at the request of a Laboratory division to seek reimbursement to third parties for Laboratory services not covered by another contracting method (e.g., costs that are covered by a Memorandum of Understanding [MOU] agreement between the University of California Office of the President [UCOP], the UC campus, or other universities or entities and the Laboratory).
2. The invoice request must be for an allowable cost.
3. The miscellaneous-invoice process cannot be used in lieu of established Laboratory, Department of Energy (DOE), or University of California (UC) policies or procedures.
4. **Procedures**
  - a. **Division**
    - i. To request a miscellaneous invoice, complete a [Request for Preparation of Miscellaneous Invoice Form](#).
      1. Section 1 is required for one-time (nonrecurring) requests only.
      2. Section 2 is required for **all** requests.
      3. Section 3 is required for recurring requests only.
    - ii. Send the completed form to [ARhelp@lbl.gov](mailto:ARhelp@lbl.gov). Indicate "Misc. Invoice Request" in the subject line to ensure timely processing.
    - iii. Contract Accounting must receive the division's completed [Request for Preparation of Miscellaneous Invoice Form](#) by the 20<sup>th</sup> of the month. Requests received after the 20<sup>th</sup> of the month will be processed the following month.
  - b. **Contract Accounting**
    - i. Enter, print, and mail all miscellaneous invoices. Invoices are mailed once monthly after the closing process.
    - ii. If a miscellaneous invoice remains unpaid after 60 days, the division will be contacted for assistance.
    - iii. After 120 days, the debt may be transferred to the DOE Chicago Operations Office for submission to the Department of Treasury for collection.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Cooperative Agreement	An agreement between the University of California and one or more participants under which the government (through Berkeley Lab) provides personnel services, facilities, equipment, or other resources (with or without reimbursement) towards the conduct of specified research or development efforts that are consistent with the mission of the Laboratory
Compensation above Salary Limits for Work for Others Agreements	Compensation for researchers working on grants and cooperative agreements may be subject to limitations by federal law or provisions of specific Work for Others agreements. The cost of salaries and wages in excess of the limitations are unallowable under Contract 31 and must be covered by bestowments or other non-federal funds.
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
Notice Number: NOT-OD-08-035	<a href="#">Salary Limitation on Grants, Cooperative Agreements, and Contracts, NIH Guide</a>	Guide
11.01.012.001	<a href="#">Request for Preparation of Miscellaneous Invoice Form</a>	Form

## I. Contact Information

[Business Services Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	S. Frainier	Review completed 12/1/2012, no changes	Pub & next review dates	Minor
1/2/2012	1	S. Frainier	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Miscellaneous Invoice Requests
Document number	11.01.014.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	12/1/2010
Next review date:	12/1/2014
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.32
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.32

## Source Requirements Documents

*DOE Accounting Handbook, Chapter 8, Receivables*

## Implementing Documents

Document Number	Title	Type
Notice Number: NOT-OD-08-035	<a href="#">Salary Limitation on Grants, Cooperative Agreements, and Contracts, <i>NIH Guide</i></a>	Guide
11.01.012.001	<a href="#">Request for Preparation of Miscellaneous Invoice Form</a>	Form

# Moves

## Brief

Title:	Moves
Publication date:	12/4/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

This policy establishes the process for managing the ongoing need to relocate personnel and property for Berkeley Lab.

### Who Should Read This Policy

- Personnel requesting relocation of a work area or equipment to another location within the Laboratory
- Operations personnel and outside contractors responsible for the movement and/or relocation of personnel and property between Berkeley Lab on- and off-site locations

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Space Management Planning and Move Coordinator](#)  
Facilities Division

[Work Request Center](#), ext. 6274  
Facilities Division

## Policy

Title:	Moves
Publication date:	12/4/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy establishes the process for managing the ongoing need to relocate personnel and property for Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

- Personnel requesting relocation of a work area or equipment to another location within Berkeley Lab.
- Operations personnel and outside contractors responsible for the movement and/or relocation of personnel and property between Berkeley Lab on- and off-site locations

### C. Exceptions

Moving hazardous materials is not included in this policy.

## D. Policy Statement

This policy ensures that all processes utilized for the movement and/or relocation of personnel and property at Berkeley Lab are performed in an efficient, timely, and safe manner.

Berkeley Lab requires any relocation of personnel and property between Laboratory locations to be managed by the Facilities Move Coordinator. There is an ongoing need at Berkeley Lab to relocate personnel and property between on-site and off-site locations, and the scale of those moves is varied. The Move Coordinator is responsible for meeting with the client, preparing for the move, coordinating personnel and equipment involved in the move, identifying potentially hazardous conditions, coordinating computer and telephone relocations, and coordinating the moving of furniture and property.

## E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab Division/Requester	<ul style="list-style-type: none"><li>Proposes the scope of the move</li><li>Accesses the Facilities <a href="#">Work Request Center Web site</a> to request a move</li><li>Reviews the request with the Moves Coordinator</li><li>Contacts EH&amp;S if requesting movement of hazardous material</li></ul>
Move Coordinator	<ul style="list-style-type: none"><li>Serves as the point of contact for all office/building moves</li><li>Reviews all move requests</li><li>Performs pre-field verification of the new location to accommodate personnel and material(s) associated with move</li><li>Confirms the scope of the move</li><li>Understands and is familiar with current building codes and basic safety standards</li><li>Coordinates movement of personnel, equipment, furniture, and systems between and/or among Berkeley Lab locations</li><li>Maintains current Subcontractor Job Hazards Analysis (sJHA) for all contract move companies and document oversight</li></ul>
Material Handler/Contract Employee	<ul style="list-style-type: none"><li>Performs pre-field verification of new location to accommodate personnel and material(s) associated with the move</li><li>Prepares material for transport</li><li>Notifies Move Coordinator if a hazardous condition is observed</li><li>Loads/delivers material at each location</li><li>Performs all duties per EHSS safety guidelines</li></ul>
Technical Supervisor	<ul style="list-style-type: none"><li>Provides line management to the Facilities Move functions</li><li>Ensures staff compliance with all Berkeley Lab, EHSS, Department of Energy, and Department of Transportation 49 CFR requirements</li></ul>

## F. Definitions/Acronyms

Term	Definition
Institutional Document	A publication authorized by Laboratory management that delineates Laboratory-wide or multifunctional policy, procedures, regulations, or plans. A subset of authoritative documents. Scientific and technical publications and reports are not included in this definition. Examples: <i>Personal Property Policy Manual</i> , Radiation Protection Program, <i>Requirements and Policies Manual</i>
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
Procedure	A series of specific steps to be followed to accomplish work or to carry out a policy or requirement. Procedures are controls meant to mitigate risk, improve efficiency, or assure compliance. Examples: Obtaining a Berkeley Lab badge, maintaining the Laboratory's 12 kV electrical system, completing a travel expense form

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
LOGIS-005	<a href="#">Transportation – Moves Coordination</a>	Procedure

## I. Contact Information

Space Management Planning and Move Coordinator  
Facilities Division

[Work Request Center](#), ext. 6274  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Young	Prepare for wiki, revised per Requirements Management Program	all	Minor
12/4/2012	1	K. Toulouse	Rewrite for wiki (policy)	all	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Moves
Document number	09.07.001.000
Revision number	1
Publication date:	12/4/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Moves
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- Code of Federal Regulations, Title 49, Transportation, Parts 100–1699, [Other Regulations Relating to Transportation](#)

## Other Driving Requirements

- Berkeley Lab [Space Management Policy](#)
- Berkeley Lab [Property Manual \(PUB-3032\)](#)

## Implementing Documents

Document Number	Title	Type
LOGIS-005	<a href="#">Transportation – Moves Coordination</a>	Procedure





# NEPA & CEQA Program

Title:	NEPA & CEQA Program
Publication date:	6/26/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

The National Environmental Policy Act (NEPA) & California Environmental Quality Act (CEQA) Program at Berkeley Lab provides the U.S. Department of Energy (DOE) and the University of California (UC) with environmental-planning, decision-making, and compliance support pursuant to NEPA and CEQA.

DOE is legally required to conduct NEPA reviews, and UC to conduct CEQA reviews, for all actions, including those that DOE or UC might support indirectly with funding or approvals that might have a significant impact on the environment. Accordingly, the Berkeley Lab NEPA/CEQA Program reviews and prepares any necessary environmental analysis and documentation on the following types of Berkeley Lab activities:

- Research projects, programs, and experiments
- Maintenance and service activities that involve physical work (e.g., non-paperwork)
- Construction, demolition, and renovation projects
- Development and planning programs that require reviews (e.g., long-range development plans)

### Who Should Read This Policy

All Berkeley Lab principal investigators, project managers, project-planning staff, department heads from the Facilities and EH&S divisions, and Berkeley Site Office managers

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Environmental Planner](#)  
Facilities Division

Title:	NEPA & CEQA Program
Publication date:	6/26/2012
Effective date:	1/2/2012

## POLICY

## A. Purpose

The National Environmental Policy Act (NEPA) & California Environmental Quality Act (CEQA) Program at Berkeley Lab provides the U.S. Department of Energy (DOE) and the University of California (UC) with environmental-planning, decision-making, and compliance support pursuant to NEPA and CEQA.

DOE is legally required to conduct NEPA reviews, and UC to conduct CEQA reviews, for all actions, including those that DOE or UC might support indirectly with funding or approvals that might have a significant impact on the environment. Accordingly, the Berkeley Lab NEPA/CEQA Program reviews and prepares any necessary environmental analysis and documentation on the following types of Berkeley Lab activities:

- Research projects, programs, and experiments
- Maintenance and service activities that involve physical work (e.g., non-paperwork)
- Construction, demolition, and renovation projects
- Development and planning programs that require reviews (e.g., long-range development plans)

## B. Persons Affected

This policy applies to Berkeley Lab employees who perform work that may have an impact on the environment as defined under NEPA and CEQA regulations. Such employees include those who are responsible for a variety of physical activities, including research, construction, demolition, renovation, maintenance, landscaping, both on and off Berkeley Lab's main site.

## C. Exceptions

Berkeley Lab employees whose work is not funded, supported, entitled, or permitted by federal entities are likely exempt from NEPA requirements. Berkeley Lab employees whose work takes place outside of California are likely exempt from CEQA. Exception determinations are made in consultation with the Laboratory Environmental Planner and/or Environmental Counsel.

## D. Policy Statement

1. **Research Activities.** All research proposals must receive NEPA and CEQA review before work is performed. Such proposals typically include Work for Others (WFO), Cooperative Research and Development Agreement (CRADA), Management and Operating (M&O), fieldwork proposals, Laboratory Directed Research and Development, and gifts. The process for review is as follows:
  - a. The principal investigator (PI) fills out and signs **NEPA/CEQA form** to accompany proposal package.
  - b. The research division submits a proposal package to the Environmental Planner.
  - c. The Environmental Planner reviews the proposal and conducts any necessary NEPA and/or CEQA analysis and documentation. When NEPA and CEQA determination is made by the responsible authority, the Environmental Planner records the determination and signs off on the NEPA/CEQA form.
  - d. The Environmental Planner notifies the research division, which may then release funding to the PI and authorize work to begin.
2. **Facilities Projects and Maintenance Activities.** All construction, demolition, renovation, maintenance, landscaping, and maintenance and service activities involving physical work (e.g., non-paperwork) must receive NEPA and CEQA review before work is performed. The process for review is as follows:
  - a. The project manager, or responsible work lead, presents project information and the request for a NEPA/CEQA determination to the environmental planner (the NEPA and CEQA determination is typically provided on a **project sign-off form** prepared by the project manager).
    - i. The Environmental Planner reviews the proposal and conducts any necessary NEPA and/or CEQA analysis and documentation. When a NEPA and CEQA determination is reached, the environmental planner provides NEPA/CEQA approval notification to the project manager or responsible work lead.
  - b. For proposed physical work that is very minor or *de minimis* (e.g., Work Request Center activities), the work assigner determines whether the physical work falls on an established **list of normally covered activities**. If not on that list, the Environmental Planner is consulted.
3. **Applicable Planning Activities.** All development and planning programs that represent an irretrievable commitment of resources or a reasonably foreseeable project, or that normally require environmental review, are likely subject to NEPA and/or CEQA review. The process for review is as follows:
  - a. The project manager consults the Environmental Planner to determine if NEPA and/or CEQA reviews are required.
  - b. If environmental review is required, the project manager submits the proposed plan or project description to the Environmental Planner.

- c. The Environmental Planner reviews the proposal and conducts any necessary NEPA and/or CEQA analysis and documentation. When NEPA and CEQA determination is reached, the Environmental Planner provides NEPA/CEQA approval notification to the project manager or responsible work lead.
4. **Mitigation Measures.** All mitigation-measure commitments made as part of the CEQA and NEPA processes must be undertaken by Berkeley Lab as documented in the Laboratory's **Mitigation Monitoring and Reporting Program (MMRP)**, maintained by the Laboratory's Environmental Planner. Responsible parties, actions, and delivery dates are included in the MMRP.
5. **Approval of Variations from Policy.** Exceptions may be made to these policies on a case-specific basis by the Environmental Planner in consultation with the Laboratory's Environmental Counsel.

## E. Roles and Responsibilities

Role	Responsibility
Environmental Planner	Conducts National Environmental Policy Act (NEPA) and/or California Environmental Quality Act (CEQA) reviews of all proposals to perform physical work as described above. Oversees the Mitigation Monitoring and Reporting Program (MMRP). Provides advice, support, and subject matter expertise to Berkeley Lab, the U.S. Department of Energy, and the University of California.
Principal Investigators	Must prepare and sign National Environmental Policy Act (NEPA)/California Environmental Quality Act (CEQA) forms for all applicable research proposals
Research Division Staff	Must submit proposals to Berkeley Lab's Environmental Planner for review and approval
Project Managers	Must submit project proposals for National Environmental Policy Act (NEPA)/California Environmental Quality Act (CEQA) review and approval
All Employees	If named in the Mitigation Monitoring and Reporting Program, must carry out assigned mitigation duties and responsibilities as indicated

## F. Definitions/Acronyms

Term	Definition
California Environmental Quality Act (CEQA)	California statute mandating procedures for analyzing, disclosing, and mitigating environmental impacts.
Environment	For National Environmental Policy Act (NEPA) and California Environmental Quality Act (CEQA) purposes, the environment represents the entirety of physical surroundings, natural and man-made, both on and off the main Berkeley Lab site.
Environmental Impacts	For National Environmental Policy Act (NEPA) and California Environmental Quality Act (CEQA) purposes, environmental impacts are effects to any of the various components of that environment. These include effects on natural resources (air, water, plant and animal species, etc.), man-made resources (historical and archaeological items, traffic conditions, public services), and subjective conditions (visual quality, noise, land use, etc.).

Mitigation Monitoring and Reporting Program (MMRP)	A central repository containing Berkeley Lab's National Environmental Policy Act (NEPA)/California Environmental Quality Act (CEQA) mitigation obligations along with procedures for their implementation.
NEPA	National Environmental Policy Act
Physical Work	Activities conducted at Berkeley Lab or by Berkeley Lab staff that could have an appreciable effect on the environment. Such work could include constructing a building, using chemicals in a laboratory, cutting down a tree, or leasing office space in downtown Berkeley.

## G. Recordkeeping Requirements

- Records of research proposal approvals are kept by the Environmental Planner.
- Records of approvals of other physical work are kept by the respective project manager. Any new NEPA and/or CEQA documentation is maintained by the Environmental Planner.
- Records of approvals of applicable planning activities reviews are kept by the Environmental Planner.
- MMRP records are kept by the Environmental Planner in concert with the respective project managers of individual projects identified in the MMRP.

## H. Implementing Documents

Document Number	Title	Type
	<a href="#">Berkeley Lab NEPA &amp; CEQA home page (instructions)</a>	Web site
	<a href="#">Berkeley Lab NEPA Web page</a>	Web site
	<a href="#">Berkeley Lab CEQA Web page</a>	Web site
	<a href="#">Environmental Planning Customers (Berkeley Lab NEPA &amp; CEQA Web page for customers)</a>	Web site
09.02.001.006	List of Normally Covered Activities (tbd)	Process
09.02.001.007	Mitigation Monitoring and Reporting Program (tbd)	Program
09.02.001.005	<a href="#">NEPA/CEQA and EH&amp;S Review Form (for Research Proposals)</a>	Form
09.02.001.008	Sample Project Sign-Off Form (tbd)	Form

## I. Contact Information

[Environmental Planner](#)  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
6/26/2012	1	L. Chen	Reformat for wiki	all	Minor
1/2/2012	0	L. Chen	Reformat for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	NEPA & CEQA Program
Document number	09.02.001.000
Revision number	1
Publication date:	6/26/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	NEPA-CEQA
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

### NEPA:

- [42 USC 7401](#), Section 309, *Clean Air Act*
- [40 Code of Federal Regulations \(CFR\) Part 1500--1508](#), *Regulations for Implementing the Procedural Provisions of NEPA*
- [10 CFR Part 1021](#), Department of Energy, *National Environmental Policy Act Implementing Procedures*
- [10 CFR Part 1022](#), *Compliance with Floodplain and Wetland Environmental Review Requirements* (10 CFR Parts 1021 and 1022)
- [EO 13423](#), *Strengthening Federal Environmental, Energy, and Transportation Management*
- [EO 13514](#), *Federal Leadership in Environmental, Energy, and Economic Performance*

### CEQA:

- [California Environmental Quality Act](#), California Public Resources Code, Section 21000, et seq.

- [California Environmental Quality Act Guidelines](#), California Code of Regulations, Title 14, Sections 15000 to 15007

## Other Driving Requirements

Various executive orders observed through the NEPA process, including:

- [Executive Order \(EO\) 11514](#), *Protection and Enhancement of Environmental Quality* (as amended by EO 11911)
- [EO 11990](#), *Protection of Wetlands*
- [EO 12088](#), *Federal Compliance with Pollution Control Standards*
- [EO 12114](#), *Environmental Effects Abroad of Major Federal Actions*
- [EO 12898](#), *Environmental Justice in Minority Populations and Low-Income Populations*
- [EO 13112](#), *Invasive Species*
- [EO 13148](#), *Greening the Government through Leadership in Environmental Management*
- [EO 13158](#), *Marine Protected Areas*
- [EO 13186](#), *Responsibilities of Federal Agencies to Protect Migratory Birds*
- [EO 13212](#), *Actions to Expedite Energy-Related Projects*
- [EO 13287](#), *Preserve America*
- [EO 12969](#), *Federal Acquisition and Community Right-to-Know*
- [EO 13031](#), *Federal Alternative Fueled Vehicle Leadership*
- [EO 13045](#), *Protection of Children from Environmental Health Risks and Safety Risks*
- [EO 13149](#), *Greening the Government Through Federal Fleet and Transportation Efficiency*

**CEQA Process:**

- [UC CEQA Handbook](#), 2002

## Related Berkeley Lab Policies

- [Capital Assets – Acquisition and Project Management](#)
- [Cooperative Research & Development Agreements \(CRADAs\)](#)
- [DOE Management and Operating \(M&O\) Overview](#)
- [Work for Others \(WFO\) Overview](#)

## Implementing Documents

Document Number	Title	Type
	<a href="#">Berkeley Lab NEPA &amp; CEQA home page (instructions)</a>	Web site
	<a href="#">Berkeley Lab NEPA Web page</a>	Web site
	<a href="#">Berkeley Lab CEQA Web page</a>	Web site
	<a href="#">Environmental Planning Customers (Berkeley Lab NEPA &amp; CEQA Web page for customers)</a>	Web site
09.02.001.006	List of Normally Covered Activities (tbd)	Process
09.02.001.007	Mitigation Monitoring and Reporting Program (tbd)	Program

09.02.001.005	NEPA/CEQA and EH&S Review Form (for Research Proposals)	Form
09.02.001.008	Sample Project Sign-Off Form (tbd)	Form

## Other References

- [DOE Office of NEPA Policy and Compliance Web site](#)

# Noise Hazard Assessment and Control

## Brief

Title:	Noise Hazard Assessment and Control
Publication date:	6/18/2013
Effective date:	4/4/2013

## BRIEF

### Policy Summary

The Noise Hazard Assessment and Control Program at Berkeley Lab ensures personnel are protected from noise hazards by:

- Evaluating potential noise hazards
- Implementing noise-reduction controls where feasible and providing hearing protection
- Performing periodic hearing examinations
- Providing hearing-protection training and
- Identifying high-noise areas with signage

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who could be performing work in or around high-noise sources

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH39.html>

### Contact Information

Noise/Hearing Conservation Subject Matter Expert  
Industrial Hygiene Group  
EHSS Division

## Policy

Title:	Noise Hazard Assessment and Control
Publication date:	6/18/2013
Effective date:	4/4/2013

## POLICY

### A. Purpose

The Noise Hazard Assessment and Control Program at Berkeley Lab ensures personnel are protected from noise hazards by:

- Evaluating potential noise hazards
- Implementing noise-reduction controls where feasible and providing hearing protection
- Performing periodic hearing examinations
- Providing hearing-protection training and
- Identifying high-noise areas with signage



## B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who could be performing work in or around high-noise sources

## C. Exceptions

Not applicable

## D. Policy Statement

It is the policy of Lawrence Berkeley National Laboratory (Berkeley Lab) to maintain work environments that will not adversely affect the health, safety, and well-being of Berkeley Lab workers. Other on-site workers such as construction contractors are required to have similar programs to protect their employees.

The Berkeley Lab Noise Hazard Assessment and Control Program requires the use of engineering controls, administrative controls, and personal protective equipment to maintain employees' occupational noise-exposure levels below the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV); and requires compliance with Occupational Safety and Health Administration federal regulatory requirements. Employees exposed to noise levels at or above the ACGIH TLV will be enrolled in the Noise Hazard Assessment and Control Program.

## E. Roles and Responsibilities

Role	Responsibilities
Workers	Request an exposure assessment when a concern is present regarding potential noise exposure, and follow all guidance provided in training and work processes to evaluate and control exposures
Supervisors and Work Leads	Request an exposure assessment when a concern is present regarding potential exposure; and ensure that persons within their areas of responsibility comply with this policy and its implementing documents, and have completed the required training prior to beginning work
Industrial Hygienist	Facilitates appropriate noise surveys and/or sampling
Health Services	Provides audiometric testing and maintains enrollment in the Noise Hazard Assessment and Control Program

## F. Definitions/Acronyms

See the ES&H Manual [Noise Hazard Assessment and Control program](#) for technical terms related to the details of this policy and its implementation.

Term	Definition
ACGIH	American Conference of Governmental Industrial Hygienists
CFR	Code of Federal Regulations
Exposure Assessment	The process of defining exposure profiles and judging the acceptability of workplace exposures to environmental agents. These assessments may be quantitative, semi-quantitative, or qualitative. These assessments are generally conducted by an EHSS professional, which may include industrial hygienists or safety engineers. These assessments may be conducted for representative employees and are not required to be conducted for each individual. In all cases, employees have full access to exposure monitoring information, including situations where an individual's exposure is not monitored.
Threshold Limit Value (TLV)	TLVs for noise refer to sound pressure levels and durations of exposure to which nearly all workers may be repeatedly exposed without adverse effect. These values are developed and published by the American Conference of Governmental Industrial Hygienists (ACGIH).

## G. Recordkeeping Requirements

EHSS is responsible for keeping records of the following:

- Job Hazard Analysis
- AHD
- Audiometric evaluation
- Training records
- Noise hazard evaluations
- Exposure monitoring results

## H. Implementing Documents

Document number	Title	Type
07.07.022.001	Noise Hazard Assessment and Control	Program
07.07.022.002	Work Process A, <i>General Requirements</i>	Process
07.07.022.003	Work Process B, <i>Noise Monitoring and Hazard Assessment</i>	Process
07.07.022.004	Work Process C, <i>Controlling Nuisance Noise</i>	Process
07.07.022.005	Work Process D, <i>Controlling Hazardous Noise</i>	Process
07.07.022.006	Work Process E, <i>Audiometric Testing and Hearing Conservation Training</i>	Process

## I. Contact Information

Noise/Hearing Conservation Subject Matter Expert  
 Industrial Hygiene Group  
 EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Toor	Rewrite for wiki (brief)	All	Minor
6/18/2013	1	H. Toor	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Noise Hazard Assessment and Control
Document number	07.07.022.000
Revision number	1
Publication date:	6/18/2013
Effective date:	4/4/2013
Next review date:	4/4/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 4.5 moved to Chapter 39

## Source Requirements Documents

- 29 CFR 1910.95, *Occupational Noise Exposure*
- 10 CFR 851.23(10), DOE Worker Safety and Health Program Implementing Documents
- LBNL/PUB-3851, *Worker Safety and Health Program*

## Implementing Documents

Document number	Title	Type
07.07.022.001	Noise Hazard Assessment and Control	Program
07.07.022.002	Work Process A, <i>General Requirements</i>	Process
07.07.022.003	Work Process B, <i>Noise Monitoring and Hazard Assessment</i>	Process
07.07.022.004	Work Process C, <i>Controlling Nuisance Noise</i>	Process
07.07.022.005	Work Process D, <i>Controlling Hazardous Noise</i>	Process
07.07.022.006	Work Process E, <i>Audiometric Testing and Hearing Conservation Training</i>	Process

# Nondisclosure Agreements

Title:	Nondisclosure Agreements
Publication date:	9/15/2012
Effective date:	9/20/1996

## BRIEF

### Policy Summary

A written Nondisclosure Agreement (NDA) must be approved and signed by Technology Transfer and Intellectual Property Management (TTIPM) before Berkeley Lab's nonpublic technical and scientific information (e.g., unpublished material that has not completed publication review) is shared, in any form, with third parties other than the University of California and DOE.

All obligations to keep confidential information from a for-profit company must be in a written agreement, and Berkeley Lab staff must comply with the terms of that agreement. If Berkeley Lab receives proprietary information from a nonprofit (including a university) or a government provider under implied conditions of confidentiality (i.e., without a written agreement), Berkeley Lab staff should take appropriate steps to safeguard the information.

### Who Should Read This Policy

- All employees
- Affiliates

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Nondisclosure Agreements
Publication date:	9/15/2012
Effective date:	9/20/1996

## POLICY

### A. Purpose

At times, Lawrence Berkeley National Laboratory (Berkeley Lab) needs to, or finds it useful to, disclose information relating to technical and

scientific developments not yet published or approved for public disclosure through pre-publication review (see the [Patents – Publication Clearance Policy](#), document number 10.04.002.000).

Similarly, at times Berkeley Lab needs to obtain proprietary information from third parties to meet Berkeley Lab's programmatic research objectives. The procedures of this policy enable Berkeley Lab to comply with its obligation to protect proprietary information that it receives from an external source and to avoid the possibility of liability for disclosure or misuse of such information. The procedures also protect Berkeley Lab researchers from inappropriately restrictive terms on publications or inventions of their own creation.

## B. Persons Affected

This policy applies to employees and affiliates who wish to obtain proprietary information from third parties or who wish to disclose Berkeley Lab technical and scientific developments that are not public.

## C. Exceptions

Berkeley Lab staff, in administrative positions or elsewhere, who routinely receive proprietary information in the course of their employment (e.g., purchasing agents, human resources specialists) must follow departmental guidelines for the management of proprietary information. Those guidelines generally incorporate the procedures, below, but see also the [Use of Privileged Information](#) policy.

## D. Policy Statement

Berkeley Lab will enter into nondisclosure agreements (NDAs) to protect Berkeley Lab's and DOE's interest in intellectual property, foster successful technology transfer, and avoid liability for others' use or misuse of Berkeley Lab information or material.

### 1. Transfer to Third Parties

- a. **NDA Signed by TTIPM.** A Berkeley Lab researcher (employee or affiliate) wishing to transfer nonpublic technical or scientific information to third parties (other than University of California staff or DOE) must contact Technology Transfer and Intellectual Property Management (TTIPM), which will prepare an NDA. TTIPM may also prepare an agreement for mutual disclosure of proprietary information or an agreement that also includes the transfer of tangible research material. The researcher may not transfer Berkeley Lab information before the agreement is signed by both TTIPM and the recipient.
- b. **Disclosure of Information.** At a minimum, any information Berkeley Lab discloses under an NDA should be prominently marked as "proprietary" or "confidential." If the Berkeley Lab researcher transferring nonpublic information wishes to disclose the information orally, he or she must first inform his or her audience that the forthcoming information is confidential. Some NDAs also require that confidential oral presentations be summarized, marked as confidential, and transmitted to the recipient within 15 to 30 days. The researcher must comply with any additional requirements contained in the NDA.
- c. **Transfer of Information to Berkeley Lab Subcontractors.** Under certain subcontracts, Berkeley Lab's full rights to intellectual property may be impaired if confidential information is transferred to a subcontractor under the subcontract without appropriate restrictive markings. If a Berkeley Lab researcher anticipates transferring nonpublic information to a Berkeley Lab subcontractor, the researcher must inform the Procurement and Property Management Department about this intention and take steps necessary under the subcontract to mark the information.

### 2. Obtaining Proprietary Information from Third Parties

- a. **Written NDA**
  - i. If a third party provides a written NDA, the Berkeley Lab employee must have that agreement approved by TTIPM. For quicker approval, the researcher may send the proposed agreement electronically to TTIPM ([ttd@lbl.gov](mailto:ttd@lbl.gov)) for review and send the original to TTIPM for signature. In urgent cases, TTIPM may authorize the researcher to sign the agreement on behalf of Berkeley Lab, after approval of the agreement on content. If the agreement from the originator contains unacceptable terms, TTIPM will contact the originator to modify the agreement appropriately.
  - ii. All obligations to keep confidential information from a for-profit company must be memorialized in a written agreement. If a for-profit company orally requests confidentiality, the Berkeley Lab researcher must contact TTIPM to obtain a written agreement.
- b. **Implied Conditions of Confidentiality.** If a Berkeley Lab employee receives proprietary information from a nonprofit (including a university) or government originator under implied conditions of confidentiality (i.e., without a written agreement), he or she must take steps to protect the information set forth in Sections [D.2.c, Maintenance of Proprietary Information](#), to [D.2.f, Return to](#)

Source, below. Berkeley Lab does not accept implied obligations of confidentiality or restrictions on use for proprietary information from private entities. The Berkeley Lab employee must have an approved agreement to obtain proprietary information from a for-profit entity.

- c. **Maintenance of Proprietary Information.** The Berkeley Lab recipient of proprietary information is responsible for physically securing the proprietary information at Berkeley Lab or associated campus facilities. The proprietary information must be kept under lock, must not be left where inadvertent disclosure may occur, and must not be removed from Berkeley Lab or associated campus facilities. Such information may not be photocopied or duplicated in any manner. It must be clearly marked as confidential and proprietary data. Computer source code containing proprietary information must not be stored in permanent files or open tape libraries. Object code containing proprietary information must not be stored in permanent files unless access to such files is controlled by the person responsible for the information.
  - d. **Internal Information Sharing.** As necessary for the conduct of the project and only on a need-to-know basis, proprietary information generally may be shared with other Berkeley Lab staff and University employees. No approvals are required for this, but the Berkeley Lab researcher must exercise his or her best judgment to minimize the exposure of such information. Copies must not be made for internal information sharing. Occasionally, the NDA may restrict internal sharing of proprietary information to a single recipient or specified group; TTIPM will inform the researcher of this restriction, and the researcher must abide by that restriction.
  - e. **Disclosure Outside Berkeley Lab**
    - i. If disclosure of proprietary information to any individual other than Berkeley Lab staff and appropriate University employees appears necessary, the Berkeley Lab employee who wishes to disclose the information must obtain prior written approval from the entity who supplied the proprietary information. That approval must be signed by an authorized representative of that entity and clearly specify what proprietary information may be disclosed and to whom it may be disclosed. Unless the approval letter otherwise specifies, the disclosure of the information will be made only on the Berkeley Lab site. No copies of the proprietary information may be made. Contact TTIPM to obtain assistance in securing appropriate approval from the proprietary information supplier.
    - ii. If Berkeley Lab independently develops, derives, or obtains information similar to proprietary property (other than from a source that Berkeley Lab would have reason to believe has a confidentiality obligation to the third party entity that signed an NDA with Berkeley Lab), Berkeley Lab may use or divulge that proprietary information without restriction. Berkeley Lab must, however, have documentary evidence (e.g., properly witnessed laboratory notebooks or publications) to prove the independence of the source.
  - f. **Return to Source.** When proprietary information or material is no longer needed, it must be returned promptly to the entity who signed the NDA by registered mail or a recognized courier service such as Federal Express or DHL, or otherwise disposed of (e.g., destroyed) as required in any written agreement. Copies of the proprietary information must not be retained.
3. **Consequence of Failure to Safeguard Information.** Failure to reasonably safeguard Berkeley Lab proprietary information and/or follow the procedures listed above may constitute a serious violation of professional responsibility that may result in disciplinary action, including termination.

## E. Roles and Responsibilities

Role	Responsibility
Licensing staff	<ul style="list-style-type: none"> <li>• Negotiates and approves NDA</li> <li>• Keeps records of NDAs</li> </ul>
Employee/Affiliate	<ul style="list-style-type: none"> <li>• Submits a request for approval of an NDA before revealing non-public Berkeley Lab information to an outside entity, upon receiving an NDA from a third party, or if a for-profit company wants to provide information under an obligation of confidentiality</li> <li>• Complies with the obligations of the NDA</li> </ul>

## F. Definitions/Acronyms

Term	Definition

Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students.
Intellectual Property	Intellectual property (IP) refers to creations of the mind: inventions, creative, literary and artistic works, and symbols, names, images, and designs used in commerce. The means to protect IP include patents, trademarks, copyright and trade secrets. Patents protect inventions. Trademarks protect words, names, symbols, sounds, or colors that distinguish goods and services. Copyrights protect works of authorship, such as writings, software, music, and works of art that have been tangibly expressed. Trade secrets are information that companies keep secret to give them an advantage over their competitors. While Berkeley Lab has discretion to secure and license patents, trademarks and copyrights, it is prohibited by DOE policy from licensing trade secrets.
Nondisclosure Agreement (NDA)	A legal contract between at least two parties that outlines confidential material, knowledge, or information that the parties wish to share with one another for certain purposes, but wish to restrict access to or by third parties. The recipient is typically prohibited from disclosing the confidential information except to those within the recipient organization with a "need to know," subject to certain common exceptions or time limits. A nondisclosure agreement is often also called a confidentiality agreement or a proprietary information agreement or a similar name.
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access.
Proprietary Information	Proprietary information is any information or material (including, but not restricted to, ideas, concepts, proposals, inventions, data, instruments, chemical samples, cost estimates, customer information, and computer programs) that (a) originates outside Berkeley Lab, (b) is disclosed to Berkeley Lab on expressed or implied conditions that limit Berkeley Lab's right to use or disclose the information, (c) is identified by the originator as proprietary or confidential either generally in a nondisclosure agreement or specifically with respect to particular information or material, and (d) is not generally known publicly. This includes the documents or electronic media that contain such information.
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

Technology Transfer and Intellectual Property Management keeps records of all NDAs.

## H. Implementing Documents

None

## I. Contact Information

Licensing  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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1/2/2012	0	H. Clark	Re-write for wiki (brief)	All	Minor
9/15/2012	1	V. Wolinsky	Re-write for wiki (policy)	All	Minor

## DOCUMENT INFORMATION

Title:	Nondisclosure Agreements
Document number	10.04.006.000
Revision number	1
Publication date:	9/15/2012
Effective date:	9/20/1996
Next review date:	9/15/2015
Policy Area:	Intellectual Property
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 5.06(C)(1); 5.06(F)
Functional Division	Technology Transfer and Intellectual Property Management
Prior reference information (optional)	

## Source Requirements Documents

U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, [Clause I.92](#) - DEAR 970.5227-3 Technology Transfer Mission (Deviation July 2006)

## Implementing Documents

None



# Nondiscrimination Policy

## Brief

Title:	Nondiscrimination Policy
Publication date:	10/30/2012
Effective date:	10/30/2012

## BRIEF

### Policy Summary

Berkeley Lab is committed to nondiscrimination in employment. The Laboratory does not engage in discrimination against or harassment of any person employed by or seeking employment with the Laboratory on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Re-employment Rights Act of 1994). This policy is intended to be consistent with the provisions of applicable state and federal laws and Laboratory policies. This applies to all personnel actions, including hiring, transfer, training, promotion, termination, and other terms and conditions of employment.

### Who Should Read This Policy

- All [employee classifications](#): Career, Term, Faculty, Postdoctoral Fellow, Limited, Visiting Researcher, Rehired Retirees, Graduate Student Research Assistant (GSRA), and Student Assistant
- Both represented and nonrepresented employees
- All affiliates, visitors, and applicants for employment

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact the [Diversity and Inclusion Manager](#), [Title VII and Title IX Officer](#) or your division's [Human Resources \(HR\) Center](#).

Do you have feedback regarding this policy? Contact the HR Policies Analyst, HR Department, [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov)

## Policy

Title:	Nondiscrimination Policy
Publication date:	10/30/2012
Effective date:	10/30/2012

## POLICY

### A. Purpose

#### Web Sites of Interest

[Equal Employment Opportunity \(EEO\) Office](#)  
[Workforce Diversity Office \(WFDO\) Office](#)  
[Affirmative Action Plan](#)  
[Affirmative Action Program](#)

Lawrence Berkeley National Laboratory (Berkeley Lab) is committed to nondiscrimination in employment. The Laboratory does not engage in discrimination against or harassment of any person employed by or seeking employment with the Laboratory on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Re-employment Rights Act of 1994). This policy is intended to be consistent with the provisions of applicable state and federal laws and Laboratory policies. This applies to all personnel actions, including hiring, transfer, training, promotion, termination, and other terms and conditions of employment.

## B. Persons Affected

This policy applies to:

- All [employee classifications](#): Career, Term, Faculty, Postdoctoral Fellow, Limited, Visiting Researcher, Rehired Retirees, Graduate Student Research Assistant (GSRA), and Student Assistant
- Both represented and nonrepresented employees
- All affiliates, visitors, and applicants for employment

## C. Exceptions

### Other Policy of Interest

[Harassment, Including Sexual Harassment](#)

Requests for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, Chief Human Resources and Diversity Officer (CHRO) approval.

## D. Policy Statement

### Frequently Asked Question

Q1: How is military service defined under USERRA?

A1: For purposes of this policy, the Laboratory uses the definition of "service in the uniformed services" found in the Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA), which currently states that this term "means the performance of duties on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, and inactive duty training, full-time National Guard duty, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to do any such duty, and the period for which a person is absent from employment for the purpose of performing funeral honors duty." USERRA currently defines "uniformed services" as "the Armed Forces, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty, the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency."

1. **General.** The Laboratory does not engage in discrimination against or harassment of any person employed by or seeking employment with the Laboratory on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services. This policy is intended to be consistent with the provisions of applicable state and federal laws and Laboratory policies.
2. **Retaliation.** Laboratory policy also prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against persons who assist someone with a complaint of discrimination or harassment, or who participate in any manner in an investigation or resolution of the complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.
3. **Complaints.** Information regarding applicable policies and procedures for resolving complaints of discrimination and harassment and for pursuing available remedies is available at the [HR Web site](#).

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Human Resources Department	Has the responsibility to advise management and employees on how to comply with this policy and investigate claims of discrimination
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy

Roles, responsibilities, authority, and accountability are documented in [applicable procedures](#).

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources and Diversity Officer
Gender	The sex of a person and includes a person's gender identity and "gender expression"
Gender Expression	A person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth
Executive Officer	The University President or the Chancellor or the Laboratory Director
Pregnancy	Includes pregnancy, childbirth, and medical conditions related to pregnancy and childbirth
Service in the Uniformed Services	Includes "service in the uniformed services" as defined by the Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA), as well as state, military, and naval service

## G. Recordkeeping Requirements

The Human Resources Department is responsible for maintaining all employee records.

## H. Implementing Documents

Audience	Document Number	Document Title
All	02.02.001.003	<a href="#">Workforce Diversity Office (WFDO) Web Site</a>
All	02.02.001.004	<a href="#">Equal Employment Opportunity (EEO) Office Web Site</a>
All	02.02.001.005	<a href="#">Affirmative Action Program</a>
Lab Staff	02.02.001.006	<a href="#">Affirmative Action Plan</a>
All	02.02.001.007	<a href="#">Affirmative Action Plan for Covered Veterans and Persons with Disabilities</a>
Lab Staff	02.02.001.001	Managers and Supervisors Responsibilities under the Nondiscrimination Policy
HR Staff	02.02.001.002	Understanding the Nondiscrimination and Harassment Policies

## I. Contact Information

For more information, contact the [Diversity and Inclusion Manager](#), [Title VII and Title IX Officer](#) or your division's [Human Resources Center](#).

Do you have feedback regarding this policy? Contact the HR Policies Analyst, HR Department, [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	All	Minor
10/30/2012	1	M. Bello	Reformatted for Wiki. And effective 07.01.2012, UCOP made technical changes to PPSM 12 – Nondiscrimination in Employment. Besides clarifying the policy, UCOP made the following changes: <ul style="list-style-type: none"> <li>Added "gender" and "gender expression" as protected categories per CA Assembly Bill 887 (1/1/2012)</li> <li>Revised the definition of "service in the uniformed services" to reflect current statutory language.</li> </ul>	All	Minor

#### Document Information

## DOCUMENT INFORMATION

Title:	Nondiscrimination Policy
Document number	02.02.001.000
Revision number	1
Publication date:	10/30/2012
Effective date:	10/30/2012
Next review date:	10/30/2015
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(B)(1)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.01(B)(1)

## Source Requirements Documents

Source	Document number & Effective Date	Document Title
California		<a href="#">Fair Employment and Housing Act (FEHA)</a>
California		Military and Veterans Code Section 394 (prohibits discrimination against a military member)
California	AB 887, January 1, 2012	Assembly Bill 887 (added "gender" and "gender expression" as protected categories)
Department of Energy (DOE)	DOE Contract 31, Clause I.23	FAR 52.222-21 PROHIBITION OF SEGREGATED FACILITIES (FEB 1999)
Department of Energy (DOE)	DOE Contract 31, Clause I.24	FAR 52.222-26 EQUAL OPPORTUNITY (MAR 2007)
Federal		Age Discrimination in Employment Act (ADEA) of 1967
Federal		Americans With Disabilities Act of 1990
Federal		Bankruptcy Act
Federal		Civil Rights Act of 1991
Federal		Equal Pay Act of 1963
Federal	1965	Federal Executive Order 11246 (1965)
Federal	1967	Federal Executive Order 11375 (1967)
Federal	1969	Federal Executive Order 11478 (1969)
Federal	1970	Fair Credit Reporting Act (FCRA)
Federal		Genetic Information Nondiscrimination Act (GINA)
Federal	2009	Lilly Ledbetter Fair Pay Act of 2009
Federal	1978	Pregnancy Discrimination Act of 1978
Federal	1973	Rehabilitation Act of 1973
Federal	1973	Section 504 of the Rehabilitation Act of 1973
Federal		The Vietnam Era Veterans' Readjustment Assistance Act
Federal	1972	Title IX of the Education Act Amendments of 1972
Federal	1964	Title VII of the Civil Rights Act of 1964
Federal	1971	Vocational Rehabilitation Act (1971)
Federal	2005	Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA)
UCOP	PPSM 12, July 1, 2012	<a href="#">Nondiscrimination in Employment</a>
UCOP	Regents Policy 4402	<a href="#">Policy on Nondiscrimination on Basis of Sexual Orientation</a>
UCOP	Office of the President, March 31, 2012	UC Nondiscrimination and Affirmative Action Policy regarding Academic and Staff Employment

## Implementing Documents

<b>Audience</b>	<b>Document Number</b>	<b>Document Title</b>
All	02.02.001.003	<a href="#">Workforce Diversity Office (WFDO) Web Site</a>
All	02.02.001.004	<a href="#">Equal Employment Opportunity (EEO) Office Web Site</a>
All	02.02.001.005	<a href="#">Affirmative Action Program</a>
Lab Staff	02.02.001.006	<a href="#">Affirmative Action Plan</a>
All	02.02.001.007	<a href="#">Affirmative Action Plan for Covered Veterans and Persons with Disabilities</a>
Lab Staff	02.02.001.001	<a href="#">Managers and Supervisors Responsibilities under the Nondiscrimination Policy</a>
HR Staff	02.02.001.002	<a href="#">Understanding the Nondiscrimination and Harassment Policies</a>

# Non-Employee Payments (Affiliates and-or Visitors)

Title:	Non-Employee Payments (Affiliates and/or Visitors)
Publication date:	7/2/2012
Effective date:	7/1/2012

## BRIEF

### Policy Summary

This policy provides guidance for payments made by Berkeley Lab to non-employees (affiliates and/or visitors), in accordance with U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231 (Contract 31) and all other applicable regulations. This replaces the policies for *Honoraria Payments* and *Stipends for Non-Employees*.

### Who Should Read This Policy

This policy applies to Laboratory employees involved with processing fellowships for affiliates and/or visitors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Disbursements and Project Costing Manager, OCFO](#)

Title:	Non-Employee Payments (Affiliates and/or Visitors)
Publication date:	7/2/2012
Effective date:	7/1/2012

## D. Policy Statement

- [D.1 Overview](#)
- [D.2 Payment Types](#)
- [D.3 Recipient Types](#)
- [D.4 Determination of Payment Mechanism Flowchart](#)
- [D.5 Payment Determination Table](#)
- [D.6 Invitation Letters](#)
- [D.7 Tax Implications](#)

## POLICY

### A. Purpose

This policy provides guidance for payments made by the Lawrence Berkeley National Laboratory (Berkeley Lab) to nonemployees (affiliates and/or visitors), in accordance with U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231 (Contract 31) and all other applicable regulations. This replaces the policies for *Honoraria Payments* and *Stipends for Non-Employees*.

## B. Persons Affected

Any Berkeley Lab employee involved with processing fellowships for affiliates and/or visitors

## C. Exceptions

None

## D. Policy Statement

### D.1 Overview

Prior to making a payment to a non-employee through the Request for Issuance of Check (RFIC) process, the division must define the activities the non-employee will be involved in and, as appropriate, work with Berkeley Lab resources to determine if another payment mechanism is more appropriate.

- A worker classification review assists the divisions in determining if the individual is performing services most appropriate for an employee relationship. Human Resources will serve as the primary point of contact and subject matter expert for worker classification reviews (see Worker Classification Guide).
- If a fee for services is negotiated or prescribed, it does not qualify for an honorarium or fellowship payment. Under these circumstances, [Procurement](#) should be contacted for guidance on establishing a procurement agreement.

Reimbursements for lodging, meals and incidental expenses are processed through Berkeley Lab's [TRavel and EXpense \(TREX\)](#) System and are subject to the requirements in the Berkeley Lab [Travel](#) policy.

For Center for Science and Engineering Education (CSEE) Program participants at Berkeley Lab, see [Education Outreach \(CSEE\)](#).

### D.2 Payment Types

There are two types of payments that can be made to *non-employees*:

1. **Honorarium Payment.** A token payment in recognition of a one-time event for a voluntary, short-term service (usually 1--2 days) on which custom or propriety forbids a price or fee to be set. Examples include lectures, sharing of technical knowledge or expertise, participation in a workshop or serving on a panel discussion. Honorarium payments are not to be made in lieu of reimbursement of expenses or travel.
  - a. **Note:** Payments to UC employees require special handling and are subject to home campus approval. Submit a [Request for Issuance of Check \(RFIC\) for Payments to Nonemployees Form](#) to the Controller's Office.
2. **Fellowship Payment**
  - a. **Student Fellowship.** Awarded by Berkeley Lab to support an individual's independent research or studies. The award can cover the following non-qualified fellowship expenses: room and board, travel, research, clerical help or equipment. Students must remain enrolled and under the general direction of an advisor at their home educational institution. A student fellowship is not to be paid in lieu of a salary for past, present or future research or other services. Student fellowships are subject to annual renewal (resubmission of the RFIC).
  - b. **LBNL Fellowship Program.** Documented fellowship program endorsed by division management and approved by the LBNL Worker Classification/Payment Review (WCPR) Council. (The WCPR consists of subject matter experts from HR, the Controller's Office, Procurement and Legal and serves as a resource to Berkeley Lab divisions. The council addresses issues of



worker classification as it relates to scientific collaborations.) This fellowship program is not to be paid in lieu of a salary for past, present or future research or other services to LBNL. LBNL fellowships are subject to annual renewal (resubmission of the RFIC).

- c. **National Institutes of Health (NIH)/National Research Service Awards (NRSA) Fellowship – Awarded from NIH.** As it relates to recurring payments each month, the Controller's Office will issue a Monthly Recurring Payment Report by the 5<sup>th</sup> of the month. Divisions need to respond via email with any exceptions by the 10<sup>th</sup> of the month to [nonemployeepayments@lbl.gov](mailto:nonemployeepayments@lbl.gov). Recurring payments will be processed for payment on the 15<sup>th</sup> of each month.

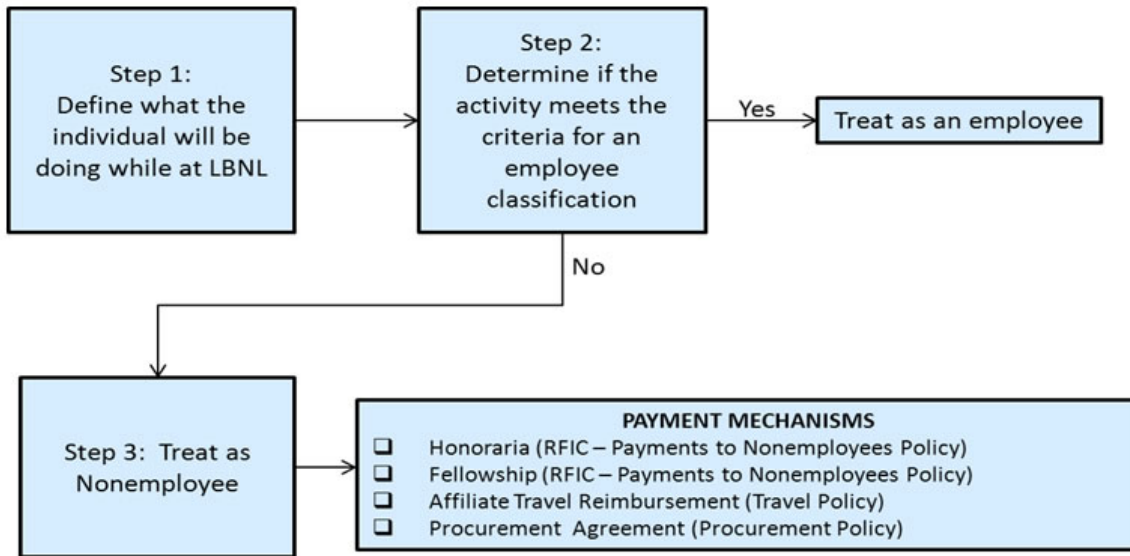
### D.3 Recipient Types

The following types of recipients may receive an honorarium or fellowship, subject to the restrictions of their visa classification (if applicable):

- U.S. citizens, Lawful Permanent Residents (LPRs), or Resident Aliens (RAs)
- Nonresident aliens

International persons (resident or nonresident aliens) may receive one of the payment types above, subject to the restrictions of their visa classification. Information on inviting a foreign national to Berkeley Lab, including eligibility and processing requirements, is available on the [Berkeley Lab Affiliate Processing Web site](#), or the [International Researchers & Scholars Office \(IRSO\)](#).

### D.4 Determination of Payment Mechanism Flowchart



***If none of the above and situation is truly unique, review by Worker Classification/Payment Review Council (HR, Procurement, Legal, OCFO).***

To request review by the Worker Classification/Payment Review Council, contact the Berkeley Lab Controller.

### D.5 Payment Determination Table

ACTIVITY	HONORARIUM*	FELLOWSHIP
<b>1. Division Preliminary Planning</b>	<p>Prior to the division's initial interaction with the affiliate or visitor, the division financial or administrative representative should contact the Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>) to discuss preliminary details and obtain guidance on the process.</p> <p>UC Systemwide employees require special handling for honoraria payments. The Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>) must be contacted for guidance.</p> <p>Employees of the U.S. Government or other institutions may be prohibited from receiving an honorarium. The division must notify the recipient that he/she is responsible for confirming his/her ability to accept an honoraria payment, based on the policy of the recipient's institution. Acceptance of payment by the recipient confirms their eligibility.</p>	<p>Prior to the division's initial interaction with the affiliate or visitor, the division financial or administrative representative should contact the Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>) to discuss preliminary details and obtain guidance on the process.</p> <p>The HR Service Center prepares a letter to the recipient that addresses applicable visa requirements.</p>
<b>2. Division Approval**</b>		
- <i>Business Manager</i>	Up to and including \$500 w/delegation of authority in writing	Per Signature Authorization Systems (SAS)
- <i>Division Director</i>	Up to and including \$500	
- <i>Associate Lab Director</i>	Over \$500 up to and including \$1,500	
- <i>Lab Director</i>	Over \$1,500 up to and including \$3,000	
<b>3. Invitation Letter</b>	<p>An invitation letter (or email) is sent to the recipient by the hosting division in advance of the event or planned visit. Required instructions, including a template, are provided (see Attachment A).</p> <p>Once the invitation letter is sent, the division provides the recipient's e-mail address and a copy of the invitation letter to (1) Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>) and (2) IRSO, if applicable.</p>	<p>An invitation letter (or email) is sent to the recipient by the division in advance of the event or planned visit. Required instructions, including a template, are provided (see Attachment A).</p> <p>n/a</p>
<b>4. Visa and Tax Documentation</b>	<p>For recipients who are U.S. citizens not already established in the LBNL vendor database, division attaches a completed Form W-9 to the Request for Issuance of Check (RFIC) for Payments to Nonemployees form and submits it to the Controller's Office-Nonemployee Desk, MS 971-PR (see 5. Payment Request).</p> <p>For international persons, the division submits the recipient's name and email address to the Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>). The Controller's Office will contact the recipient directly via GLACIER (LBNL's tax compliance software) and collect the appropriate documentation.</p>	<p>For recipients who are U.S. citizens not already established in the LBNL vendor database, the division attaches a completed Form W-9 to the Request for Issuance of Check (RFIC) for Payments to Nonemployees form and submits it to the Controller's Office-Nonemployee Desk, MS 971-PR.</p> <p>For international persons, the division submits the recipient's name and email address to the Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>). The Controller's Office will contact the recipient directly via GLACIER (LBNL's tax compliance software) and collect the appropriate documentation.</p>
<b>5. Payment Request</b>	<p>For both U.S. and international persons, once the event or service is completed by the recipient, the division submits a completed Request for Issuance of Check (RFIC) for Payments to Nonemployees form to the Controller's Office-Nonemployee desk, MS 971-PR. The most current version of the form must be used.</p> <p>Requests for Berkeley Lab to provide an honoraria for UC Systemwide employees requires special handling. Submit a completed Request for Issuance of Check (RFIC) Payments to Nonemployees form to the Controller's Office-Nonemployee Desk, MS 971-PR, to initiate the request process. Payment is subject to home campus approval.</p>	<p>For both U.S. and international persons, the division submits a completed Request for Issuance of Check (RFIC) for Payments to Nonemployees form to the Controller's Office-Nonemployee Desk, MS 971-PR. The most current version of the form must be used.</p>

\*Approval limits meet requirements of UC Accounting Manual, Chapter D-371-35, III.C, Allowable Rates

\*\*Or designee (in writing)

## D.6 Invitation Letters

Invitation letters must contain the following elements:

Honorariums	Fellowships
<ul style="list-style-type: none"> <li><input type="checkbox"/> A statement that the individual is performing a service as a guest speaker/collaborator</li> <li><input type="checkbox"/> The date and time of the event or length of activity</li> <li><input type="checkbox"/> The amount of the honoraria to be given to the individual as a token of appreciation for his/her contribution</li> <li><input type="checkbox"/> A statement that additional documents may be required prior to payment if the individual is an international person (resident or nonresident alien),</li> <li><input type="checkbox"/> A statement that honorariums have tax implications, and that the recipient may need to consult a tax advisor</li> <li><input type="checkbox"/> A statement that the honorarium may need special handling if the recipient is a UC employee</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A statement that the fellowship payment supports the individual's focus of independent research or study</li> <li><input type="checkbox"/> A statement identifying the individual's home organization, faculty advisor, and faculty advisor contact name (student fellowships only)</li> <li><input type="checkbox"/> The fellowship payment amount per month and applicable time period, not to exceed one year</li> <li><input type="checkbox"/> A statement that fellowships will be renewed on an annual basis</li> <li><input type="checkbox"/> A statement that additional documents may be required prior to payment If the individual is an international person (resident or nonresident alien)</li> <li><input type="checkbox"/> A statement that fellowships have tax implications, and that the recipient may need to consult a tax advisor</li> </ul>

Do not make any reference in the letter to employment (e.g., salary, wages, compensation), as honoraria and fellowship payments are not part of an employee/employer relationship.

## D.7 Tax Implications

### 1. Honorariums

- a. Honorarium payments for short-term services performed in the U.S. are considered income and may be taxable and/or subject to withholding in accordance with Internal Revenue Service (IRS) and California's Franchise Tax Board (FTB) regulations.
- b. **U.S. Citizens, LPRs, or RAs.** U.S. citizens, LPRs, and RAs **may** receive an [IRS Form 1099-MISC](#). California nonresidents **may** receive an [FTB Form 592-B](#), by Berkeley Lab as applicable. Recipients will use these forms in preparation of their federal and California state tax returns.

### 2. Nonresident Aliens

- a. Nonresident aliens **will** receive an [IRS Form 1042-S](#) to use in preparation of their federal tax return.
- b. California nonresidents **may** also receive an [FTB Form 592-B](#), as applicable, to use in preparation of their California state tax return.

### 3. Fellowship Payments

- a. **U.S. Citizens, Lawful Permanent Residents (LPRs), or Resident Aliens (RAs)**
  - i. Fellowships for U.S. citizens, LPRs or RAs are considered taxable income by the IRS, but are not reportable or subject to withholding by Berkeley Lab.
  - ii. For California residents, Berkeley Lab **will not** report to the FTB.
  - iii. For California nonresidents who are **students**, the Berkeley Lab currently **does not** report to FTB due to an exception granted to the University of California by the FTB.
- b. **Nonresident Aliens.** Fellowships for nonresident aliens are considered taxable income by the IRS. Berkeley Lab will report and withhold, as applicable, and will issue an [IRS Form 1042-S](#).
  - i. For California nonresidents who are students, the Laboratory currently **does not** report to FTB due to an exception granted to the University of California by the FTB.
  - ii. Personal travel for nonresident alien fellowship recipients reimbursed or paid by Berkeley Lab (i.e., travel to the Laboratory, return trip home and any personal trips in between) is taxable and reportable to the IRS and FTB, as applicable.

### 4. Additional Information Regarding International Persons

- a. Individuals from countries with which the U.S. has a tax treaty may be eligible to exclude some or all of their income under the terms of an income tax treaty. California does not recognize tax treaties, so California withholding will apply.
- b. The division must provide the recipient's email address on the [Request for Issuance of Check \(RFIC\) for Payments to Nonemployees Form](#) to enable the Nonemployee Desk to work directly with the international person to obtain required tax documentation **prior** to Berkeley Lab issuing the payment.
- c. The Laboratory utilizes GLACIER, a secure, Web-based tax compliance system that international persons use to provide their immigrant and tax data via the internet. This system is available to users 24 hours per day. GLACIER assists in determining tax residency, withholding rates and income tax treaty eligibility.

## E. Roles and Responsibilities

Role	Responsibility
Hosting Division	<ul style="list-style-type: none"> <li>• Ensures the request complies with Laboratory policy and procedures</li> <li>• Consults with the Human Resources Department to determine worker classification, as needed</li> <li>• Ensures adequate funding is available</li> <li>• Contacts the Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>) early in the process for guidance on requirements and documentation</li> <li>• Ensures invitation letter(s) are prepared (see Attachment A)</li> <li>• Ensures all of the appropriate approvals are obtained <i>prior</i> to submitting the following documentation to the Controller's Office (<a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>)</li> <li>• For international persons, provide recipient's name and e-mail address to <a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a>.</li> <li>• Prepares the Request for Issuance of Check (RFIC) for Payments to Nonemployees Form</li> <li>• Provides e-mail response to <a href="mailto:nonemployeepayments@lbl.gov">nonemployeepayments@lbl.gov</a> by the 10th of each month in response to the Monthly Recurring Payment Report, if applicable</li> </ul>
Controller's Office	<ul style="list-style-type: none"> <li>• Provides oversight of Laboratory policy requirements</li> <li>• Responsible for processing nonemployee payments</li> <li>• Works with the nonemployee to ensure questions are answered and documentation is completed and received (For international persons, verifies tax treaty exemption status)</li> <li>• Issues Monthly Recurring Payment Report to divisions by the fifth of each month</li> <li>• Prepares and issues IRS Form 1042-S, as appropriate, for nonresident aliens.</li> <li>• Prepares and issues FTB Form 592-B, as appropriate, for California nonresidents</li> <li>• Issues IRS Form 1099-MISC, as appropriate, for U.S. citizens, lawful permanent residents, and resident aliens</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, and students.
California Nonresident	In general, under the California Personal Income Tax regulations, an individual who spends more than nine months of the tax year in California is presumed to be a resident of the State. Refer to <a href="#">FTB Publication 1031</a> , Guidelines for Determining Resident Status, for additional information on making a determination of residency status.
Fellowship	A payment to aid in the pursuit of the individual's independent research or studies
GLACIER	A secure, Web-based tax compliance system used by international persons to provide their immigrant and tax data via the Internet
Internal Revenue Service (IRS)	Responsible for administering United States personal income and corporation tax laws
International Person	An individual who is a citizen of any country other than the United States

Lawful Permanent Resident (LPR)	An individual who possesses an Alien Registration Receipt Card (green card), which is provided to those who become legal permanent residents of the United States
Nonresident Alien	An individual who is not a citizen, lawful permanent resident or resident alien of the United States
Resident Alien (RA)	An individual who is not a citizen or national of the U.S., but meets either the green card test or the "substantial presence test" for income tax purposes for a particular calendar year
Student	An individual pursuing a degree at an eligible education institution
Tax Treaty	An agreement between two countries specifying what items of income will be taxed by the authorities of the country where the income is earned
U.S. Citizen	Citizenship granted at birth to individuals born in the U.S., persons born abroad with at least one U.S. citizen parent, individuals granted lawful permanent residence, or individuals who have been naturalized

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
IRS Form W-8BEN	IRS Form W-8BEN - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding (Individual)	Form
FTB Form 592-B	FTB Form 592-B - Resident and Nonresident Withholding Tax Statement	Form
IRS Form 1042-S	IRS Form 1042-S - Foreign Person's U.S. Source Income Subject to Withholding	Form
IRS Form 1099-MISC	IRS Form 1099-MISC - Miscellaneous Income	Form
IRS Form 8233	IRS Form 8233 - Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual	Form
IRS Form W-9	IRS Form W-9 - Request for Taxpayer Identification Number and Certification	Form

IRS Publication 519	IRS Publication 519 - U.S. Tax Guide for Aliens	Manual
IRS Publication 901	IRS Publication 901 - U.S. Tax Treaties	Manual
IRS Publication 970	IRS Publication 970 - Tax Benefits for Education	Manual
11.05.005.001	Request for Issuance of Check (RFIC) for Payments to Nonemployees Form	Form
11.05.005.002	Attachment A (Invitation Letter Instructions/Templates)	Template
11.05.005.003	Worker/Affiliate Classification Guide	Guideline

## I. Contact Information

Disbursements and Project Costing Manager, OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
07/01/12	0	M. Mock	Re-write for wiki	All	Major

## DOCUMENT INFORMATION

Title:	Non-Employee Payments (Affiliates and/or Visitors)
Document number	11.05.005.000
Revision number	0
Publication date:	7/2/2012
Effective date:	7/1/2012
Next review date:	7/1/2014
Policy Area:	Payroll, Accounting
RPM Section (home)	Financial Management

RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [IRS Guidance - web: Determining Whether the Individuals Providing Services are Employees or Independent Contractors](#)
- [IRS Guidance - web: Scholarships, Fellowships, Grants, and Tuition Reductions](#)

## Implementing Documents

Document number	Title	Type
IRS Form W-8BEN	<a href="#">IRS Form W-8BEN - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding (Individual)</a>	Form
FTB Form 592-B	<a href="#">FTB Form 592-B - Resident and Nonresident Withholding Tax Statement</a>	Form
IRS Form 1042-S	<a href="#">IRS Form 1042-S - Foreign Person's U.S. Source Income Subject to Withholding</a>	Form
IRS Form 1099-MISC	<a href="#">IRS Form 1099-MISC - Miscellaneous Income</a>	Form
IRS Form 8233	<a href="#">IRS Form 8233 - Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual</a>	Form
IRS Form W-9	<a href="#">IRS Form W-9 - Request for Taxpayer Identification Number and Certification</a>	Form
IRS Publication 519	<a href="#">IRS Publication 519 - U.S. Tax Guide for Aliens</a>	Manual
IRS Publication 901	<a href="#">IRS Publication 901 - U.S. Tax Treaties</a>	Manual
IRS Publication 970	<a href="#">IRS Publication 970 - Tax Benefits for Education</a>	Manual
11.05.005.001	<a href="#">Request for Issuance of Check (RFIC) for Payments to Nonemployees Form</a>	Form
11.05.005.002	<a href="#">Attachment A (Invitation Letter Instructions/Templates)</a>	Template

11.05.005.003	<a href="#">Worker/Affiliate Classification Guide</a>	Guideline
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# Non-ionizing Radiation Safety

## Brief

Title:	Non-ionizing Radiation Safety
Publication date:	2/23/2013
Effective date:	11/18/2006

## BRIEF

### Policy Summary

The Berkeley Lab Non-ionizing Radiation (NIR) Program is designed to prevent staff exposure to NIR in excess of the permissible exposures/Threshold Value Limits (TVL) for the human eye or skin, and to ensure a safe working environment. The NIR Program at Berkeley Lab ensures personnel are protected from NIR exposure hazards including:

- Magnetic fields
- Radio frequency (RF)
- Artificial ultraviolet radiation (UV)
- Visible light

Note: Laser and acoustic (noise) safety are covered in separate RPM *Laser Safety* and *Noise Hazard* policies.

### Who Should Read This Policy

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors who could be performing work in or around NIR sources with the potential for an overexposure

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH43.html>

## Contact Information

[Laser Safety](#)  
EHSS Division

## Policy

Title:	Non-ionizing Radiation Safety
Publication date:	2/23/2013
Effective date:	11/18/2006

## POLICY

### A. Purpose

The Berkeley Lab Non-ionizing Radiation (NIR) Program is designed to prevent staff exposure to NIR in excess of the permissible exposures/Threshold Value Limits (TVL) for the human eye or skin, and to ensure a safe working environment. The NIR Program at Berkeley Lab ensures personnel are protected from NIR exposure hazards including:

- Magnetic fields
- Radio frequency (RF)
- Artificial ultraviolet radiation (UV)
- Visible light

Note: Laser and acoustic (noise) safety are covered in separate RPM [Laser Safety](#) and [Noise Hazard](#) policies, respectively.

## B. Persons Affected

Berkeley Lab employees, casual and participating visitors, affiliates, and subcontractors who could be performing work in or around NIR sources with the potential for an over exposure.

## C. Exceptions

None

## D. Policy Statement

1. Exposures to non-ionizing radiation must be maintained below the limits specified in *Threshold Limit Values for Chemical Substances and Physical Agents*, American Conference of Governmental Industrial Hygienists (ACGIH), 2005 edition. ([Work Process B](#))
2. Additional information and requirements for lasers are provided in the [ES&H Manual](#), [Laser Safety](#).
3. Exposures to non-ionizing radiation must be limited by engineering controls where feasible, followed by administrative controls and personal protective equipment.
4. Access must be limited to only authorized personnel whenever the whole body could enter magnetic field strength exceeding 5 Gauss. Delineating the 5 Gauss line and posting magnetic field warning signs are generally acceptable access control. ([Work Process C](#))
5. EHSS assistance on NIR may be obtained by contacting the EHSS NIR safety coordinator, ext. 2544. ([Work Process D](#))

## E. Roles and Responsibilities

Role	Responsibilities
Division Director	Ensures the NIR Program is enforced
Environment, Health, Safety, and Security (EHSS) Division	<ul style="list-style-type: none"> <li>• Arranges or performs NIR assessment as requested or determined by a Job Hazards Analysis (JHA) or other authorization method</li> <li>• Provides guidance and establishes controls for NIR hazards</li> <li>• Maintains the Berkeley Lab NIR Program</li> <li>• Develops and reviews substitute or alternate control measures when primary measures are infeasible or impractical</li> <li>• With supervisor, investigates all instances of suspected exposure</li> </ul>
Supervisor/Work Lead	<ul style="list-style-type: none"> <li>• Ensures that all NIR users receive adequate and appropriate training</li> <li>• Ensures that all NIR users have completed a Job Hazards Analysis (JHA) at least annually and whenever the scope of work changes, and have correctly answered questions relating to NIR use</li> <li>• Prepares an Activity Hazard Document (AHD) for a NIR operation and ensures that the provisions of the AHD are properly implemented and diligently followed by users. (To complete an AHD, go to the AHD link on the Berkeley Lab <a href="#">A-Z Index</a>.)</li> <li>• Ensures that any visitor receives a site-hazard orientation as part of any visit to any NIR area</li> <li>• Investigates all instances of suspected exposure</li> </ul>
NIR Equipment User	<ul style="list-style-type: none"> <li>• Receives appropriate on-the-job training prior to unsupervised NIR equipment use</li> <li>• Reads, understands, signs, and follows all procedures in the JHA</li> <li>• Stops unsafe work activities (see the <a href="#">Stop Work Policy</a>)</li> <li>• Works in a safe manner following Laboratory policy and procedural requirements</li> <li>• Promptly reports any malfunctions, problems, accidents, or injuries that may have an impact on safety</li> <li>• Immediately reports any suspected NIR exposures to the supervisor and EHSS</li> <li>• Refers any questions or concerns to the NIR Subject Matter Expert</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Non-ionizing Radiation (NIR)	Non-ionizing radiation (NIR) refers to electromagnetic radiation with insufficient energy to release a bound electron from an atom. NIR includes the following categories of radiation: ultraviolet (UV), visible light, infrared, radio frequency, microwave, and magnetic fields.
RF	Radio frequency — a portion of the electromagnetic spectrum from 3 Hz–330 GHz
UV	Ultraviolet radiation (180–399 nm)

## G. Recordkeeping Requirements

Records are kept by the Laser Safety Officer for all magnetic field, RF, and UV surveys.

## H. Implementing Documents

Document Number	Title	Type
07.07.023.001	Non-ionizing Radiation	Program
07.07.023.002	Work Process A, <i>Non-ionizing Radiation Flowchart</i>	Process
07.07.023.003	Work Process B, <i>Exposure Limits</i>	Process
07.07.023.004	Work Process C, <i>Methods of Exposure Control</i>	Process
07.07.023.005	Work Process D, <i>Additional Information</i>	Process

## I. Contact Information

[Laser Safety](#)  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	K. Barat	Rewrite for wiki (brief)	All	Minor
2/23/2013	1	R. Fairchild	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Non-ionizing Radiation Safety
Document number	07.07.023.000
Revision number	1
Publication date:	2/23/2013
Effective date:	11/18/2006
Next review date:	2/23/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 4.4 moved to Chapter 43

### Source Requirements Documents

- 10 CFR 851, *Worker Safety and Health Program*
- *Threshold Limit Values for Chemical Substances and Physical Agents*, American Conference of Governmental Industrial Hygienists (ACGIH), 2005 edition

### Other Driving Requirements

C96.1-2005 - *IEEE Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 KHz to 300 GHz*

### Implementing Documents

Document Number	Title	Type
07.07.023.001	Non-ionizing Radiation	Program
07.07.023.002	Work Process A, <i>Non-ionizing Radiation Flowchart</i>	Process
07.07.023.003	Work Process B, <i>Exposure Limits</i>	Process
07.07.023.004	Work Process C, <i>Methods of Exposure Control</i>	Process
07.07.023.005	Work Process D, <i>Additional Information</i>	Process

# Occurrence Reporting

Title:	Occurrence Reporting
Publication date:	2/15/2013
Effective date:	6/30/2011

## BRIEF

### Policy Summary

Berkeley Lab's Occurrence Reporting policy addresses the reporting of environmental, health, and safety incidents at Berkeley Lab by:

- Using the Occurrence Reporting and Processing System (ORPS) when an incident occurs
- Outlining a method to rank the significance of an occurrence
- Investigating and analyzing occurrences to:
  - Determine the cause
  - Identify corrective actions
  - Identify Lessons Learned
- Ensuring that occurrences are reviewed over time to identify trends

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH15.html>

## Contact Information

ORPS Program Manager  
EH&S Division

Title:	Occurrence Reporting
Publication date:	2/15/2013
Effective date:	6/30/2011

## POLICY

## A. Purpose

The Occurrence Reporting policy of Lawrence Berkeley National Laboratory (Berkeley Lab) addresses the reporting of environmental, health, and safety incidents at Berkeley Lab by:

1. Using the Occurrence Reporting and Processing System (ORPS) when an incident occurs
2. Outlining a method to rank the significance of an occurrence
3. Investigating and analyzing occurrences to:
  - a. Determine the cause
  - b. Identify corrective actions
  - c. Identify Lessons Learned
4. Ensuring that occurrences are reviewed over time to identify trends

## B. Persons Affected

All persons who work at or visit the Laboratory

## C. Exceptions

Work covered under a Memorandum of Understanding involving the Department of Energy (DOE) and Berkeley Lab, such as that governing work in some areas of the University of California (UC) at Berkeley campus, may be excluded from the requirements of this policy.

## D. Policy Statement

1. Berkeley Lab strives to prevent all injuries and illnesses; environmental damage; significant business, facility, and community disruptions; and regulatory noncompliance. If these types of occurrences happen, Berkeley Lab will act as needed to identify causes, implement corrective actions to prevent recurrence, and share Lessons Learned.
2. Berkeley Lab determines whether any occurrences must be reported to DOE per DOE Order 232.2, Attachment 1, *Contractor Requirements Document*, and if so, must follow DOE reporting requirements. These requirements include:
  - a. Reporting the issue to the Environment, Health & Safety (EH&S) Division
  - b. Collecting facts and determining whether the event or condition meets one or more of DOE's reportable criteria. Divisions make this determination.
  - c. Categorizing the occurrence per DOE Order 232.2. Divisions make this determination.
  - d. Notifying the DOE Berkeley Site Office (BSO). EH&S completes this notification.
  - e. Submitting preliminary details into the DOE Occurrence Reporting database. EH&S completes this action following approval from the divisions.
  - f. Investigating the occurrence per Berkeley Lab's institutional Issues Management Program.
  - g. Identifying corrective actions to prevent recurrence; identifying Lessons Learned. Divisions complete these steps.
  - h. Submitting final reports to DOE. EH&S completes these steps following approval from the divisions.
  - i. Periodically trending data. EH&S completes this step.

## E. Roles and Responsibilities

Role	Responsibility
<b>Employees, Affiliates, and Subcontractors</b>	Report unsafe or abnormal events and conditions (hereafter referred to as "occurrences") in a timely manner, according to Berkeley Lab policy and the applicable division's policies and procedures

<p><b>Supervisors and Work Leads</b></p>	<p>Ensure that employees understand workplace health and safety reporting responsibilities. When a supervisor or work lead learns of an occurrence, he or she must ensure appropriate authorities are notified, including the division safety coordinator and the EH&amp;S Division.</p>
<p><b>Division Directors</b>  Note: A division director is sometimes referred to as a facility manager for purposes of the DOE Occurrence Reporting Program.</p>	<ul style="list-style-type: none"> <li>• Meet the requirements of DOE Order 232.2 — including categorization, notification, investigation, and reporting — for occurrences at their facilities or operations</li> <li>• Provide appropriate resources to report events in a timely manner, investigate causes, and institute corrective actions to prevent recurrence</li> <li>• Decide whether an occurrence is DOE reportable. When occurrence categorization is unclear, or for management concerns, EH&amp;S can assist with this determination.</li> <li>• Approve final reports before EH&amp;S submits them to DOE</li> </ul>
<p><b>Division Designees</b>  Appropriate candidates for division designees include deputy division directors, division safety managers, or division safety coordinators. These individuals may be listed as points of contact for DOE-reportable occurrences within divisions (see <a href="http://www.lbl.gov/ehs/orps/pdf/divisionORPS.pdf">http://www.lbl.gov/ehs/orps/pdf/divisionORPS.pdf</a> for a list of points of contact).</p> <p>If no division designee is chosen, the division director is responsible for implementing these procedures.</p>	<ul style="list-style-type: none"> <li>• Must be familiar with the procedures described in this chapter</li> <li>• Assist line managers and staff in meeting occurrence-reporting requirements, including communicating with EH&amp;S to ensure proper DOE notifications are completed</li> <li>• Should notify EH&amp;S of an occurrence as soon as possible to get guidance through the occurrence-reporting process.</li> </ul>
<p><b>Environment, Health &amp; Safety Division</b></p>	<ul style="list-style-type: none"> <li>• Oversees the occurrence-reporting process to ensure it is properly managed</li> <li>• Assists divisions as needed to respond to, mitigate, categorize, and investigate occurrences, and to support division directors and their designees with DOE occurrence reporting</li> <li>• Completes the required DOE notifications and submits the required DOE reports into the online DOE Occurrence Reporting database</li> <li>• Reports any observed occurrence to the appropriate person within the EH&amp;S Division</li> </ul>
<p><b>Office of Contractor Assurance</b></p>	<ul style="list-style-type: none"> <li>• Provides oversight for the Issues Management Program</li> <li>• Maintains the Corrective Action Tracking System (CATS) and reviews Root Cause Analysis reports, Extent of Condition Review reports, Corrective Action Plans, and Effectiveness Review Reports prior to issuance and approval</li> <li>• Oversees the Causal Analysis Program. The products of these programs are used, when applicable, in the preparation of Final Reports.</li> </ul>

## F. Definitions/Acronyms

Term	Definition
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Apparent Cause	The most probable/reasonable cause(s) of an incident that management has the control to fix through effective corrective actions. There may be more than one apparent cause for a given incident.
Condition	"Any as-found state, whether or not resulting from an event, that may have adverse safety, health, quality-assurance, operational, or environmental implications. A condition is usually programmatic in nature. Examples of conditions: errors in analysis or calculation, anomalies associated with design or performance, or items indicating a weakness in the management process." ( <i>Definition from DOE Order 232.2</i> )
Facility	"Any equipment, structure, system, process, or activity that fulfills a specific purpose. Examples include accelerators, storage areas, fusion research devices, nuclear reactors, production or processing plants, coal-conversion plants, magnetohydrodynamic experiments, windmills, radioactive waste-disposal systems and burial grounds, environmental-restoration activities, testing laboratories, research laboratories, transportation activities, and accommodations for analytical examinations of irradiated and un-irradiated components." ( <i>Definition from DOE Order 232.2</i> )
Facility Manager	Division director ( <i>Berkeley Lab policy clarification of definition from DOE Order 232.2</i> )
Facility Representative	Berkeley Site Office ( <i>Berkeley Lab policy clarification of definition from DOE Order 232.2</i> )
Lessons Learned	A lesson that is derived from an event, incident or implementation and evaluation of a system, process, or program that is used to identify strengths and weaknesses. A lesson learned may be derived from an internal or external source and is used to improve systems, processes, or programs.
Nonreportable Event	"An event that falls within the Occurrence Reporting and Processing System (ORPS) Reporting Groups, does not meet any of the specific ORPS reporting criteria, and that the reporting organization is including in the required ORPS Performance Analysis activity" ( <i>Definition from DOE Order 232.2</i> )
Notification Report	"The initial documented report to DOE of an event or condition that meets the reporting criteria defined in DOE Order 232.2" ( <i>Definition from DOE Order 232.2</i> )
Occurrence	"One or more events or conditions that adversely affect, or may adversely affect, DOE (including the National Nuclear Safety Administration [NNSA]) or contractor personnel, the public, property, the environment, or the DOE mission. Occurrences are events or conditions meeting the criteria thresholds identified in DOE Order 232.2 or determined to be recurring through performance analysis." ( <i>Definition from DOE Order 232.2</i> )
Occurrence Investigation	"An investigation conducted according to site-specific procedures and/or when determined by DOE procedures that an investigation by a federal Accident Investigation Board is required" ( <i>Definition from DOE Order 232.2</i> )
Occurrence Report	"A documented evaluation of a reportable occurrence with details sufficient to enable the reader to assess its significance, consequences, or implications and to evaluate the actions being proposed or employed to correct the condition or to avoid recurrence" ( <i>Definition from DOE Order 232.2</i> )
Prompt Notification	"Timely reporting of the occurrence to the DOE Field Office and the DOE Headquarters Operations Center, as required by the significance category and the reporting criteria of the occurrence" ( <i>Definition from DOE Order 232.2</i> )
Reportable Occurrence	"Occurrence to be reported in accordance with the criteria defined in DOE Order 232.2" ( <i>Definition from DOE Order 232.2</i> )



Root Cause	The underlying or basic cause of an adverse condition that can reasonably be identified and that management has the control to fix, and when fixed, will preclude recurrence or significantly reduce the likelihood of recurrence of the same or similar adverse conditions. The root cause is typically one level further in analysis beyond an apparent cause, the fundamental reason for the apparent cause.
Significance Categories	<p>A means to reflect the perceived risk associated with a given occurrence. The significance categories are:</p> <p>Operational Emergencies (OEs). These are defined in DOE Order 151.1C and include major unplanned or abnormal events or conditions that involve or affect DOE facilities and activities by causing, or having the potential to cause, serious health and safety or environmental impacts; require resources from outside the immediate/affected area or local event scene to supplement the initial response; and require time-urgent notifications to initiate response activities at locations beyond the event scene.</p> <p>Significance Category 1. Non-OE events that caused actual harm, posed the potential for immediate harm or mission interruption due to safety system failure and required prompt mitigative action, or constituted an egregious noncompliance with regulatory requirements that created the potential for actual harm or mission interruption</p> <p>Significance Category 2. Circumstances that reflected degraded safety margins, necessitating prompt management attention, along with modified normal operations to prevent an adverse event on safe facility operations; worker or public safety and health, including significant personnel injuries; regulatory compliance; or public/business interest</p> <p>Significance Category 3. Occurrences with localized implications, including personnel injury, environmental releases, equipment damage, or hazardous circumstances that were locally contained and did not immediately suggest broader systemic concerns</p> <p>Significance Category 4. Events or circumstances that were mitigated or contained by normal operating practices, but where reporting provides potential learning opportunities for others</p> <p>Significance Category R. Occurrences identified as recurring, either directly or through periodic analysis of occurrences and other nonreportable events (<i>Definition from DOE Order 232.2</i>)</p>

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Subject Matter Expert	Occurrence Reports (as of April 2012, stored online at <a href="https://www.lbl.gov/ehs/orps/reports/index.shtml">https://www.lbl.gov/ehs/orps/reports/index.shtml</a> )
Office of Contractor Assurance	Root Cause Analysis Reports

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.03.001.001	Chapter 15	<a href="#">Occurrence Reporting</a>	Program
07.03.001.002	Chapter 15, Work Process A	<a href="#">Discovery, Reporting, and Preliminary Review</a>	Work Process

07.03.001.003	Chapter 15, Work Process B	Categorization	Work Process
07.03.001.004	Chapter 15, Work Process C	Notification	Work Process
07.03.001.005	Chapter 15, Work Process D	Occurrence Investigation and Causal Analysis	Work Process
07.03.001.006	Chapter 15, Work Process E	Corrective Actions and Lessons Learned	Work Process
07.03.001.007	Chapter 15, Work Process F	Final and Update Reports	Work Process
07.03.001.008	Chapter 15, Work Process G	Performance Trends and Recurring Occurrences	Work Process
07.03.001.009	Chapter 15, Work Process H	Training	Work Process
PUB-5519(1)		<i>Issues Management Program Manual System</i>	
PUB-5519(2)		<i>Causal Analysis Program Manual System</i>	
PUB-5519(3)		<i>Data Monitoring and Analysis Program Manual System</i>	
PUB-5519(4)		<i>Lessons Learned and Best Practices Program Manual System</i>	

## I. Contact Information

ORPS Program Manager  
EH&S Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
2/15/2013	1.1	L. Young	Updated SRD list	Document Information	Editorial
5/11/2012	1	A.F. Peterson	Reformat for wiki (policy)	All	Minor
1/2/2012	0	A.F. Peterson	Reformat for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Occurrence Reporting
Document number	07.03.001.000

Revision number	1.1
Publication date:	2/15/2013
Effective date:	1/31/2012
Next review date:	1/2/2015
Policy Area:	Incident Review and Reporting
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000 Chapter 15

## Source Requirements Documents

- DOE Order 232.2, *Occurrence Reporting and Processing of Operations Information*, Attachment 1, *Contractor Requirements Document*
- DOE Order 225.1B, *Accident Investigations*, Attachment 1, *Contractor Requirements Document*
- [Issues Management Policy](#), RPM document number 04.02.003.000

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.03.001.001	Chapter 15	<a href="#">Occurrence Reporting</a>	Program
07.03.001.002	Chapter 15, Work Process A	<a href="#">Discovery, Reporting, and Preliminary Review</a>	Work Process
07.03.001.003	Chapter 15, Work Process B	<a href="#">Categorization</a>	Work Process
07.03.001.004	Chapter 15, Work Process C	<a href="#">Notification</a>	Work Process
07.03.001.005	Chapter 15, Work Process D	<a href="#">Occurrence Investigation and Causal Analysis</a>	Work Process
07.03.001.006	Chapter 15, Work Process E	<a href="#">Corrective Actions and Lessons Learned</a>	Work Process
07.03.001.007	Chapter 15, Work Process F	<a href="#">Final and Update Reports</a>	Work Process
07.03.001.008	Chapter 15, Work Process G	<a href="#">Performance Trends and Recurring Occurrences</a>	Work Process

07.03.001.009	Chapter 15, Work Process H	Training	Work Process
PUB-5519(1)		<i>Issues Management Program Manual System</i>	
PUB-5519(2)		<i>Causal Analysis Program Manual System</i>	
PUB-5519(3)		<i>Data Monitoring and Analysis Program Manual System</i>	
PUB-5519(4)		<i>Lessons Learned and Best Practices Program Manual System</i>	

# Office of Homeland Security Charge

Title:	Office of Homeland Security Charge
Publication date:	3/25/2013
Effective date:	12/1/2010

## BRIEF

### Policy Summary

This policy provides guidance on the Berkeley Lab Office of Homeland Security (OHS) overhead rate, which represents technical programmatic oversight of the Laboratory's Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence research and development. This policy supersedes the Nuclear Nonproliferation policy established in March 1998.

### Who Should Read This Policy

Any Berkeley Lab employee responsible for the financial management of OHS

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Indirect Budget Manager](#)

Title:	Office of Homeland Security Charge
Publication date:	3/25/2013
Effective date:	12/1/2010

## POLICY

### A. Purpose

This policy provides guidance to ensure that the costs for Lawrence Berkeley National Laboratory's (Berkeley Lab's) Office of Homeland Security (OHS) technical programmatic management oversight are accumulated in homogeneous indirect cost pools and allocated in a reasonable proportion to the beneficial or causal relationship of the costs to cost objectives.

### B. Persons Affected

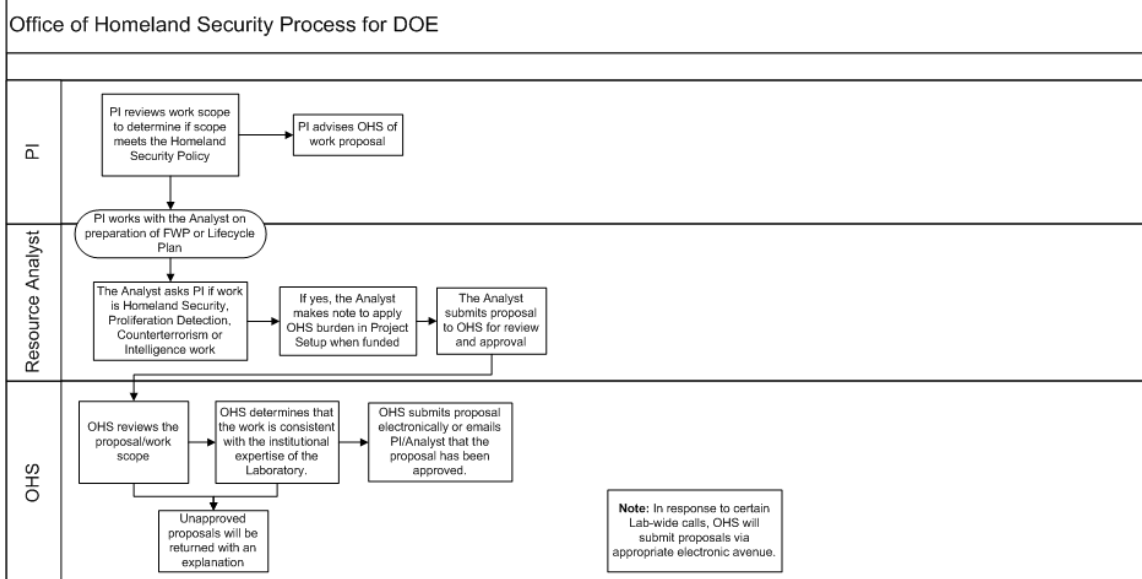
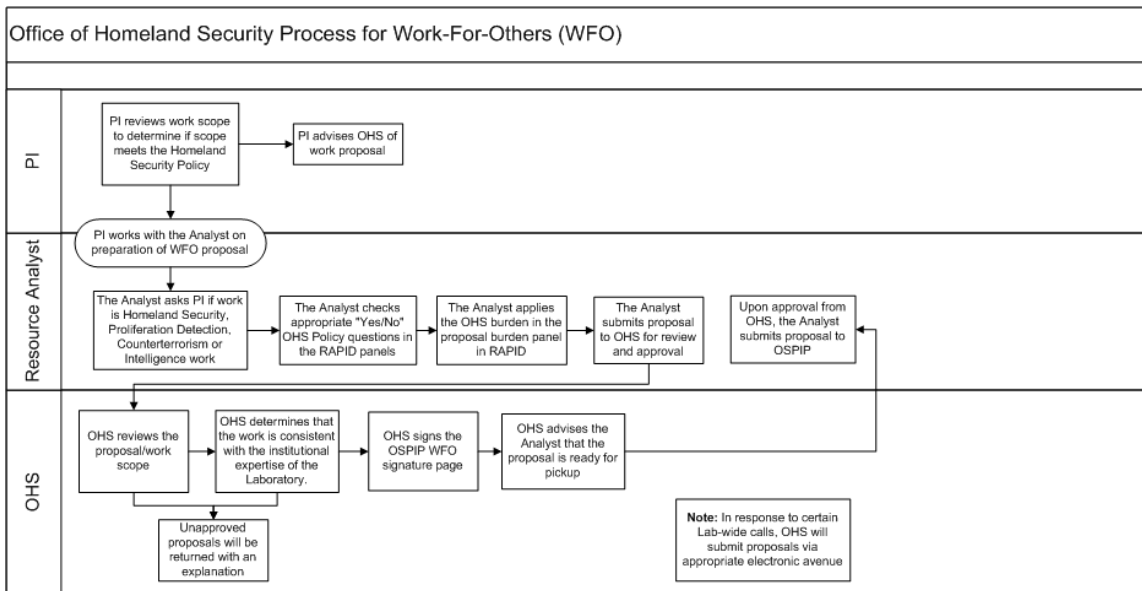
Any Berkeley Lab employee who works with the financial management of OHS

## C. Exceptions

None

## D. Policy Statement

1. For the purpose of this policy, Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence research and development projects are defined if **one** or more of the following activities are involved:
  - a. Weapons of mass destruction, including but not limited to chemical, biological, or nuclear weapons research or production
  - b. Technologies intended to analyze, detect, or mitigate threats (nuclear/radiological, biological, chemical, unexploded ordinance [UXO], mines and mine detection, and the like)
  - c. Homeland security, proliferation detection, counterterrorism, or intelligence-related work from any source of funding and from any sponsor
2. This policy supersedes the Nuclear Nonproliferation policy established in March 1998.
3. The OHS Charge, which represents costs of the OHS' technical programmatic oversight of the Laboratory's Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence research and development, will be:
  - a. Appropriately budgeted and accounted for on a consistent basis
  - b. Accumulated in homogeneous indirect cost pools
  - c. Allocated in a practical and equitable manner in reasonable proportion to the beneficial or causal relationship of the costs to cost objectives
4. Elements of cost include: labor, payroll burden, materials and supplies, travel, service center charges, facilities use; in addition, applicable burdens include organization burden, travel, and procurement charges, which are associated with the OHS technical programmatic oversight.
5. The OHS allocation base for the OHS charge includes the total operating costs less the General and Administrative (G&A), Laboratory Directed Research and Development (LDRD), Institutional General Plant Projects (IGPP), research and development subcontracts, honoraria, stipends, fellowships, electricity, conferences, and workshops.
6. OHS expenses are allocated to cost objectives using a pre-established OHS rate. The rate is based on forecasted costs for the applicable cost accounting period, generally the Laboratory's fiscal year.
7. The pre-established rate is monitored throughout the fiscal year. If analysis of anticipated conditions discloses a material variance for the fiscal year, the pre-established OHS rate will be revised to ensure that the anticipated variance is disposed of by allocating it to cost objectives in proportion to the costs previously allocated to these cost objectives by use of the pre-established OHS rate.
8. The following are the criteria for determining whether the project is subject to the OHS rate and includes all Department of Energy (DOE) (except DOE Initiation for Proliferation Preventions, DOE Budget and Reporting code NN-4101) and non-DOE sponsors of Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence work approved by DOE.



## E. Roles and Responsibilities

Role	Responsibility
Budget Office	Formulates and coordinates the OHS expense pool and allocation base. Coordinates and executes OHS expense rate forecasts, establishment of the pre-determined rate for the applicable cost accounting period(s), and revisions to the pre-established rate.
OHS technical programmatic management, delegated by the Berkeley Lab Director	Provides oversight to include the review and approval of all proposals' work scope from DOE and non-DOE sponsors. Ensures the work is consistent with institutional expertise and with the mission of Berkeley Lab as it relates to Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence research and development.

## F. Definitions/Acronyms

Term	Definition
Allocate	To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
Cost Objective	A function, organizational subdivision, program, or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
Field Work Proposal (FWP)	Proposal forms frequently used in responding to request for proposal to DOE
Final Cost Objective	A cost objective to which is allocated both direct and indirect costs and which is one of the final accumulation points
Indirect Cost	Any cost identified with two or more joint final cost objectives that cannot be identified specifically with a particular activity or project
Indirect Cost Pool	A grouping of incurred costs identified with two or more cost objectives, but not identified specifically with any final cost objective
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.02.003.002	<a href="#">Dr. Steven Chu's memorandum in Today at Berkeley Lab, January 23, 2006</a>	Announcement

## I. Contact Information

[Indirect Budget Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	L. Freeman	Review completed 12/31/2012, no changes	Pub & next review dates	Minor
1/2/2011	1	Lundell	Reformat for wiki	All	Minor



## DOCUMENT INFORMATION

Title:	Office of Homeland Security Charge
Document number	11.02.003.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	12/1/2010
Next review date:	12/31/2014
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.34
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.34

## Source Requirements Documents

- Cost Accounting Standard 401, *Consistency in Estimating, Accumulating and Reporting Costs*
- Cost Accounting Standard 402, *Consistency in Allocating Costs Incurred for the Same Purpose*
- Cost Accounting Standard 418, *Allocation of Direct and Indirect Costs*
- [Cost Accounting Standards Board Disclosure Statement](#)

## Implementing Documents

Document Number	Title	Type
11.02.003.002	<a href="#">Dr. Steven Chu's memorandum in Today at Berkeley Lab, January 23, 2006</a>	Announcement

# Off-Site Work Authorization Policy

## Brief

Title:	Off-Site Work Authorization Policy
Publication date:	5/22/2013
Effective date:	12/1/2001

## BRIEF

### Policy Summary

To authorize work at off-site locations, Berkeley Lab divisions must develop a process to plan for the safety of workers and the environment in the off-site location. The division process should be included in the division's ISM Implementation Plan. The process should follow the principals of ISM:

- Define the scope of work
- Analyze the associated hazards
- Develop appropriate controls
- Perform work within controls
- Obtain feedback for improvement

### Who Should Read This Policy

Berkeley Lab employees, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Safety Compliance Program Manager](#)  
Technical Support Services Group  
EHSS Division

## Policy

Title:	Off-Site Work Authorization Policy
Publication date:	5/22/2013
Effective date:	12/1/2001

## POLICY

### A. Purpose

Berkeley Lab policy requires the prevention of injuries, illnesses, and environmental damage at all locations it has responsibility for, including off-site activities. Off-site activities include all work performed at sites located away from the Berkeley Lab main site and satellite locations, which include Donner Hall, Potter Street, the Joint BioEnergy Institute (JBEI), and the Joint Genome Institute (JGI).

The Off-Site Work Authorization Policy is implemented through the Work Authorization processes at the division level (e.g., Activity Hazard Document [AHD], Radiological Work Authorization [RWA]) and Job Hazards Analysis (JHA, sJHA). Each division assesses its work activities, identifies activities where personnel are working remotely off site, and develops a process to plan for their safety. The process should be included in the division Integrated Safety Management (ISM) Implementation Plan.

This policy applies to work conducted in remote or field locations. It is intended to drive the development of site-specific and work-specific hazard analysis, to inform employees of present hazards, to identify the training and protective measures needed to perform work safely, to provide emergency information, and to serve as a safety training document. At Berkeley Lab, it applies to all field work performed under Laboratory direction, including work performed by subcontractors at any tier.

## B. Persons Affected

Berkeley Lab employees, affiliates, and subcontractors

## C. Exceptions

Work performed at a non-DOE off-site facility by a subcontractor that is working under the jurisdiction of an oversight/enforcement agency other than DOE. For these cases, the oversight/enforcement agency must be identified.

## D. Policy Statement

1. To authorize work at off-site locations, Berkeley Lab divisions must develop a process to plan for the safety of workers and the environment in the off-site location.
  - a. The division process should be included in the division-specific ISM Implementation Plan.
  - b. The process should follow the principals of ISM:
    - i. Define the scope of work
    - ii. Analyze the associated hazards
    - iii. Develop appropriate controls
    - iv. Perform work within controls
    - v. Obtain feedback for improvement
  - c. The process may specify that the Environment, Safety and Health oversight of the work performed is under the jurisdiction of an agency other than DOE. For example, work performed by a licensed electrician installing a current monitoring device in a commercial building in California as part of a wide spread power consumption investigation project. Oversight of this work is under the jurisdiction of Cal/OSHA.
2. Logistics for safe off-site work planning should address:
  - a. How to send people and equipment to the site
  - b. Using or monitoring third-party equipment at the site
3. The lack of available safety infrastructure and support when plans go wrong
  - a. Off-site operations planning should include material-handling considerations for accessing, setting up, and taking down off-site equipment. Contingencies for different or substandard utilities also should be made (e.g., nonconforming electrical wiring in a building being monitored). Procedures for contacting emergency support personnel should also be made.
  - b. Examples of successful division processes include the [Off-Site Safety and Environmental Protection Plan \(OSSEPP\)](#) process used by the Earth Sciences Division, and the [Field Work Hazard Assessment Form](#) process used by the Environmental Energy Technologies Division.
4. When Berkeley Lab employees are injured or become ill during off-site operations, the following procedure should be followed:
  - a. Employees should obtain appropriate treatment by a local physician or hospital staff.
  - b. Berkeley Lab Health Services, ext. 6266, should be informed so that the proper injury/illness report can be prepared.
  - c. Health Services forwards this injury/illness report within the EHSS Division and the Berkeley Lab Risk Manager when applicable.
  - d. The EHSS Division determines whether the injury/illness is work-related.
5. Berkeley Lab division directors are responsible for determining whether a written Activity Hazard Document (AHD) is needed for off-site work as well as for AHD reviews and approvals. When the division director has reviewed and approved the AHD, the AHD becomes the principal safety document for the off-site project or activity. For an example of an AHD, refer to the Berkeley Lab [Safe Work Authorizations](#) program.
6. Supervisors of employees planning to engage in work-related boating or diving operations, or aviation activities must contact the EHSS Occupational Safety Group, ext. 2976, for guidelines and safety procedures relevant to their specific operation.
  - a. **For off-site-work-related boating or diving operations:** A completed [Application for Vessel Use form](#) must be reviewed by the Occupational Safety Group for each vessel before the off-site work begins.
  - b. **For the procurement of off-site-work-related aircraft or aviation services:** See Berkeley Lab's [Aviation Policy and Procedures](#) for roles and responsibilities.

## E. Roles and Responsibilities

Role	Responsibility
Personnel proposing off-site operations	Must give their division director written notification of the nature and scope of the project, including an AHD (if necessary)
EHSS Liaison/Safety Representatives	<ul style="list-style-type: none"><li>• May visit off-site operations, and/or schedule visits by appropriate subject matter experts</li><li>• Coordinates AHD reviews in conformance with the AHD review process</li></ul>
Division Director	<ul style="list-style-type: none"><li>• Determines whether a written AHD is needed</li><li>• Reviews and approves off-site operation's AHD</li></ul>

## F. Definitions/Acronyms

Term	Definition
AHD	Activity Hazard Document
JHA	Job Hazards Analysis
OSSEPP	Off-Site Safety and Environmental Protection Plan
RWA	Radiological Work Authorization
sJHA	Subcontractor Job Hazards Analysis

## G. Recordkeeping Requirements

Variable, depending upon specific authorization type selected.

See requirements for the specific authorization type.

## H. Implementing Documents

Document Number	Title	Type
07.02.003.001	Safe Work Authorizations Program	Program
07.08.001.001	Radiation Safety Program	Program
07.02.001.001	Job Hazards Analysis (JHA) Program	Program
07.02.004.001	Subcontractor Job Hazards Analysis (sJHA) Program	Program

## I. Contact Information

Safety Compliance Program Manager  
Technical Support Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
5/22/2013	1	W. Wells	Re-write for wiki	all	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Off-Site Work Authorization Policy
Document number	07.02.002.000
Revision number	1
Publication date:	5/22/2013
Effective date:	12/1/2001
Next review date:	5/14/2016
Policy Area:	Safe Work Authorization
RPM Section (home)	ES&H
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 5.5

## Source Requirements Documents

29 CFR 1910, Subpart T, *Commercial Diving Operations*

## Other Driving Requirements

- Partnership Agreement Between UCB and LBNL Concerning Environment, Health and Safety Policy and Procedures , March 15, 2004
- JGI Memorandum of Understanding (Regarding ES&H), November 7, 2006
- Joint BioEnergy Institute Environment, Safety, and Health (ES&H) Responsibilities Matrix November 9, 2007
- U.S. Department of Transportation, Coast Guard, Series 323, *Rules and Regulations for Small Passenger Vessels (Under 100 Gross Tons)*
- U.S. Department of Transportation, Coast Guard, Series M6672.2, Navigation Rules: International-Inland
- *ES&H Documentation and Approvals* (Safe Work Authorization Program)

## Implementing Documents

Document Number	Title	Type
07.02.003.001	Safe Work Authorizations Program	Program
07.08.001.001	Radiation Safety Program	Program
07.02.001.001	Job Hazards Analysis (JHA) Program	Program
07.02.004.001	Subcontractor Job Hazards Analysis (sJHA) Program	Program

# Organizational Conflict of Interest

## Brief

Title:	Organizational Conflict of Interest
Publication date:	11/28/2012
Effective date:	10/20/2010

## BRIEF

### Policy Summary

Berkeley Lab must not be biased because of its financial, contractual, organizational, or other interests, and must not obtain any unfair competitive advantage over other parties by virtue of its performance of work.

### Who Should Read This Policy

This policy applies to all employees.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## Policy

Title:	Organizational Conflict of Interest
Publication date:	11/28/2012
Effective date:	10/20/2010

## POLICY

### A. Purpose

The University of California (UC), as operator of Lawrence Berkeley National Laboratory (Berkeley Lab), conducts its activities in a manner that avoids actual, potential, perceived, or apparent conflicts of interest on the part of UC as an institution. This conduct is consistent with the requirements of Contract 31, Clause 1.66, *Organizational Conflicts of Interest*. Broadly stated, the requirements of Contract 31 are intended to ensure that Berkeley Lab (1) is not biased because of its financial, contractual, organizational, or other interests related to the work performed under the contract; and (2) does not obtain any unfair competitive advantage over other parties by virtue of its performance of that work.

### B. Persons Affected

This policy applies to all employees.

### C. Exceptions

None

### D. Policy Statement

### 1. Restrictions on Work Involving Prior Work Product

- a. During the performance of Contract 31, and for five years after its completion, the Laboratory is ineligible to participate in any Department of Energy (DOE) contracts, subcontracts, or proposals (solicited and unsolicited) that stem directly from the Laboratory's performance of work under Contract 31.
- b. The Laboratory may not perform any advisory and assistance work under Contract 31 on any of its products or services (or the products or services of another firm that it has been substantially involved in developing or marketing), unless directed to do so in writing by the DOE contracting officer. This does not preclude the Laboratory from competing for follow-on contracts for advisory and assistance services.
- c. The Laboratory is ineligible to perform or participate in any capacity in any contractual effort based on a complete or essentially complete statement of work or specifications it prepares for use in a competitive acquisition, unless directed in writing by the DOE contracting officer to incorporate its products or services into the statement of work or specifications. However, the Laboratory can offer and sell any of its standard and commercial items to the government.

### 2. Restrictions on Use of Information

- a. A number of restrictions limit use of information to which Berkeley Lab has access by virtue of performing work under the contract. Examples are DOE plans, policies, reports, studies, financial plans, Privacy Act information, or data not released or otherwise available to the public. Unless the Laboratory has prior written approval of the DOE contracting officer for using such information, it shall not:
  - Use it for any private purpose unless it has been released or otherwise made available to the public
  - Use it to compete for work for DOE until six months after either the information has been released or otherwise made available to the public, or the completion of Contract 31, whichever is first
  - Use it as the basis for an unsolicited proposal to the government until one year after the information is released or otherwise made available to the public
  - Release it unless DOE has released or otherwise made the information available to the public
  - Treat proprietary data, Privacy Act information, or other confidential or privileged technical, business, or financial information contrary to any restrictions placed on it
    1. However, the Laboratory can use technical data it first produces under Contract 31 for its private purposes consistent with the patent, rights in data, and security provisions of Contract 31.
    2. All requests for waivers of organizational conflict of interest must be submitted to the DOE contracting officer in writing; Berkeley Lab's Research and Institutional Integrity Office will coordinate such requests.

## E. Roles and Responsibilities

Berkeley Lab and UC management will perform its responsibilities set forth in this policy, including ensuring that appropriate restrictions are included in Laboratory subcontracts and that DOE is informed, as necessary, of particular circumstances to be reported under requirements set forth in this policy. Laboratory management also is responsible for advising DOE, immediately and fully in writing to the contracting officer, if any changes, including additions, occur to the facts disclosed prior to the award of Contract 31 that bear on organizational conflicts of interest. Laboratory employees at all levels must comply with the requirements of this policy, and inform their supervisors and division directors if they know of any circumstances that may be inconsistent with these requirements.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
05.01.002.001	<a href="#">Outside Business Ownership or Management Interest</a>	Form
	OSPIP Proposal Checklist	
	Budget Office Checklist	
	OCI Pre-Procurement Fact Sheet	

## I. Contact Information

Research and Institutional Integrity Office  
RIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Stoufer	Rewrite for wiki (brief)	All	Minor
11/28/2012	1	Stoufer	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Organizational Conflict of Interest
Document number	05.10.001.000
Revision number	1
Publication date:	11/28/2012
Effective date:	10/20/2010
Next review date:	11/28/2015
Policy Area:	Organizational COI
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.15
Functional Division	Operations
Prior reference information (optional)	RPM Sections 10.15 and 11.38(C)9

## Source Requirements Documents

Contract 31, Clause I.66 — DEAR 952.209-72, *Organizational Conflicts of Interest*

## Implementing Documents

Document number	Title	Type
05.01.002.001	<a href="#">Outside Business Ownership or Management Interest</a>	Form
	OSPIP Proposal Checklist	
	Budget Office Checklist	
	OCI Pre-Procurement Fact Sheet	



# Organizational Self-Assessment Policy

Title:	Organizational Self-Assessment Policy
Publication date:	6/26/2014
Effective date:	2/17/2012

## BRIEF

### Policy Summary

Berkeley Lab organizations must perform self-assessments in accordance with good business practices and contract requirements.

### Who Should Read This Policy

- All levels of management, including the Laboratory Director, the Associate Laboratory Director for Operations (ALDO), the Office of Institutional Assurance (OIA), division directors, and department heads
- Berkeley Lab employees who perform self-assessments

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Assurance and Quality Program Manager  
Office of Contractor Assurance  
[MCGravois@lbl.gov](mailto:MCGravois@lbl.gov)

Title:	Organizational Self-Assessment Policy
Publication date:	6/23/2014
Effective date:	2/17/2012

## POLICY

### A. Purpose

This policy establishes and implements a self-assessment process at Lawrence Berkeley National Laboratory (Berkeley Lab) to ensure consequential assessments are performed and to improve performance.

### B. Persons Affected

Berkeley Lab employees who perform internal assessments and/ or manage issues and associated corrective actions through resolution

## C. Exceptions

None

## D. Policy Statement

Berkeley Lab management must periodically assess its organizations and functions to determine how well they meet customer and performance expectations and mission objectives, identify strengths or improvement opportunities, and correct problems in accordance with good industry business practices and requirements as set forth in U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231 and any Berkeley Lab-generated requirements and policies. For specific details, please refer to document number 04.02.003.001, *Self-Assessment Guide*.

## E. Roles and Responsibilities

- Management should establish and implement a process to obtain a self-assessment of the organization's programs, projects, contractors, and suppliers.
- Managers are responsible for the conduct of self-assessments.
- Berkeley Lab employees are individually responsible for compliance with these requirements and for the quality of their work.

## F. Definitions/Acronyms

Term	Definition
Assessment	The act of reviewing, inspecting, testing, checking, conducting surveillances, auditing, or otherwise determining and documenting whether items, processes, or services meet specified requirements
Document	Written, visual, audio-, or video-recorded information stored in the form of hard copy, film, magnetic tape, electronic data, or in an online, Web-based format
Graded Approach	The process by which the level of analysis, documentation, verification, and other controls necessary to comply with program requirements are developed commensurate with specified factors
Issues Management	The process by which issues are managed and tracked through resolution to prevent recurrence
Nonconformance	A deficiency in a characteristic or record that renders the quality of an item or sample unacceptable or indeterminate
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
Procedure	A document that specifies or describes how an activity is to be performed, including instructions or drawings
Record	Books, papers, maps, photographs, machine-readable materials, or other documentary materials, regardless of physical form or characteristics, made or received and preserved or appropriate for preservation as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities or because of the informational value of the data they contain

## G. Recordkeeping Requirements

Records used to demonstrate objective evidence of performance of quality-assurance requirements must be maintained in accordance with records-retention requirements outlined in the *Requirements and Policies Manual* and Berkeley Lab implementing documents.

## H. Implementing Documents

Document Number	Title
04.02.002.001	Self-Assessment Guide
PUB-5519(1)	Issues Management Program Manual
10.06.001.001	Document Management Process
10.06.001.000	Document Management Policy

## I. Contact Information

Assurance and Quality Program Manager  
 Office of Contractor Assurance  
[MCGravois@lbl.gov](mailto:MCGravois@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/2/2012	0	M. Gravois	Initial	All	Major
6/26/2014	0.1	M. Gravois	Reviewed 5/13/14. No changes except Pub & next review date	–	Minor

## DOCUMENT INFORMATION

Title:	Organizational Self-Assessment Policy
Document number	04.02.002.000
Revision number	0.1
Publication date:	6/23/2014
Effective date:	2/17/2012
Next review date:	6/23/2017
Policy area:	Contractor Assurance

Functional area	Contractor Performance Management
Prior reference information (optional)	n/a

## Source Requirements Documents

- Contract 31, Section H.30, *Contractor Assurance*
- 10 CFR 830, Nuclear Safety Management
- DOE O 414.1D, *Quality Assurance*
- PUB-3111, *Quality Assurance Program Description*
- PUB-5520, *Contractor Assurance System Description*
- *Contractor Assurance Policy, 04.02.001.000*
- *Quality Assurance Policy, 04.03.001.000*

## Implementing Documents

Document Number	Title	Type
PUB-5519(1)	Issues Management Program Manual	System
10.06.001.001	Document Management Process	Process
10.06.001.000	Document Management Policy	Policy
04.02.002.001	Self-Assessment Guide	Procedure

# Organization Burden

## Brief

Title:	Organization Burden
Publication date:	9/26/2013
Effective date:	6/30/2011

## BRIEF

### Policy Summary

This policy guides the management and administration of Berkeley Lab organization burdens (costs for the general management and administration of the Laboratory's scientific and support divisions or departments). Laboratory organization burden costs are accumulated in standardized indirect cost pools (organization burden projects) and allocated in an equitable and reasonable manner to the benefiting cost objectives (projects).

### Who Should Read This Policy

All Laboratory employees who manage organization burdens

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Indirect Budget Manager](#)

## Policy

Title:	Organization Burden
Publication date:	9/26/2013
Effective date:	6/30/2011

## POLICY

### A. Purpose

This policy guides the management and administration of organization burdens (costs for the general management and administration of the scientific and support divisions or departments) at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All Laboratory employees who manage organization burdens

### C. Exceptions

None

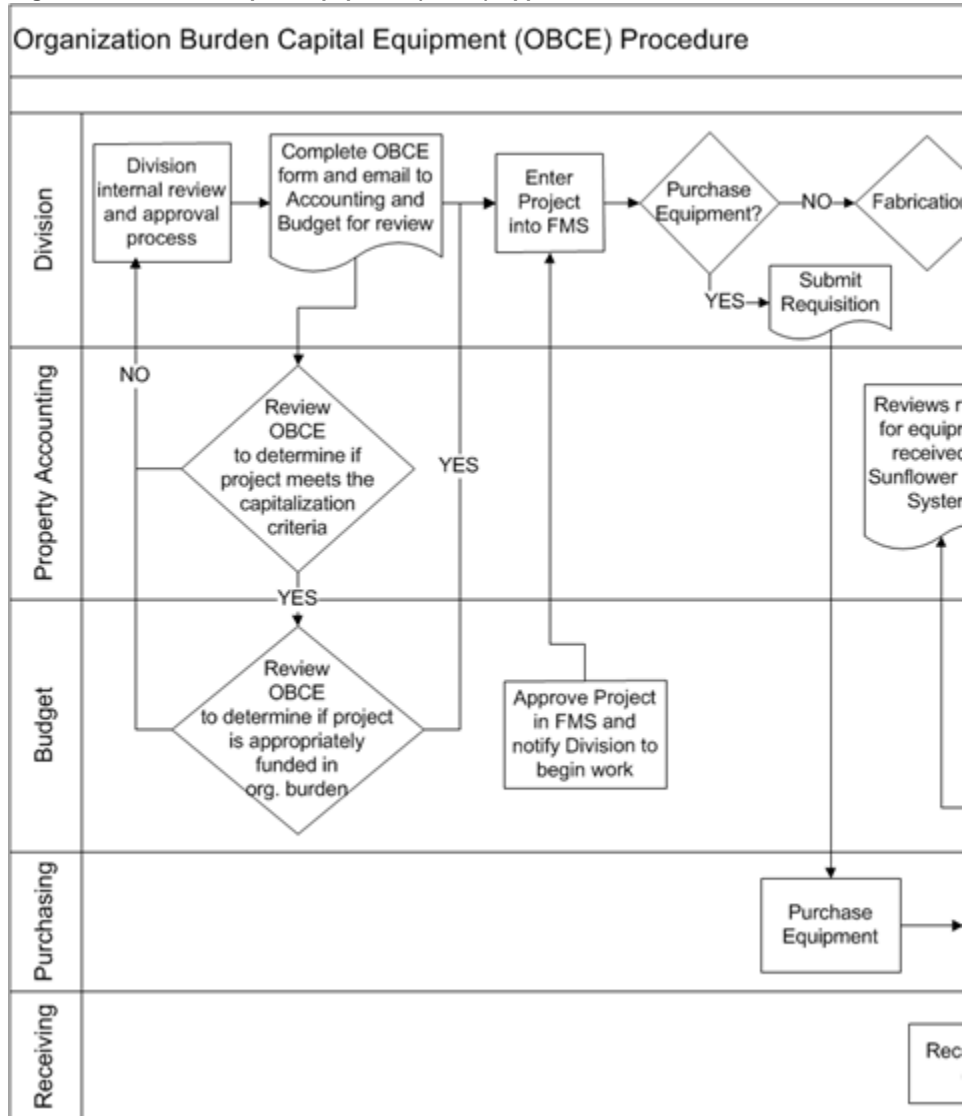
### D. Policy Statement

1. Laboratory organization burden costs are:
  - a. Accumulated in standardized indirect cost pools (organization burden projects)
  - b. Allocated in an equitable and reasonable manner to the benefiting cost objectives (projects)

2. **Cost Pool Expense Types:** Organization burden costs include activities related to the management, supervision, and administration of the division. Research and development costs are not appropriate to include in the organization burden. The organization burden cost pools include the following appropriate cost elements:
- a. **Labor Expenses**
    - i. **Division/Department Deputy.** Wage expense of division/department deputy and/or assistant division directors
    - ii. **Division/Department Office Staff.** Wage expense of division administrators, division and/or department office management personnel, and secretarial and clerical support
    - iii. **Division/Department Support.** Wage expense of staff whose appointment or assignment is of a division-wide nature and that clearly and specifically supports the division director's responsibilities, e.g., preparing an annual division research report or reviewing work task proposals. Assignments that benefit specific projects are excluded.
    - iv. **Staff Between Assignments.** Wage expense of employees between assignments.
  - b. **Other Expenses**
    - i. **Division/Department Office Operating Costs.** Charges for telephone, printing, copying, travel, vehicles, noncapital equipment purchases, equipment rental/ maintenance, computing, other supplies and expense items, divisional seminars, and electricity expenses related to the division/department office. Other operating costs may be included as appropriate.
    - ii. **Building Expenses, Alterations, and Moving Expenses.** Costs of building managers, building supplies and equipment, general-use equipment repairs, noncapital space alterations, and division-initiated moves
    - iii. **Research Project Termination.** Support for project termination expenses is intended to allow reasonable accommodation to unanticipated or sudden minor changes in division research activities due to a specific project termination. It does not provide for termination of a major research program or a subprogram, which should be directly funded by the program.

- iv. **Equipment.** Costs for equipment include the purchase, fabrication, lease, and maintenance of equipment that broadly supports division activities, develops new capabilities, and/or assists in attracting scientists in key research and development areas.
- The users/beneficiaries of the equipment are included in the division's organization burden distribution base. The equipment is used to support division multiprogrammatic and/or interdisciplinary functions where the predominant use is not directly identified with a specific project. In addition, equipment does not apply to institutional-wide users/beneficiaries.
  - Capital equipment may be charged to organization burden if it meets the requirement above and the following requirements:
    - Capital equipment criteria (see [Definitions/Acronyms](#), below)
    - Capital equipment costs are less than 15% of the overall organization burden budget.
    - Users/beneficiaries are within the division's organization burden base.
    - Users/beneficiaries include multiple sponsors and/or projects within the organization burden base.
  - The Laboratory's [Organization Burden Capital Equipment \(OBCE\) approval form](#) is submitted to Property Accounting and Budget Office for concurrence prior to beginning the acquisition or project. See the Organization Burden Capital Equipment (OBCE) Approval Process flowchart, below, for procedure and project setup criteria.

**Organization Burden Capital Equipment (OBCE) Approval Process Flowchart**



3. **Distribution Base:** The distribution base for organization burden costs includes organizational wage expenses (labor and payroll burden) and contract labor.
  - a. The following are excluded from the distribution base for organization burden costs:
    - i. Organization burden labor charged to the cost pool
    - ii. Costs of all consultants and the wage expense of employees matrixed from other organizations
    - iii. Fellowship and career-development Work for Others (WFO) Award projects and Work-Study students
    - iv. Multiple location assignments (MLAs), inter-jurisdictional employee exchanges (IJE), intergovernmental personnel appointments (IPAs), and DOE Detailee.
4. **Rate Management**
  - a. Organization burden costs are allocated using pre-established rates. Each rate must have its own separate cost pool and distribution base. The rates are based on forecasted costs for the applicable cost accounting period(s) (Laboratory's fiscal year).
  - b. Preliminary organization burden rates are developed on a break-even basis. The objective is to establish a rate that will recover the exact total of costs in the cost pool at fiscal year- end. If a material variance exists between cost and recovery at fiscal year-end, the rate and/or budget will be revised to appropriately allocate the variance.
  - c. Organization burden rate forecasts, and the establishment and revision of predetermined rates for the applicable cost accounting period(s), are prepared by the divisions and coordinated and executed through the Budget Office.
5. **Financial Management System (FMS) Project Setup:** To set up a project in FMS, the division submits the following information in "R – Requested" status:
  - a. **Organization Burden Projects**
    - Project ID = Each organization creates a unique Project ID.
    - Project Type = OHORG
    - IBA Code = OR
    - MARS Code = OPEXP
    - B&R = YN01
  - b. **Organization Burden Capital Equipment (OBCE) Projects**
    - Project ID = Each piece of capital equipment requires a unique Project ID.
    - Project Type = OHORG
    - IBA Code = ORCE
    - MARS Code = OPEXP
    - B&R = YN01

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Allocate	To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
Capital Equipment	Movable personal property with an anticipated service life of two years or more and a cost of \$500,000 or more, which substantially retains its original characteristics. Capital equipment does not include application software, maintenance, repair, warranties, real property improvements, or related personal property.
Cost Objective	A function, organizational subdivision, program, or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
Final Cost Objective	A cost objective to which is allocated both direct and indirect costs and which is one of the final accumulation points
Indirect Cost	Any cost identified with two or more joint final cost objectives that cannot be identified specifically with a particular activity or project
Indirect Cost Pool	A grouping of incurred costs identified with two or more cost objectives, but not identified specifically with any final cost objective
Wage Expense	Salary multiplied by Paid Leave Factor multiplied by one plus the Payroll Burden Rate {Salary x Paid Leave Factor x (1 + Payroll Burden Rate)}



## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.003.001	Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory	Official Statement
11.02.004.001	DOE Accounting Handbook, Chapter 10, Property, Plant, and Equipment	Official Guidance
DOE O 522.1	Pricing of Departmental Materials and Services	Official Guidance

## I. Contact Information

Indirect Budget Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	C. Lundell	Reformat for wiki	All	Minor
12/17/2012	1.1	B. Smith	Update Exclusions in Distribution Base and Capital Equipment Definition	Policy Statement, Definitions	Minor
9/26/2013	1.2	L. Freeman	Review completed 5/15/2013, no changes	Publ & Next review date	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Organization Burden
Document number	11.02.004.000
Revision number	1.2
Publication date:	9/26/2013
Effective date:	6/30/2011
Next review date:	6/30/2015
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- [Cost Accounting Standard 401, \*Consistency in Estimating, Accumulating and Reporting Costs\*](#)
- [Cost Accounting Standard 402, \*Consistency in Allocating Costs Incurred for the Same Purpose\*](#)
- [Cost Accounting Standard 406, \*Cost Accounting Period\*](#)
- [Cost Accounting Standard 418, \*Allocation of Direct and Indirect Costs\*](#)

## Implementing Documents

Document number	Title	Type
11.02.003.001	<a href="#">Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory</a>	Official Statement
11.02.004.001	<a href="#">DOE Accounting Handbook, Chapter 10, Property, Plant, and Equipment</a>	Official Guidance
DOE O 522.1	<a href="#">Pricing of Departmental Materials and Services</a>	Official Guidance

# Outside Employment and Consulting

## Brief

Title:	Outside Employment and Consulting
Publication date:	2/22/2013
Effective date:	1/5/2010

## BRIEF

### Policy Summary

Employees may engage in compensated outside consulting and employment as long as such activities do not interfere with performance of their Laboratory duties, create a real or apparent conflict of interest, or subject the Department of Energy, the University of California, or the Laboratory to public criticism or embarrassment. Prior institutional review and approval are required for compensated consulting and employment activities related to the employee's Laboratory work. All outside employment and consulting activities must be conducted without the use of Laboratory time, supplies, equipment, or facilities.

### Who Should Read This Policy

This policy applies to all employees, including those working part time and variable time, and those who hold faculty appointments with a University of California campus.

### To Read the Full Policy, Go To:

The policy tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## Policy

Title:	Outside Employment and Consulting
Publication date:	2/22/2013
Effective date:	1/5/2010

## POLICY

### A. Purpose

This policy establishes review principles and processes for employee participation in compensated professional activities outside of Berkeley Lab.

### B. Persons Affected

This policy applies to all employees, including employees holding joint UC faculty appointments and retirees, regardless of percent time employed or worked, or duration of employment.

### C. Exceptions

This policy does not apply to honoraria given for one-time lectures or presentations (given to a broad audience) as long as the source of the honorarium is not DOE or UC. Institutional approval is not required for reviews performed for a public agency, nor for expert witness testimony. All such activities should be approved by the employee's supervisor.

Review and approval of uncompensated outside business and professional activities is at the discretion of the division. Any written agreement offered in connection with such uncompensated activities must be submitted to the Technology Transfer and Intellectual Property Management office for review prior to signature.

## D. Policy Statement

### 1. General Policy

- a. Employees may engage in outside business and professional activities, such as consulting and service on science advisory boards or boards of directors, outside Laboratory hours and away from the Laboratory as long as such activities do not interfere with performance of their Laboratory duties, create a real or apparent conflict of interest, or subject DOE or the Laboratory to public criticism or embarrassment. As set forth below, Laboratory management review and approval are required for any of the following outside professional activities:
  - i. Work with the potential to interfere with Laboratory employment obligations
  - ii. Work of any kind for a scientific or technical organization
  - iii. Work involving an entity with whom the Laboratory does business or has the potential to do business, e.g., licensing, sponsored research, subcontracts
  - iv. Work paid by federal funds or by a unit of the University of California
  - v. Consulting in a subject area related to the employee's Laboratory work
- b. If the outside activity is not in one of the categories listed above and is obviously unrelated to the Laboratory's interests, it does not normally need to be reported or approved. Examples include an outside job or business interest in ranching; retail sales; and music, art, or residential real-estate sales. Employees who are undecided as to whether their outside activity must be disclosed in accordance with this policy may refer the question to the Research and Institutional Integrity Office.
- c. All outside business and outside professional activities must be conducted without the use of Laboratory supplies, equipment, or facilities. In general, employees are prohibited from engaging in compensated outside employment, activity, or consulting if that activity is sponsored or funded by any Berkeley Lab or University of California entity or through any Berkeley Lab or University of California contract. In addition, no amount of time due to the Laboratory may be devoted to private purposes, and no outside business or professional activity may interfere with the performance of Laboratory duties. The policy in this section is based on federal and state laws and regulations, the UC-DOE Prime Contract for management of Berkeley Lab and University policy.
- d. Policy concerning ownership or management interest in commercial entities with potential economic or technology connections to the Laboratory is covered in the RPM section on [Outside Business and Ownership](#).

### 2. Review-and-Approval Principles and Time Limits

#### a. Principles

- i. The following considerations are made in determining whether a real or apparent conflict of interest exists:
  1. Incompatibility between regular duties and private interests
    - a. Employee outside business or professional activities must not be in competition with current or proposed Laboratory projects.
    - b. Employee outside business or professional activities must not result in unfair competitive advantage to the outside business.
    - c. Employee outside business or professional activities must not materially affect the Laboratory's dealings with the outside business or substantially affect the environment of the economic/technology business sector in which the employee or a near relative has a financial interest as defined by the University of California Conflict of Interest Code.
    - d. Employee outside business or professional activities must not limit the employee's responsibility to fully and promptly report significant Laboratory research and development information to DOE.
  2. Protection of privileged and proprietary information. An employee engaged in outside professional activities shall protect information, skills, or knowledge that is material to current or proposed Laboratory research or development work, and that is proprietary to the Laboratory and not yet in the public domain.
- b. **Time Limits.** There is no specific time limit for an employee's outside business or professional activities; however, approval is required on an annual basis and whenever there is a change in the scope or terms of work. See[ Section D.3|#secd3] below for the review process.
- c. **Other Review Factors.** In approving any individual activity, the total amount of outside professional activities may be considered.

3. **Review and Approval Process for Compensated Outside Business and Professional Activities.** Compensated outside business or professional activities described in [Section D.1.a.i–v](#) require prior review and approval by Laboratory management and institutional officials. Use the [Request for Approval of Compensated Outside Professional Activity process](#) to obtain required approvals. In accordance with Contract provisions, the Laboratory may provide the DOE Berkeley Site Office (BSO), and certain external funding sources, with information and/or copies of documents pertaining to compensated outside business or professional activities.

4. **Other Payments from Outside Organizations.** Generally, employees are permitted to accept honoraria for lectures or presentations from sources other than the Department of Energy or the University of California (including flow-through funds). However, the California Political Reform Act imposes prohibitions and/or limits on honoraria for employees in positions designated by the University of California Conflict of Interest Code. See the RPM policy on *Designated Officials* for details. Honorarium payments for one-time lectures do not require Laboratory approval under the Compensated Outside Professional Activity process; however, such income may trigger disqualification requirements. Any written agreement offered in connection with such one-time lectures must be submitted to the Technology Transfer and Intellectual Property Management office for review prior to signature.
5. **Teaching and Other Services for the University of California.** Refer to the *Teaching or Other Services for the University of California* policy for information regarding allowable additional service and compensation from UC.
6. **Review of External Technical Proposals Involving Laboratory Inventions.** A Laboratory employee who is invited by DOE or any third party to review a technical proposal that describes (1) his/her own invention/s or (2) any other Laboratory invention that the employee is aware of through, for example, previous knowledge of the invention or background intellectual property, will so inform the Technology Transfer and Intellectual Property Management Office ([tt@lbl.gov](mailto:tt@lbl.gov)), which will evaluate the information and notify BSO if the subject matter of the proposal involves an elected or waived subject invention in which the Laboratory holds or intends to elect title.
7. **Policy on Outside Professional Activities for the University Senior Management Group.** Outside professional activities of Laboratory employees who are members of the University of California Senior Management Group (SMG) are subject to certain additional special provisions. Consult your division's Human Resources Center for complete information concerning the necessary approval and reporting requirements pertaining to members of the University Senior Management Group.
8. **Patent Agreements.** The text of any proposed consulting or employment agreement must be reviewed and approved by Technology Transfer and Intellectual Property Management before execution of the agreement by the employee. When a consulting or employment agreement containing a claim for invention and patent rights is offered to an employee, the outside organization must be advised, under the terms of the UC-DOE Prime Contract for Laboratory management, that the agreement must include the following or equivalent language to obtain Laboratory approval:
  - a. "It is recognized that (1) Consultant is an employee of the University of California engaged in certain work conducted by the University at the Lawrence Berkeley National Laboratory under Contract \_\_\_\_\_ with the United States Department of Energy (DOE) and (2) the University has rights to patents and other intellectual property arising from Consultant's services for that work. This consulting agreement is subject to those rights notwithstanding any intellectual property obligations to contrary in this agreement. Whenever any invention or discovery is solely or jointly made, conceived, or developed by Consultant under the Consulting Agreement, the Company must promptly furnish the University and DOE with sufficient information to timely determine whether the invention or discovery is within the purview of the patent agreement executed by Consultant with the University."
9. Questions regarding inventions and patent articles in a proposed consulting agreement should be referred to Technology Transfer and Intellectual Property Management.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

Records will be kept for at least three years after approval for the activity has expired, or for at least three years after a request has been denied.

## H. Implementing Documents

Document number	Title	Type
	<a href="#">Request to Engage in Compensated Outside Professional Activity</a>	Form

## I. Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Stoufer	Rewrite for wiki (brief)	All	Minor
2/22/2013	1	Stoufer	Rewrite for wiki (policy)	All	Minor

#### Document Information

## DOCUMENT INFORMATION

Title:	Outside Employment and Consulting
Document number	05.01.001.000
Revision number	1
Publication date:	2/22/2013
Effective date:	1/5/2010
Next review date:	2/22/2016
Policy Area:	Outside Business and Employment
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.02
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	Section 10.02

## Source Requirements Documents

- Contract 31, Clause I.78 Sec. 970.0371-6 Incompatibility between regular duties and private interests
- Contract 31, Clause I.78 Sec. 970.0371-7 Outside employment of contractor employees
- Contract 31, Clause I.78 Sec. 970.0371-8 Employee disclosure concerning other employment services

## Implementing Documents

Document number	Title	Type
	<a href="#">Request to Engage in Compensated Outside Professional Activity</a>	Form

# Overtime and Extended Workweek

## Brief

Title:	Overtime and Extended Workweek
Publication date:	7/14/2014
Effective date:	12/19/2008

## BRIEF

### Policy Summary

Overtime is time worked beyond the hours of a full-time day or beyond 40 hours in a week. Employees who are classified as nonexempt employees under the Fair Labor Standards Act (FLSA) are eligible for overtime compensation. Please refer to the full policy for important exceptions to these general rules.

For employees who are classified as exempt employees under the Fair Labor Standards Act (FLSA), greater emphasis is placed on meeting the responsibilities assigned to them than on working the specified number of hours. Exempt employees do not receive overtime compensation or compensatory time off.

### Who Should Read This Policy

This policy applies to all non-represented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Overtime and Extended Workweek
Publication date:	7/14/2014
Effective date:	12/19/2008

## POLICY

### A. Purpose

The Overtime and Extended Workweek policy establishes a process for overtime and the granting of extended workweek pay. This policy provides information about overtime calculation for non-exempt employees, and extended workweeks for exempt employees.

### B. Persons Affected

This policy applies to all non-represented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### C. Exceptions

Not applicable.

## D. Policy Statement

1. Overtime is time worked beyond the hours of a full-time day or beyond 40 hours in a week. Employees who are classified as nonexempt employees under the Fair Labor Standards Act (FLSA) are eligible for overtime compensation. Please refer to the full policy for important exceptions to these general rules.
2. For employees, who are classified as exempt employees under the Fair Labor Standards Act (FLSA), greater emphasis is placed on meeting the responsibilities assigned to them than on working the specified number of hours. Exempt employees do not receive overtime compensation or compensatory time off.
3. An extended workweek is a planned schedule exceeding the normal 40-hour workweek for more than four consecutive weeks at a regular Berkeley Lab site or a temporary assignment at locations away from regular Laboratory sites. Employees on a pre-approved extended workweek are paid based on the planned schedule.
  - a. Only non-exempt employees are eligible for overtime pay.
  - b. All overtime must be approved in advance by the employee's supervisor.
  - c. All overtime must be compensated, even if not approved in advance.
  - d. Granting compensatory time off in lieu of overtime pay is prohibited.
4. **Pay for Overtime.** Overtime for non-exempt employees will be paid at the rate of 1 ½ times the regular hourly rate for hours worked in excess of eight hours per day or 40 hours per week.
5. **Pay for Overtime Meals.** Employees may be paid overtime for meals if approved by their supervisor and one of the following conditions applies:
  - a. The work situation requiring the overtime is such that the employee is held over or called in early, without prior notice, so that the combined regular shift and overtime assignment totals a minimum of two hours over the regular work shift or
  - b. The work situation requiring the overtime is such that the employee is called in, without prior notice, on a day off, holiday, or call-back basis for a minimum of 5 hours.
6. **Shift Differential**
  - a. **General.** A shift differential is extra pay in addition to base pay for non-day shift work. A non-exempt employee is paid this differential when required to work on an assigned swing or owl shift. The amount of the differential is 7.5 percent for swing shift and 15% for owl shift. For purposes of computing shift pay, a swing shift consists of the hours from 4:00 p.m. to midnight, and an owl shift from midnight to 8:00 a.m. To qualify for payment of shift differential, a minimum of four hours must be scheduled during the above periods. Work scheduled during the swing or owl shifts for the convenience of the employee is not considered an assigned swing or owl shift for purposes of this policy and no differential will be paid.
  - b. **Overtime.** Overtime pay for employees who receive shift differential pay and who work during non-day shifts (see [Section D.6.a, General](#), above) is based on the employee's base pay and shift rate.
  - c. **Temporary Assignments.** Employees who usually work a swing or owl shift continue to receive the shift differential when assigned temporarily by their supervisor to a day shift for four days or less. A change in shift assignment initiated by the employee is not covered by this provision and no differential will be paid.
  - d. **Paid Leave.** Shift differential is included for all types of paid leave based on the shift an employee would have worked.
  - e. **Terminal Vacation Pay.** Terminal vacation is paid at the appropriate shift differential rate when the employee has been permanently assigned to swing or owl shift or when a temporary swing or owl shift has extended over 90 days.
7. **Pay for Travel Time (Nonexempt Employees).** Travel between an employee's home and the workplace is not considered time worked. Travel on Laboratory business during an employee's normal working hours (including travel during those hours on the employee's day off) is considered time worked. Travel outside normal working hours is considered time worked when it occurs on a scheduled day of work and is to or from a work location outside the normal commuting area of the assigned workplace.
8. **Call-In Pay.** Non-exempt employees who are called in for short jobs outside their regular weekly schedule will be paid for a minimum of four hours or the hours worked, whichever is greater. Such pay will include shift differential and overtime if appropriate. Represented employees should refer to their collective bargaining agreement.
9. **Extended Workweeks**
  - a. An extended workweek is a planned schedule exceeding the normal 40-hour workweek for more than four consecutive weeks at a regular Laboratory site or a temporary assignment at locations away from regular laboratory sites. Exempt or non-exempt employees may qualify.
  - b. Requests for extended workweeks must be made in writing to the division director or designee. Approval of such requests applies only to the individual(s) named and is not transferable to others.
  - c. **Pay for extended workweeks:**
    - i. Non-exempt employees are paid at the regular overtime rate.
    - ii. Full-time exempt employees are paid for extended workweeks on the basis of the formally approved schedule on file in the Payroll Office for each week the extended schedule is shown on the time report submitted by the division. The formula used to determine extended workweek pay is based on the percent of additional hours worked per month.

## E. Roles and Responsibilities



Role	Responsibility
Manager	Approve overtime/extended workweek
Employee	Get approval to work overtime/extended workweek

## F. Definitions/Acronyms

Term	Definition
Overtime	Time worked beyond hours of a full-time day or beyond 40 hours in a week.
Extended Work Week	Planned schedule exceeding a 40-hour workweek.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
7/14/2014	1	M. Cook	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Overtime and Extended Workweek
Document number	02.06.004.000
Revision number	1
Publication date:	7/14/2014
Effective date:	12/19/2008
Next review date:	7/14/2017
Policy Area:	Compensation and Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.06(B)

### Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Clause 1.21, FAR 52.222-4, Contract Work Hours and Safety Standards Act - Overtime Compensation
- DOE Contract DE-AC02-05CH11231, Clause 1.85, DEAR 970.5222-2, Overtime Management
- University of California Personnel Policies for Staff Members (PPSM) 32, *Overtime (Nonexempt Employees Only)*
- Fair Labor Standards Act (FLSA)

### Other Driving Requirements

- *Pay Periods, Computations and Deductions Policy*, 11.05.002.000

### Implementing Documents

None

# Parking at Berkeley Lab

Title:	Parking at Berkeley Lab
Publication date:	7/11/2014
Effective date:	7/11/2014

## BRIEF

### Policy Summary

The Parking Policy at Berkeley Lab provides limited on-site vehicle parking for certain employees and affiliates. The Badge Office issues valid Laboratory parking permits to eligible persons. Maps indicating parking areas are available at the entry gates, or at <http://www.lbl.gov>.

### Who Should Read This Policy

Laboratory employees, affiliates, and contractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

- [http://www.lbl.gov/ehs/pub3000/CH05\\_8.html](http://www.lbl.gov/ehs/pub3000/CH05_8.html)
- [http://www.lbl.gov/ehs/pub3000/CH05\\_1.html#5.1.1.5](http://www.lbl.gov/ehs/pub3000/CH05_1.html#5.1.1.5)

## Contact Information

Security and Emergency Operations Manager  
EH&S Division

Title:	Parking at Berkeley Lab
Publication date:	7/11/2014
Effective date:	7/11/2014

## POLICY

### A. Purpose

The Parking Policy at Lawrence Berkeley National Laboratory (Berkeley Lab) provides limited on-site vehicle parking for certain employees and affiliates. The Badge Office issues valid Laboratory parking permits to eligible persons. Maps indicating parking areas are available at the entry gates, or at <http://www.lbl.gov>.

## B. Persons Affected

This policy applies to all Laboratory employees, affiliates, and contractors

## C. Exceptions

The Site Access Manager may make exceptions to the policy for extenuating circumstances that require a deviation from the policy.

## D. Policy Statement

### D.1 General

Limited on-site vehicle parking is provided for certain employees and visitors. The Badge Office issues valid Laboratory parking permits. Some parking spaces are open to unreserved parking, while others are reserved. Maps indicating parking areas are available at the entry gates, or at <http://www.lbl.gov>. Only one parking permit is issued to an eligible person who requests one. Exceptions are made for motorcycle and bicycle permits, which may be issued in addition to an automobile permit. The Site Access Manager may make exceptions to the policy for extenuating circumstances that require a deviation from the policy. Requests shall be submitted in writing to the Site Access Manager.

### D.2 Parking Permits and Eligibility

Type of Permit	Eligibility	Authorized Parking Spaces
Orange Circle	Berkeley Lab division directors or personnel designated by the Associate Laboratory Director for Operations	All parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Blue Triangle	Berkeley Lab senior scientists and senior staff members. Eligibility is based on an annual salary threshold.	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Temporary Blue Triangle	Some Berkeley Lab affiliates, based on job classifications; <b>pregnant employees</b> , affiliates, contract employees, and visitors as authorized by Human Resources	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
General	Berkeley Lab Career employees, Term employees, Rehired Retirees, and Limited Term employees	All General parking spaces with the exception of Reserved parking spaces. General parking permit holders are authorized to park in Blue Triangle parking spaces during off-hours (3 p.m. to 8 a.m. Monday through Friday), weekends, and holidays.
Temporary General	Some Berkeley Lab affiliates, based on job classifications	All General parking spaces with the exception of Reserved parking spaces. General parking permit holders are authorized to park in Blue Triangle parking spaces during off-hours (3 p.m. to 8 a.m. Monday through Friday), weekends, and holidays.
Off-Hours	Berkeley Lab graduate students, student employees, and interns	All General parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces. Off-hours parking permit holders are only authorized to park on site between 3 p.m. and 8 a.m. Monday through Friday, and all day on weekends and holidays.

Medical Blue Triangle	Berkeley Lab employees or affiliates who are authorized by Health Services	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Car Pool	Berkeley Lab employees and affiliates who are registered in the Berkeley Lab Car Pool Program	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Vendor	Authorized vendors who frequently conduct business throughout Berkeley Lab	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Motorcycle	Berkeley Lab employees	All motorcycle parking spaces

### D.3 Additional Parking Considerations

1. **Visitor Parking Permit:** A paper dashboard pass issued to short-term visitors by the Security Access Gates or the Site Access Office
2. **Official Vehicles:** Vehicles with license plates issued by the federal government or the state of California are authorized to park in Government Vehicle parking spaces.
3. **Stack Parking:** Stack Parking spaces are reserved for vehicles that display a Stack Parking Card. Movement of a vehicle in Stack Parking may be necessary to accommodate unforeseen circumstances, and to allow for the exit of other vehicles parked in Stack Parking.
4. Berkeley Lab employees and affiliates who choose to park in Stack Parking spaces must observe the following regulations:
  - a. Park as close as possible to the vehicle, stop line, or barrier in front and/or behind of your vehicle. (Maintain a less-than-30-inch gap between vehicles.)
  - b. Display your standard Berkeley Lab parking permit.
  - c. Display a Stack Parking Card. or contact information
  - d. Stack Parking Cards are available on request from the Badge Office.

### D.4 Parking Policy Enforcement

1. Berkeley Lab Security patrols parking lots throughout the Laboratory to carry out parking policy enforcement. Parking policies are enforced through the use of Parking Violation Notice forms issued by Berkeley Lab Security to vehicles that are parked in violation of parking policies.
2. One copy of the Parking Violation Notice will be left by Security on the vehicle, and another copy will be provided to the Berkeley Lab Site Access Manager for review.
3. The University of California Police Department (UCPD) conducts traffic and parking enforcement patrols throughout Berkeley Lab. UCPD patrols may issue parking citations for vehicles and drivers observed to be violating the California Vehicle Code.
4. The Site Access Manager will review each Parking Violation Notice for accuracy and assess the appropriate parking point penalty to the owner of the vehicle found to be in violation of parking policy.
5. Berkeley Lab parking permit holders who accumulate six points in any consecutive 90-day period or 10 points in a year are subject to having their parking privileges suspended for up to 30 working days. When a parking permit holder approaches the 90-day or annual parking point threshold, the Site Access Manager will submit the parking permit holder's Parking Violation Notice file to the Berkeley Lab Transportation Demand Management Committee.
6. The Transportation Demand Management Committee will review all applicable Parking Violation Notices and make a recommendation on the status of the parking permit holder's parking privileges.
7. Parking permit holders who believe they were issued a Parking Violation Notice in error may submit an appeal through the Site Access Manager for review.

<b>Berkeley Lab Parking Policy Violations</b>	
<b>Offense</b>	<b>Points</b>

Parking in an unauthorized space such as a loading zone, an unmarked area, in an area not allowed by permit type (for example, General parking permit in an Orange Circle parking space)	2
Failure to display permit	2
Failure to display Stack Parking contact information while parked in a Stack Parking space	2
Failure to adhere to posted instructions	2
Unauthorized parking in a handicapped zone	3
Parking in a red zone	3
Parking in a manner that creates an imminent safety hazard (for example, blocking a traffic lane)	3

## D.5 Parking Regulations

1. **Forgotten Permit.** Persons who forget their hanging permit may request a temporary one-day parking permit at the entry gate. The issuance of a temporary parking permit will be reported to Site Access. Abuses of the temporary permit provisions are subject to the penalties noted below.
2. **Replacement of Lost or Stolen Parking Permits.** To replace a lost or stolen parking permit, contact the Badge Office.
3. **Penalties for Abuse of Parking Privileges.** To ensure that the parking policy is enforced equitably throughout Berkeley Lab on-site parking areas, the Laboratory has instituted a point system for parking violations by which various parking offenses are assigned penalty points within a period of time. After six points are accumulated within a three-month period, parking privileges are suspended for 30 days. Ten points accumulated in a year will also result in a 30 day suspension. If a continual pattern of abuse is detected, further administrative action may be taken (see the [Parking Enforcement System page](#) for more information).
4. **Return of Parking Permit on Termination of Employment.** Parking permits are the property of the Laboratory and must be returned to the employee's division office or the Badge Office no later than the last day of employment. If the permit holder leaves after hours, parking permits can also be turned in to the security officer at the entry gates.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Transportation Demand Management Committee	Reviews all applicable Parking Violation Notices and makes a recommendation on the status of the Berkeley Lab parking permit holder's parking privileges
Security Program Manager	Permission to operate a vehicle or bicycle on Laboratory property is subject to the control of the Laboratory Security Program Manager and may be revoked at any time.
Site Access Manager	Reviews each Parking Violation Notice for accuracy and assesses the appropriate parking point penalty to the owner of the vehicle found to be in violation of Berkeley Lab Parking Policy. The Site Access Manager may make exceptions to the policy for extenuating circumstances that require a deviation from the policy.

Badge Office	Issues valid Laboratory parking permits
Security Guards	Conduct patrols of parking lots throughout the Laboratory to carry out Parking Policy enforcement activities
University of California Police Department	Conducts traffic and parking enforcement patrols throughout Berkley Lab . UCPD Patrols may issue parking citations for vehicles and drivers observed to be violating the California Vehicle Code.

## F. Definitions/Acronyms

Term	Definition
UCPD	University of California Police Department
CVC	California Vehicle Code

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Other Reference	Title	Type
07.07.028.001	PUB-3000, Chapter 5, Section 5.8	Traffic and Transportation	Program
07.03.004.001	PUB-3000, Chapter 5, Section 5.1.1.5	Motor Vehicle Accidents	Program

## I. Related Policies

Document Number	Other Reference	Title	Type
09.05.005.000	RPM Section 1.05	Vehicles, Use of Laboratory	Policy
08.02.001.000	RPM Section 1.06	Site Access	Policy

## J. Contact Information

Security and Emergency Operations Manager  
EH&S Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	D. Lunsford	Re-write for wiki	All	Minor
7/11/2014	1.1	A. Benitez	Clarification of policy; periodic review	Section D.2 (Temporary Blue Triangle)	Minor

## DOCUMENT INFORMATION

Title:	Parking at Berkeley Lab
Document number	09.05.001.000
Revision number	1.1
Publication date:	7/11/2014
Effective date:	7/11/2014
Next review date:	7/11/2017
Policy Area:	Vehicles at Berkeley Lab
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	1.05, 1.06
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Sections 5.8 and 5.1.1.5

## Source Requirements Documents

- California Vehicle Code (CVC)
- University of California Berkeley Traffic and Parking Code

## Other Driving Requirements

- Vehicles, Use of Laboratory, 09.05.005.000
- Site Access Policy, 08.02.001.000

## Implementing Documents

Document Number	Other Reference	Title	Type
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07.07.028.001	PUB-3000, Chapter 5, Section 5.8	Traffic and Transportation	Program
07.03.004.001	PUB-3000, Chapter 5, Section 5.1.1.5	Motor Vehicle Accidents	Program

# Patent and Copyright Review Policy - B

Title:	Patent and Copyright Review Policy
Publication date:	1/2/2012
Effective date:	3/7/2011

## BRIEF

### Policy Summary

Berkeley Lab researchers must identify potentially patentable discoveries to Technology Transfer prior to any form of publication.

Copyrighted material may not be reproduced without the specific permission of the copyright holder. All transfer of copyrights must include the Technology Transfer-approved statement available from the Report Coordination Office (RCO).

### Who Should Read This Policy

All employees

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R5.02.html#RTFToC10><http://www.lbl.gov/Workplace/RPM/R5.02.html%23RTFToC10>

### Contact Information

Licensing Manager  
Technology Transfer  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Patent and Copyright Review Policy
Publication date:	1/2/2012
Effective date:	3/7/2011

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R5.02.html#RTFToC10><http://www.lbl.gov/Workplace/RPM/R5.02.html%23RTFToC10>

### Contact Information

Licensing Manager  
Technology Transfer

Revision HistoryDate	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Clark	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Patent and Copyright Review Policy
Document number	10.04.004.000
Revision number	0
Publication date:	1/2/2012
Effective date:	3/7/2011
Next review date:	3/7/2014
Policy Area:	Intellectual Property
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 5.02(F)
Functional Division	Tech Transfer
Prior reference information (optional)	RPM Section 5.02(F)

## Source Requirements Documents

- [UC Patent Policy – 1997](#)
- [U.S. Department of Energy \(DOE\) Contract No. DE-AC02-05CH11231, Clause I\(97\)\(c\)\(5\), DEAR 970.5227-10 PATENT RIGHTS – MANAGEMENT AND OPERATING CONTRACTS, NONPROFIT ORGANIZATION OR SMALL BUSINESS FIRM CONTRACTOR \(AUG 2002\), \*Subject Invention Disclosure, Election of Title and Filing of Patent Application by Contractor; Publication Approval\*](#)

## Implementing Documents

Document Number	Title	Type
10.04.001.001	<a href="#">Record of Invention Form</a>	Form
10.04.007.001	<a href="#">Software Disclosure and Abstract Form</a>	Form



# Patents – Record of Invention Policy

## Brief

Title:	Patents – Record of Invention Policy
Publication date:	11/27/2012
Effective date:	2/1/2008

## BRIEF

### Policy Summary

This policy describes the requirement that every employee and affiliate of Berkeley Lab must report all inventions to Technology Transfer and Intellectual Property Management (TTIPM) so that TTIPM may assess the commercial/licensing potential of the technologies and protect Department of Energy (DOE) interest in the inventions.

### Who Should Read This Policy

All Berkeley Lab employees (especially researchers and technical staff) and affiliates, including those who work part time or have a faculty appointment

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Patents  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## Policy

Title:	Patents – Record of Invention Policy
Publication date:	11/27/2012
Effective date:	2/1/2008

## POLICY

### A. Purpose

Every employee and affiliate must report any inventions invented to Technology Transfer and Intellectual Property Management (TTIPM) so that TTIPM may assess the commercial/licensing potential of the technologies and protect Department of Energy (DOE) interest in the inventions.

### B. Persons Affected

This policy applies to all Berkeley Lab employees (especially researchers and technical staff), including those who work part time or have a faculty appointment.

### C. Exceptions

None

### D. Policy Statement

1. Berkeley Lab requires all employees and affiliates to report inventions to TTIPM using the Record of Invention (ROI) form whenever inventions (a) are invented by employees of Berkeley Lab, (b) are invented by Berkeley Lab employees while working for an outside entity, such as in a consulting capacity, (c) arose from the utilization use of any Berkeley Lab or University of California research facility, or (d) arose from the inventor's receipt of gift, grant, or contract research funds through Berkeley Lab or the University of California.
2. Every Berkeley Lab employee or affiliate must promptly report every invention that he/she invents to TTIPM, at most within six months of the conception or first reduction to practice, whichever occurs first. The preferred time of reporting is while preparing the first related manuscript for publication or presentation for an outside conference, but should be at least several weeks prior to first public disclosure. This report should use the Record of Invention form provided by TTIPM.
3. The inventor must maintain a notebook describing the invention's conception and reduction to practice. The notebook must contain protocols for the experiments, results of the experiments, and/or other data that document the invention. The notebook must be bound and have numbered pages. Alternatively, electronic notebooks with a secure log-in and date stamp are also permissible. Each page of the inventor's notebook must be reviewed, dated, and signed by a person who is knowledgeable in the technology field of the invention
4. All notebooks and records of Berkeley Lab research are the property of the U.S. government. Researchers may make copies for their own personal records. The notebooks and records must be maintained in the appropriate laboratory group or forwarded to the [Archives and Records](#) Office for storage according to the Archive and Records Office's retention policy for Laboratory notebooks.
5. TTIPM must report each invention to DOE or any other required third party (such as industry research sponsors).
6. TTIPM will assess the commercial/licensing potential of each invention, and decide whether to protect it by a patent or to protect it as any other appropriate intellectual property, in order thereafter to license the invention to an outside party so that the public may derive the maximum benefit of the technology and that Berkeley Lab may obtain a fair compensation. If TTIPM declines to protect an invention, DOE may decide to protect it by a patent. If DOE also declines to protect it by a patent, the inventor may request DOE for permission to take ownership of the invention for the purpose of commercializing the technology. If DOE waives title to the inventor, the inventor assumes certain obligations imposed by DOE.

## E. Roles and Responsibilities

Role	Responsibility
Inventor	Submits a completed Record of Invention form within the time frame specified in the policy statement
Technology Transfer and Intellectual Property Management	<ul style="list-style-type: none"> <li>• Notifies DOE of each new invention within two months of the receipt of a Record of Invention (ROI)</li> <li>• Maintains records of the ROIs</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Invention	A new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement that is patentable under the laws of the U.S. or a foreign country. Certain software may be a patentable invention.
Inventor	A person who conceived or contributed to the conception of an invention
Record of Invention Form	The form the inventor(s) completes and submits to Technology Transfer and Intellectual Property Management to report an invention
Patent	A property right to an invention granted by the U.S. government or a foreign government to an inventor or the inventor's assignee (typically, the inventor's employer) upon the successful application to the appropriate government patent office. The patent gives the owner of the patent the right, during the term of the patent, to exclude others from making, using, offering for sale, or selling the invention throughout the country where property rights are protected or importing the invention into that country.
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access

## G. Recordkeeping Requirements

Technology Transfer and Intellectual Property Management maintains a record of all Records of Invention.

## H. Implementing Documents

Document number	Title	Type
N/A	<a href="#">Record of Invention Form</a>	Form

## I. Contact Information

Patents  
 Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H.Clark	Re-write for wiki (brief)	All	Minor
11/27/2012	1	R.Chiang and V. Wolinsky	Re-write for wiki(policy); clarify preferred time for disclosure of invention	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Patents – Record of Invention Policy
Document number	10.04.001.000
Revision number	1
Publication date:	11/27/2012
Effective date:	2/1/2008
Next review date:	11/27/2015
Policy Area:	Intellectual Property
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 5.03(B)(1)
Functional Division	
Prior reference information (optional)	RPM Section 5.03(B)(1)

## Source Requirements Documents

- [UC Patent Policy – 1997](#)
- U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Clause I.97(C), DEAR 970.5227-10, Patent Rights – Management and Operating Contracts, Nonprofit Organization or Small Business Firm Contractor, Aug 2002

## Implementing Documents

Document number	Title	Type
N/A	<a href="#">Record of Invention Form</a>	Form

# Patents - Publication Clearance Policy

## Brief

Title:	Patents – Publication Clearance Policy
Publication date:	12/3/2012
Effective date:	2/1/2008

## BRIEF

### Policy Summary

All publications – whether written, oral, visual, or electronic – describing technical or scientific work by Berkeley Lab employees and affiliates or done with Berkeley Lab facilities must be reviewed and cleared by Technology Transfer and Intellectual Property Management (TTIPM) prior to publication. Exceptions include restricted disclosure to certain government and University of California personnel or entities covered by a confidentiality agreement signed by TTIPM.

Publications include written reports submitted to professional or scientific journals, oral and written conference presentations, abstracts, Ph.D. theses, and any other material presented that may contain patentable invention information.

### Who Should Read This Policy

This policy applies to all employees and affiliates, especially researchers and other technical staff, including those who work part time or have a faculty appointment.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Report Coordination  
[RepCoor@lbl.gov](mailto:RepCoor@lbl.gov)

## Policy

Title:	Patents – Publication Clearance Policy
Publication date:	12/3/2012
Effective date:	2/1/2008

## POLICY

### A. Purpose

The purpose of patent review before publication is to ensure that all inventions created under Berkeley Lab's contract with DOE have been reported and, if appropriate, protected for future commercialization. This pre-publication review is not intended to be the primary means to identify Berkeley Lab inventions. Possible inventions should be reported to TTIPM on a Record of Invention (ROI) form before the material is ready for publication so that valuable patent rights will not be lost.

### B. Persons Affected

This policy applies to all employees and affiliates, especially researchers and other technical staff, including those who work part time or have a faculty appointment.

### C. Exceptions



Restricted disclosure to certain government and University of California personnel or entities covered by a nondisclosure agreement signed by TTIPM.

## D. Policy Statement

1. Prior to publication or an oral presentation, authors must submit all documents describing scientific or technical work by Berkeley Lab to TTIPM for a patent review and clearance. Authors must submit those documents to TTIPM through Report Coordination. The following do not require patent review and clearance: restricted disclosures to federal government employees subject to the Trade Secrets Act and University of California personnel, or publication or presentations covered by a nondisclosure agreement signed by TTIPM.
2. The types of documents that must be reviewed for patent clearance (to determine whether any unreported patentable inventions are described) include not only Berkeley Lab written reports, but also the following, whether made public in written, oral, visual, or electronic form:
  - a. Articles to be submitted to scientific or professional journals
  - b. Oral and written conference presentations (e.g., slides or viewgraphs) or posters
  - c. Abstracts
  - d. Ph.D. theses
  - e. Any other material that could contain invention information
3. While the pre-publication patent review is intended to ensure that all Berkeley Lab inventions have been reported to DOE and, if appropriate, protected for future commercialization, the ROI form is the primary means for identifying a Berkeley Lab invention. Inventors must complete an ROI form before the material is ready for publication so that TTIPM will have time to ensure that valuable patent rights will not be lost.

## E. Roles and Responsibilities

Role	Responsibility
Inventor/Author	<ul style="list-style-type: none"> <li>• Submits the manuscript or other form of scientific and technical document, such as reports, journal articles, abstracts, poster presentations, and theses to Report Coordination through the <a href="#">Reports Database/Report Coordination Management System</a></li> <li>• Reports possible inventions before the document is ready for release or publication by submitting a <a href="#">Record of Invention form</a> to Technology Transfer and Intellectual Property Management</li> </ul>
Technology Transfer and Intellectual Property Management Patent Attorney	Reviews the manuscript or other document .
Report Coordination	<ul style="list-style-type: none"> <li>• Collects scientific and technical documents to be released or published by Berkeley Lab</li> <li>• Ensures that scientific and technical documents comply with DOE and Berkeley Lab requirements</li> <li>• Upon approval by the Patent Attorney, assigns an LBNL publication number to the document</li> <li>• Disseminates the document for open access to <a href="#">Science.gov</a>, DOE's Office of Scientific and Technical Information Web site, and the California Digital Library's <a href="#">eScholarship</a> collection</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Invention	A new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement that is patentable under the laws of the U.S. or a foreign country. Certain software may be a patentable invention.
Inventor	A person who conceived or contributed to the conception of an invention
Nondisclosure Agreement	A legal contract between at least two parties that outlines confidential material, knowledge, or information that the parties wish to share with one another for certain purposes, but wish to restrict access to or by third parties. The recipient is typically prohibited from disclosing the confidential information except to those within the recipient organization with a "need to know," subject to certain common exceptions or time limits. A nondisclosure agreement is also called a "confidentiality agreement" or a "proprietary information agreement."
Record of Invention	The form the inventor(s) completes and submits to Technology Transfer and Intellectual Property Management to report an invention
Patent Attorney	An individual who is a member in good standing of the bar of any U.S. court or the highest court of any state and who is registered to practice before the U.S. Patents and Trademark Office
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access.
Publications	Publications include written reports, articles submitted to professional or scientific journals, oral and written conference presentations, abstracts, Ph.D. theses, and any other material presented that could contain patentable invention information.
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

All publication requests are tracked online in the [\[Reports Database/ Report Coordination Management System\]](#) maintained by the IT Division and Report Coordination.

## H. Implementing Documents

Document number	Title	Type
	<a href="#">Report Coordination Management System online submission</a>	Process

## I. Contact Information

Report Coordination  
[RepCoor@lbl.gov](mailto:RepCoor@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Clark	Re-write for wiki (brief)	All	Minor
12/3/2012	1	R. Chiang	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Patents – Publication Clearance Policy
Document number	10.04.002.000
Revision number	1
Publication date:	12/3/2012
Effective date:	2/1/2008
Next review date:	12/3/2015
Policy Area:	Intellectual Property
RPM Section (home)	Info Management
RPM Section (cross-reference)	Asset Management
Functional Division	
Prior reference information (optional)	RPM Sections 5.02(F) and 5.03(B)(2)

## Source Requirements Documents

U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, [Clause I.97\( c\)\(5\)](#), DEAR 970.5227 –10 Patent Rights – Management And Operating Contracts, Nonprofit Organization or Small Business Firm Contractor, Aug 2002

## Implementing Documents

Document number	Title	Type
	<a href="#">Report Coordination Management System online submission</a>	Process

# Patents – Record of Invention Policy

## Brief

Title:	Patents – Record of Invention Policy
Publication date:	11/27/2012
Effective date:	2/1/2008

## BRIEF

### Policy Summary

This policy describes the requirement that every employee and affiliate of Berkeley Lab must report all inventions to Technology Transfer and Intellectual Property Management (TTIPM) so that TTIPM may assess the commercial/licensing potential of the technologies and protect Department of Energy (DOE) interest in the inventions.

### Who Should Read This Policy

All Berkeley Lab employees (especially researchers and technical staff) and affiliates, including those who work part time or have a faculty appointment

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Patents  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## Policy

Title:	Patents – Record of Invention Policy
Publication date:	11/27/2012
Effective date:	2/1/2008

## POLICY

### A. Purpose

Every employee and affiliate must report any inventions invented to Technology Transfer and Intellectual Property Management (TTIPM) so that TTIPM may assess the commercial/licensing potential of the technologies and protect Department of Energy (DOE) interest in the inventions.

### B. Persons Affected

This policy applies to all Berkeley Lab employees (especially researchers and technical staff), including those who work part time or have a faculty appointment.

### C. Exceptions

None

### D. Policy Statement

1. Berkeley Lab requires all employees and affiliates to report inventions to TTIPM using the Record of Invention (ROI) form whenever inventions (a) are invented by employees of Berkeley Lab, (b) are invented by Berkeley Lab employees while working for an outside entity, such as in a consulting capacity, (c) arose from the utilization use of any Berkeley Lab or University of California research facility, or (d) arose from the inventor's receipt of gift, grant, or contract research funds through Berkeley Lab or the University of California.
2. Every Berkeley Lab employee or affiliate must promptly report every invention that he/she invents to TTIPM, at most within six months of the conception or first reduction to practice, whichever occurs first. The preferred time of reporting is while preparing the first related manuscript for publication or presentation for an outside conference, but should be at least several weeks prior to first public disclosure. This report should use the Record of Invention form provided by TTIPM.
3. The inventor must maintain a notebook describing the invention's conception and reduction to practice. The notebook must contain protocols for the experiments, results of the experiments, and/or other data that document the invention. The notebook must be bound and have numbered pages. Alternatively, electronic notebooks with a secure log-in and date stamp are also permissible. Each page of the inventor's notebook must be reviewed, dated, and signed by a person who is knowledgeable in the technology field of the invention
4. All notebooks and records of Berkeley Lab research are the property of the U.S. government. Researchers may make copies for their own personal records. The notebooks and records must be maintained in the appropriate laboratory group or forwarded to the [Archives and Records](#) Office for storage according to the Archive and Records Office's retention policy for Laboratory notebooks.
5. TTIPM must report each invention to DOE or any other required third party (such as industry research sponsors).
6. TTIPM will assess the commercial/licensing potential of each invention, and decide whether to protect it by a patent or to protect it as any other appropriate intellectual property, in order thereafter to license the invention to an outside party so that the public may derive the maximum benefit of the technology and that Berkeley Lab may obtain a fair compensation. If TTIPM declines to protect an invention, DOE may decide to protect it by a patent. If DOE also declines to protect it by a patent, the inventor may request DOE for permission to take ownership of the invention for the purpose of commercializing the technology. If DOE waives title to the inventor, the inventor assumes certain obligations imposed by DOE.

## E. Roles and Responsibilities

Role	Responsibility
Inventor	Submits a completed Record of Invention form within the time frame specified in the policy statement
Technology Transfer and Intellectual Property Management	<ul style="list-style-type: none"> <li>• Notifies DOE of each new invention within two months of the receipt of a Record of Invention (ROI)</li> <li>• Maintains records of the ROIs</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Invention	A new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement that is patentable under the laws of the U.S. or a foreign country. Certain software may be a patentable invention.
Inventor	A person who conceived or contributed to the conception of an invention
Record of Invention Form	The form the inventor(s) completes and submits to Technology Transfer and Intellectual Property Management to report an invention
Patent	A property right to an invention granted by the U.S. government or a foreign government to an inventor or the inventor's assignee (typically, the inventor's employer) upon the successful application to the appropriate government patent office. The patent gives the owner of the patent the right, during the term of the patent, to exclude others from making, using, offering for sale, or selling the invention throughout the country where property rights are protected or importing the invention into that country.
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access

## G. Recordkeeping Requirements

Technology Transfer and Intellectual Property Management maintains a record of all Records of Invention.

## H. Implementing Documents

Document number	Title	Type
N/A	<a href="#">Record of Invention Form</a>	Form

## I. Contact Information

Patents  
 Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H.Clark	Re-write for wiki (brief)	All	Minor
11/27/2012	1	R.Chiang and V. Wolinsky	Re-write for wiki(policy); clarify preferred time for disclosure of invention	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Patents – Record of Invention Policy
Document number	10.04.001.000
Revision number	1
Publication date:	11/27/2012
Effective date:	2/1/2008
Next review date:	11/27/2015
Policy Area:	Intellectual Property
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 5.03(B)(1)
Functional Division	
Prior reference information (optional)	RPM Section 5.03(B)(1)

## Source Requirements Documents

- [UC Patent Policy – 1997](#)
- U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Clause I.97(C), DEAR 970.5227-10, Patent Rights – Management and Operating Contracts, Nonprofit Organization or Small Business Firm Contractor, Aug 2002

## Implementing Documents

Document number	Title	Type
N/A	<a href="#">Record of Invention Form</a>	Form

# Pay at Separation

Title:	Pay at Separation
Publication date:	1/2/2012
Effective date:	1/3/2011

## BRIEF

### Policy Summary

Berkeley Lab provides terminal pay for employees who are separating from Laboratory employment. Terminal pay includes payment for salary and wages for work performed through the effective time and date of termination and payment for vacation credit, if applicable, up to the maximum possible credit for the employee's job classification and length of service.

### Who Should Read This Policy

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

Title:	Pay at Separation
Publication date:	1/2/2012
Effective date:	1/3/2011

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) provides terminal pay for employees who are separating from Laboratory employment. Terminal pay includes payment for salary and wages for work performed through the effective time and date of termination and payment for vacation credit, if applicable, up to the maximum possible credit for the employee's job classification and length of service.

### B. Persons Affected

- This policy applies to all employee classifications: Career, Term, Postdoctoral Fellow, Limited, Visiting Researcher, Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

## C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, Chief Human Resources Officer (CHRO) approval.

## D. Policy Statement

1. Vacation Pay
  - a. See [Vacation Leave Policy / Payout of Vacation Credit](#)
  - b. See [Shift Differentials and Call-in Pay](#)
2. Sick Leave Accrual/Transfer Sick Leave
  - a. Employees are not paid for accrued sick leave on termination from the University of California (UC) system.
  - b. See [Sick Leave/Transfer and Reinstatement of Sick Leave](#) for information on transfer sick leave to another UC location.

## E. Roles and Responsibilities

Role	Responsibility
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
LETS Timekeepers	Has the responsibility to follow procedures in support of this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy
Payroll	Has the responsibility to develop procedures in support of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures listed in Section H below.

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources Officer
UC	University of California

## G. Recordkeeping Requirements



Role	Responsibility
Human Resources Department	Will maintain employment records
Office of the Chief Financial Officer (OCFO) - Payroll	Will maintain records of employee's time and salary and wage payments

## H. Implementing Documents

none

## I. Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Pay at Separation
Document number	02.12.003.000
Revision number	1
Publication date:	1/2/2012
Effective date:	1/3/2011
Next review date:	1/3/2014
Policy Area:	Separation
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.06(C,G,I)
Functional Division	Human Resources

Prior reference information (optional)	RPM Chapter 2.06(C)
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## Source Requirements Documents

- California Labor Code Section 201 and 227.3
- California Labor Code Section 202, (72 hours notice)
- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- DOE FAR 31.205-6(g), Compensation for Personal Services (Severance)
- University of California Personnel Policies for Staff Members (PPSM) 60, [Layoff and Reduction in Time from Professional and Support Staff Career Positions](#)

## Implementing Documents

none

# Paydays and Paycheck Distributions

Title:	Paydays and Paycheck Distributions
Publication date:	11/30/2013
Effective date:	9/15/2011

## BRIEF

### Policy Summary

This policy describes when Berkeley Lab issues paychecks and the methods by which they may be distributed.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Disbursements and Project Costing Manager](#)  
[Payroll Manager](#)

Title:	Paydays and Paycheck Distributions
Publication date:	11/30/2013
Effective date:	9/15/2011

## POLICY

### A. Purpose

This policy describes when Lawrence Berkeley National Laboratory (Berkeley Lab) issues paychecks and the methods by which they may be distributed.

### B. Persons Affected

All Berkeley Lab employees

### C. Exceptions

None

## D. Policy Statement

### 1. Paydays

- a. **Exempt Employees** are normally paid their regular salary on the first workday of the month following the month worked. When the normal payday falls on a weekend or holiday, the payday will be advanced to the last working day before the weekend or holiday in all months except December.
- b. **Nonexempt Employees**  
Nonexempt employees are paid every two weeks, normally on the Friday following the end of the biweekly pay period. If this day is a holiday, payday will be moved to the last regular workday before the holiday.
- c. **Special Paychecks**  
Under hardship circumstances, an employee may obtain his or her check before the normal payday. Requests for this advance should be made by the employee to the Human Resources (HR) Department through his or her supervisor. Advance payments on anticipated earnings are not allowed.
- d. **Final Paychecks**
  - i. Final paychecks for terminating employees are submitted to the employee's HR Center. Terminating employees should contact their HR Center to arrange for final processing.
  - ii. Final paychecks for deceased employees are normally made payable to the employee's estate, as required by state law.

### 2. Paycheck Distribution

#### Distribution Method

Employees may have their paychecks distributed by electronic banking or delivered to their mailstop on payday. The choice is made at the time of employment and may be changed at any time using

- [Direct Deposit Form](#) (updates Payroll System)
- [Direct Deposit online access](#) (using Employee Self-Service)

#### a. Distribution by Electronic Banking

- i. Employees may request the electronic deposit of their net earnings into a maximum of one savings and two checking accounts at any financial institution that participates in the Automatic Clearing House (ACH) interbank network.
- ii. A deposit advice slip is sent to each employee's current mail stop as listed in the personnel database.

#### b. Distribution by Division or Department Office

Regular payroll checks for employees are delivered by the mailroom to the employee's mailstop the morning of payday.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.05.003.001	<a href="#">Direct Deposit Form</a> (updates Payroll System)	Form

## I. Contact Information

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/30/2013	1.1	M.Hutchins	Reviewed 11/12/13. No changes	Publ.& Next Review dates	Minor
1/2/2012	1	Meo	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Paydays and Paycheck Distributions
Document number	11.05.003.000
Revision number	1.1
Publication date:	11/30/2013
Effective date:	9/15/2011
Next review date:	11/30/2014
Policy Area:	Payroll
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.07
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.07

## Source Requirements Documents

[Fair Labor Standards Act \(FLSA\)](#)

## Implementing Documents

Document number	Title	Type
11.05.003.001	Form RL-6596, <i>Payroll Earnings Distribution Authorization</i>	Form



# Pay Periods, Computations, and Deductions

Title:	Pay Periods, Computations, and Deductions
Publication date:	3/25/2013
Effective date:	4/15/2011

## BRIEF

### Policy Summary

This policy provides guidance on the requirements and calculations for pay periods and payroll deductions at Berkeley Lab. Exempt and non-exempt employees are paid according to required calculations and deduction amounts. Deductions include income tax withholding, retirement plans, health insurance plans, and other types of insurance plans. Other deductions such as dues or payments to approved employee organizations, payments to additional retirement programs, certain charitable contributions, and salary attachments may also be included.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Payroll Manager](#), OCFO

Title:	Pay Periods, Computations, and Deductions
Publication date:	3/25/2013
Effective date:	4/15/2011

## POLICY

### A. Purpose

This policy provides guidance on the requirements and calculations for pay periods and payroll deductions at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All Berkeley Lab employees

## C. Exceptions

None

## D. Policy Statement

### 1. Monthly Pay Periods

#### a. Exempt Employees Working Full-Time Schedules

- i. Exempt employees working full-time schedules are paid at a fixed monthly rate. The salary for exempt, full-time employees working partial months (i.e., new hires and terminating employees) is based on the following formula:

$$\frac{\text{Number of Days Worked in Month}}{\text{Number of Workdays in Month}} = \% \text{ of Time Worked}$$
$$\text{Percent of Time Worked} \times \text{Monthly Salary} = \text{Gross Pay}$$

- ii. The salary for exempt, full-time employees who are on Leave Without Pay (LWOP) during the month is calculated by the following formula:

$$\frac{\text{Monthly Salary} \times 12}{260} = \text{Daily Rate}$$
$$\text{Daily Rate} \times \text{Number of Days on LWOP} = \text{Deduction from Gross Monthly Salary}$$

- b. **Exempt Employees Working Part-Time Schedules:** The salary for exempt, part-time employees is calculated using the following formula:

$$\frac{\text{Number of Hours Worked in Month}}{\text{Number of Hours in Month}} = \% \text{ of Time Worked}$$
$$\text{Percent of Time Worked} \times \text{Monthly Salary} = \text{Gross Pay}$$

### 2. Biweekly Pay Periods

- a. **Non-exempt Titles:** Employees with non-exempt titles are paid biweekly. Their gross pay is calculated using the following basic formula: (Compensable regular hours in biweekly period x applicable regular hourly rate) + (Compensable overtime hours in biweekly period x applicable overtime hourly rate)
- b. **Variable Schedule Exempt Titles:** Employees on variable schedules have no fixed percentage of time or schedule. Their hours worked will vary depending on operational needs (e.g., rehired retirees, students, and administrators). Employees with exempt titles who work variable schedules are paid by the hour on a biweekly basis.
- c. Due to hourly pay practices, employees in either of the above situations will be treated as non-exempt employees subject to Fair Labor Standards Act (FLSA) minimum wage and overtime provisions.

- i. Pay is computed using the following basic formula:

$$\frac{\text{Applicable Monthly Salary} \times 12}{2080} = \text{Hourly Rate}$$

- ii. Gross pay is calculated using the following basic formula:

$$(\text{Compensable regular hours in biweekly period} \times \text{applicable regular hourly rate}) + (\text{Compensable overtime hours in biweekly period} \times \text{applicable overtime hourly rate})$$

### 3. Reporting of Overtime

- a. **Non-exempt Employees:** Non-exempt employees are paid at the regular overtime rate of 1½ times the regular rate for hours worked in excess of 8 hours per day or 40 hours per week.
- b. **Extended Workweek:** An extended workweek is a planned schedule exceeding the normal 40-hour workweek for more than four consecutive weeks at a regular Berkeley Lab site or temporary assignment at locations away from a regular Berkeley Lab site. Exempt or non-exempt employees may qualify (see [Overtime & Extended Workweeks Policy](#)).
- c. **Payroll Deductions**
  - i. After gross pay has been calculated, deductions are made for income tax withholding, retirement plans, health insurance plans, and other types of insurance plans. Other deductions such as dues or payments to approved employee organizations, payments to additional retirement programs, certain charitable contributions, and salary attachments may be allowed or required.
  - ii. Taxes are withheld based on the employee's exemption certificate ([IRS Form W-4](#), [Employee's Withholding Allowance](#)



[Certificate](#)) on file in the Office of the Chief Financial Officer/Payroll Office.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
02.06.004.000	<a href="#">Overtime &amp; Extended Workweeks Policy - B</a>	Policy
11.05.002.001	<a href="#">IRS Form W-4, Employee's Withholding Allowance Certificate</a>	Form

## I. Contact Information

[Payroll Manager](#), OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	Meo	Review completed 3/20/2013, no changes	Pub & next review dates	Minor
1/2/2012	1	Meo	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Pay Periods, Computations, and Deductions
Document number	11.05.002.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	4/15/2011

Next review date:	4/15/2015
Policy Area:	Payroll
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.06
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.06

## Source Requirements Documents

[Fair Labor Standards Act \(FLSA\)](#)

## Implementing Documents

Document Number	Title	Type
02.06.004.000	<a href="#">Overtime &amp; Extended Workweeks Policy - B</a>	Policy
11.05.002.001	<a href="#">IRS Form W-4, Employee's Withholding Allowance Certificate</a>	Form

# PCB Management

## Brief

Title:	PCB Management
Publication date:	5/14/2013
Effective date:	4/29/2013

## BRIEF

### Policy Summary

The Berkeley Lab Polychlorinated Biphenyl (PCB) policy requires personnel to identify, label, and properly dispose of electrical equipment that contains or could contain PCBs.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who work with or operate electrical equipment that contains or could contain PCBs

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH63.html>

## Contact Information

Polychlorinated Biphenyls Subject Matter Expert  
Environmental Services Group  
EHSS Division

Waste Management (Hazardous) Subject Matter Expert  
Waste Management Group  
EHSS Division

## Policy

Title:	PCB Management
Publication date:	5/14/2013
Effective date:	4/29/2013

## POLICY

### A. Purpose

The Berkeley Lab Polychlorinated Biphenyl (PCB) policy requires personnel to identify, label and properly dispose of electrical equipment that contains or could contain PCBs.

### B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who work with or operate electrical equipment

## C. Exceptions

None

## D. Policy Statement

1. Berkeley Lab will treat all liquid-filled electrical equipment with unknown content as containing PCBs.
2. Berkeley Lab Waste Management will handle transportation and disposal of all disconnected and unused electrical equipment.
3. Berkeley Lab employees are encouraged to purchase dry electrical equipment or otherwise label equipment known to be free of PCBs as such to minimize future hazardous waste. ([Work Process A](#))

## E. Roles and Responsibilities

Role	Responsibilities
Principal Investigators and Supervisors	<ul style="list-style-type: none"><li>• Ensure that environmental laws, regulations, and policies are followed</li><li>• Request assistance from the Environmental Services Group within the EHSS Division for technical advice on what environmental requirements apply to their operations and what would be an appropriate compliance strategy</li><li>• Provide training for employees in operational requirements pertaining to environmental protection, and maintain records of such training (e.g., generator training)</li><li>• Ensure that activities are performed within acceptable operating standards and that any required records (e.g., training records) are current</li><li>• Notify the EHSS Division immediately of any unplanned or accidental releases</li><li>• Contact the Waste Management Group within the EHSS Division in the early planning stages before PCB-contaminated oil-filled electrical equipment is disconnected for disposal</li></ul>
Employees	<ul style="list-style-type: none"><li>• Follow applicable environmental laws, regulations, and policies</li><li>• Must be fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li><li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li><li>• Take immediate action to stop unplanned releases to the environment, and report all instances of unplanned environmental releases to the EHSS Division</li><li>• Complete all required training (e.g., generator training) provided by supervisors and the EHSS Division</li></ul>
Environmental Services Group	<ul style="list-style-type: none"><li>• Develops Laboratory policies and procedures to ensure that operations are conducted in an environmentally safe manner and in full compliance with all applicable environmental laws and regulations and DOE orders</li><li>• Assesses current and planned Berkeley Lab programs, and assists in defining environmental protection compliance upgrades and corrective actions</li><li>• Participates in discussions regarding PCB management matters with Berkeley Lab employees and regulatory agencies</li><li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li><li>• Monitors laboratory discharges to the sanitary sewer to verify compliance with applicable regulations and EBMUD permits</li><li>• Investigates reports of unplanned environmental releases, and notifies federal, state, and local authorities in a timely manner, as required</li></ul>
Waste Management Group	<ul style="list-style-type: none"><li>• Picks up and disposes of PCB waste from Laboratory generators</li><li>• Establishes, as needed, a Satellite Accumulation Area or Waste Accumulation Area for PCB contaminated oil-filled electrical equipment destined for disposal</li></ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Department of Toxic Substances Control (DTSC)	The department within the California Environmental Protection Agency that regulates hazardous waste management, including PCB waste, and remedial actions
East Bay Municipal Utility District (EBMUD)	The local municipal wastewater treatment facility that accepts and regulates sanitary-sewer discharges from Berkeley Lab
Effluent	Any treated or untreated liquid discharge from Berkeley Lab or from a Berkeley Lab facility
Environmental monitoring	The collection and analysis of sanitary sewer samples for the analysis of PCB congeners for determining compliance with EBMUD permits
Environmental occurrence	Any sudden or sustained deviation from a regulated or planned performance at an operation with environmental protection and compliance significance
Hazardous wastes	Wastes exhibiting any of the following characteristics: ignitability, corrosivity, reactivity, and toxicity. In addition, EPA has listed specific wastes as hazardous that do not necessarily exhibit these characteristics.
Large capacitor	A capacitor that contains more than 3 pounds or 30 liquid ounces of dielectric fluid
Pollution prevention	Reducing or eliminating waste at the source by modifying production processes, promoting the use of nontoxic or less-toxic substances, implementing conservation techniques, and reusing materials rather than putting them into the waste stream
Public Owned Treatment Works (POTW)	A general term used for sewage-treatment plants. The East Bay Municipal Utility District plant is the POTW that accepts sewage from Berkeley Lab. The EBMUD permit sets a discharge limit for PCB congeners.
San Francisco Regional Water Quality Control Board	The agency responsible for regulating the water quality in the San Francisco basin and setting discharge limits for POTWs, including the limit for PCB congeners
U.S. Environmental Protection Agency (EPA)	A federal agency responsible for enforcing environmental laws. In California, some of this responsibility is typically delegated to state and local regulatory agencies.
Waste minimization	The U.S. EPA as measures that reduce the volume and toxicity of hazardous waste disposed to landfills. California defines "waste minimization" as measures that reduce, eliminate, or recycle hazardous waste at the point in a process where such waste may be generated.

## G. Recordkeeping Requirements

Waste manifests are maintained by the Waste Management Group.

## H. Implementing Documents

<b>Document number</b>	<b>Title</b>	<b>Type</b>
07.09.013.001	Polychlorinated Biphenyl (PCB) Management	Program
07.09.013.002	Work Process A, <i>General Requirements</i>	Process
07.10.002.001	Waste Management	Program
07.09.012.001	Contaminated Soil and Groundwater	Program
07.09.007.001	Stormwater Discharge	Program

## I. Contact Information

[Polychlorinated Biphenyls Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/27/2012	0	R. Pauer	Rewrite for wiki (brief)	All	Minor
5/14/2013	1	R. Fox	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	PCB Management
Document number	07.09.013.000
Revision number	1
Publication date:	5/14/2013
Effective date:	4/29/2013
Next review date:	5/14/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.10 moved to Chapter 63

## Source Requirements

- 40 CFR 761, *Polychlorinated Biphenyls (PCBs) Manufacturing, Processing, Distribution in Commerce, and Use Prohibitions*
- CCR, Title 22, Division 4.5, *Environmental Health Standards for the Management of Hazardous Waste*, Sections 66001–67800.5
- City of Berkeley Storm Water Pollution Reduction Ordinance No. 6216
- City of Berkeley Toxics Management Program

## Implementing Documents

Document number	Title	Type
07.09.013.001	Polychlorinated Biphenyl (PCB) Management	Program
07.09.013.002	Work Process A, <i>General Requirements</i>	Process
07.10.002.001	Waste Management	Program
07.09.012.001	Contaminated Soil and Groundwater	Program
07.09.007.001	Stormwater Discharge	Program

# Permit to Penetrate Ground or Existing Surfaces

Title:	Permit to Penetrate Ground or Existing Surfaces
Publication date:	6/27/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab policy requires a permit to penetrate ground or existing surfaces (a dig permit) for all work requiring excavation, drilling, or driving of stakes or poles into the ground. A permit is also required to penetrate 1.5 inches or deeper into existing concrete surfaces such as floor slabs, walls, beams, or columns.

A dig permit defines necessary steps for the safe penetration of ground, walls, or other existing surfaces on Berkeley Lab properties and addresses institutional requirements that must be completed before beginning any penetration work on any surfaces at Berkeley Lab.

Dig permits are issued by the Berkeley Lab Utilities Engineer. Subcontractors may obtain a permit through the project manager.

### Who Should Read This Policy

All subcontractors, Berkeley Lab employees, or affiliates who intend to penetrate any surface 1.5 inches or deeper

### For More Details, Go To:

The POLICY tab on this wiki page

### Contact Information

[Plant Engineer and Utilities Manager](#)  
Facilities Division

Title:	Permit to Penetrate Ground or Existing Surfaces
Publication date:	6/27/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

The purpose of this policy is to summarize the requirements for a dig permit for anyone intending to penetrate the ground, walls, floors, beams, columns, or other existing surfaces at Lawrence Berkeley National Laboratory (Berkeley Lab). The permit defines the necessary steps for the safe penetration of ground or existing surfaces and addresses institutional requirements that must be completed before beginning any penetration

work.

## B. Persons Affected

All subcontractors, Berkeley Lab employees, or affiliates intending to penetrate concrete surfaces, and any other surfaces 1.5 inches or deeper

## C. Exceptions

- No dig permit is required for staking in soil no deeper than 6 inches using wood stakes.
- No dig permit is required for gypsum board (sheetrock) wall penetrations provided that the area has been swept for active and passive electrical current by the Berkeley Lab Utility Coordinator or designee. Both sides of the wall require visual inspection for evidence of repairs, and the wall cavity must be visually inspected for hidden objects. The wall cavity must be inspected by cutting a square opening (not more than a 12-inch square and not more than ¾ inch deep) and visually inspecting within the surface penetration area for any hidden objects. Multiple openings may be made for complete inspection of the wall cavity if needed.
- No dig permit is required for cutting asphalt berms provided the cut is less than 1 inches into the underlying asphalt pavement.

## D. Policy Statement

Before penetrating any surface at Berkeley Lab (ground, walls, floors, beams, columns, etc.), a dig permit must be requested and obtained. No work that requires a permit may begin until the permit is approved by the Berkeley Lab project manager and posted at the job site.

## E. Procedure

1. Subcontractor, or any other person, must request a dig permit at least ten (10) working days before beginning work to allow time for review and issuance of permit.
2. Subcontractor must adhere to the conditions of the permit during work. The permit and all conditions in it are to be considered part of the work procedure and must be included in the subcontractor's bid package.
3. In areas where a dig permit is not required, the subcontractor must verify by safe means, prior to drilling, that no utilities or services are within the area to be drilled.
4. A dig permit is required for all concrete surface penetration work regardless of depth (walls, floors, and ground—including asphalt paving, etc.). For other types of penetrations, this permit is required if the penetration depth is greater than 1 inches.
5. A dig permit will not be issued if the area cannot be scanned or reliable data on utilities location cannot be obtained.
6. The permit is valid for 30 calendar days from the time of issuance. One 30-day extension may be requested.

## F. Roles and Responsibilities

Role	Responsibility
Subcontractor or Person Requiring a Permit to Penetrate	<ul style="list-style-type: none"><li>• Must request a dig permit at least 10 days before beginning the penetration work by contacting the Facilities Work Request Center (ext. 6274)</li><li>• Must adhere to the conditions of the dig permit during such work<ul style="list-style-type: none"><li>• The dig permit and all conditions in it are to be considered part of the work procedure and must be included in the subcontractor's bid package.</li></ul></li></ul>
Facilities Project Manager	<ul style="list-style-type: none"><li>• Follows up with the Facilities Division Dig Permit Office to ensure scope is understood</li><li>• Ensures that the subcontractor adheres to the conditions of the dig permit</li></ul>
Dig Permit Office	Thoroughly inspects areas that require penetration, and issues a set of conditions, if necessary
Utility Coordinator	Sweeps areas for active and passive electrical currents

## G. Definitions/Acronyms



Term	Definition
Penetration	Any action that punctures existing surfaces
Surface	Physical element including ground, walls, floor, beams, columns, etc.

## H. Recordkeeping Requirements

Issuance of a dig permit to penetrate ground or existing surfaces of Berkeley Lab property

## I. Implementing Documents

Document Number	Other Reference	Title	Type
ADMN-053		<a href="#">Permit to Penetrate Ground or Existing Surfaces</a>	Procedure
07.07.006.004	PUB-3000, Ch. 34, Work Process C	<a href="#">Safe Work Rules</a>	Process

## J. Contact Information

[Plant Engineer and Utilities Manager](#)  
Facilities Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
6/27/2012	1	E. Tucker	Rewrite for wiki	All	Minor
1/2/2012	0	E. Tucker	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Permit to Penetrate Ground or Existing Surfaces
Document number	09.04.001.000
Revision number	1
Publication date:	6/27/2012
Effective date:	1/2/2012

Next review date:	1/12/2015
Policy Area:	Utilities
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- DOE Order 430.1B, Change 2, *Real Property Asset Management*, Attachment 2, [Contractor Requirements Document 6.b.\(2\)](#)

## Other Driving Requirements

- [ES&H Core Policy](#), 07.01.001.000

## Implementing Documents

Document Number	Other Reference	Title	Type
ADMN-053		<a href="#">Permit to Penetrate Ground or Existing Surfaces</a>	Procedure
07.07.006.004	PUB-3000, Ch. 34, Work Process C	<a href="#">Safe Work Rules</a>	Process

# Personal Protective Equipment (PPE) – Selection, Use, and Maintenance

Title:	Personal Protective Equipment (PPE) – Selection, Use, and Maintenance
Publication date:	2/12/2014
Effective date:	3/2/2011

## BRIEF

### Policy Summary

The Personal Protective Equipment Program at Berkeley Lab ensures that personnel working in technical areas such as shops, laboratories, equipment rooms, and construction sites wear appropriate personal protective equipment (PPE), and that PPE is properly used, maintained, and stored.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors performing work that may include the use of PPE

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH19.html>

## Contact Information

PPE Subject Matter Expert Coordinator  
EH&S Division

Title:	Personal Protective Equipment (PPE) – Selection, Use, and Maintenance
Publication date:	2/12/2014
Effective date:	3/2/2011

## POLICY

### A. Purpose

The Personal Protective Equipment Program at Lawrence Berkeley National Laboratory (Berkeley Lab) ensures that personnel working in technical areas such as shops, laboratories, equipment rooms, and construction sites wear appropriate personal protective equipment (PPE), and

that PPE is properly used, maintained, and stored.

Division line management must provide PPE and ensure it is used, maintained, and stored properly.

Task-specific PPE requirements are described in other EH&S programs.

## B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors performing work that may include the use of PPE

## C. Exceptions

Exceptions to this policy must be approved by the EH&S Division Director using the process described in the *Guidelines for Exceptions to Policy on Personal Protective Equipment and Food in Technical Areas*.

## D. Policy Statement

1. Work at Berkeley Lab must be assessed for the types of PPE (if any) required. However, minimum PPE requirements have been established for technical work areas, including but not limited to laboratories, shops, construction sites, and locations where hazardous chemicals are used or stored. Door placards posted on technical areas indicate the specific PPE requirements. (Work Process B, *General PPE Requirements*)
2. PPE used at Berkeley Lab must meet the minimum federal Occupational Safety and Health Administration (OSHA) requirements found in 29 CFR 1910, and, for construction work, the California OSHA requirements found in Title 8 CCR. (Work Process C, *Procurement of PPE*)
3. Appropriate PPE use and qualification (required training) are determined by the authorization to perform work. The specific authorization depends on the type of work being performed but may include the employee Job Hazards Analysis (JHA), Activity Hazard Document (AHD), Biological Use Authorization (BUA), Radiological Work Authorization (RWA), etc. (Work Process D, *Authorization and Qualification to Use PPE*)
4. Personnel must be trained in the use, limitations, maintenance, and storage of PPE. (Work Process D, *Authorization and Qualification to Use PPE*)
5. Specific PPE requirements can be found In Work Process E, *Program-Specific PPE Requirements*, for the following areas:
  - a. Chemical Safety
  - b. Machine Safeguarding – Shop and Laboratory Machine Safety
  - c. Construction Safety – Electrical Safety
  - d. Laser Safety
  - e. Fall Protection
  - f. Welding, Joining, and Thermal Cutting
  - g. Respiratory Protection
  - h. Hearing Protection
  - i. Asbestos
  - j. Lead
  - k. Beryllium

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Line Management	<ul style="list-style-type: none"><li>• Ensures personnel know how to use the required PPE for the work area, and specific requirements for the work being performed</li><li>• Ensures personnel know the limitations of, and how to properly use, maintain, and store PPE</li><li>• Enforces the proper use, maintenance, and storage of PPE</li></ul>

Workers	<ul style="list-style-type: none"> <li>• Know the PPE requirements for the work area, and specific requirements for the work being performed</li> <li>• Must be appropriately trained, and demonstrate safe use, maintenance, and storage of PPE</li> <li>• Must observe all established safety regulations related to PPE</li> </ul>
EH&S Division Subject Matter Experts (SMEs)	<ul style="list-style-type: none"> <li>• Provide guidance on (and establishes training requirements for) the limitations of PPE, and its proper use, maintenance, and storage</li> <li>• Provide technical assurance for the PPE program</li> </ul>

## F. Definitions/Acronyms

Term	Definition
PPE	Personal protective equipment worn by workers to provide a minimum level of protection to a specific body part
Head Protection	Protective helmet worn when working in areas where there is a potential injury to the head from falling objects, and/or electrical shock
Face Protection	Protective face cover worn when working in areas where there is a potential injury to the face from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation
Eye Protection	Protective eyewear that provides side protection when working in areas where there is a potential injury to the eyes from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation
Foot Protection	Protective footwear worn when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards or chemical spills
Hand Protection	Protective gloves worn when working in areas where there is a danger of hand injuries due to sharp edges; rough, hot, or cold surfaces; and exposures to electrical or chemical hazards
Skin Protection	Protective clothing worn when working in areas where chemical or radioactive material could contact the skin or contaminate street clothing
Technical Area	<ul style="list-style-type: none"> <li>• Laboratories – where chemicals or biological materials are stored or handled</li> <li>• Shops or other process areas – where potential eye, face, skin, hand, foot, head, hearing, and/or respiratory hazards exist</li> </ul>

## G. Recordkeeping Requirements

- Training Records, EH&S Training Department
- Medical qualification (as required) from Health Services
- Program Effectiveness Review and Assurance, EH&S Division

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.024.001	Chapter 19	Personal Protective Equipment	Program

07.07.024.002	Chapter 19, Work Process A	PPE Flowchart	Procedure	
07.07.024.003	Chapter 19, Work Process B	General PPE Requirements	Procedure	
07.07.024.004	Chapter 19, Work Process C	Procurement of PPE	Procedure	Procedure
07.07.024.005	Chapter 19, Work Process D	Authorization and Qualification to Use PPE	Procedure	
07.07.024.006	Chapter 19, Work Process E	Program-Specific PPE Requirements	Procedure	

## I. Contact Information

PPE Subject Matter Expert Coordinator  
EH&S Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
2/12/2014	1.1	Wisherop	Periodic review, adjust work process references	D	Minor
1/2/2012	1	Wisherop	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Personal Protective Equipment (PPE) – Selection, Use, and Maintenance
Document number	07.07.024.000
Revision number	1.1
Publication date:	2/12/2014
Effective date:	3/2/2011
Next review date:	2/12/2017
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none

Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapter 19

## Source Requirements Documents

- 10 CFR 851.23, *Safety and Health Standards*
- 10 CFR 851.24, *Functional Areas*
- 10 CFR 851.25, *Training and Information*
- 10 CFR 851.26, *Recordkeeping and Reporting*
- 29 CFR 1910 Subpart I, *Personal Protective Equipment*

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type	
07.07.024.001	Chapter 19	Personal Protective Equipment	Program	
07.07.024.002	Chapter 19, Work Process A	PPE Flowchart	Procedure	
07.07.024.003	Chapter 19, Work Process B	General PPE Requirements	Procedure	
07.07.024.004	Chapter 19, Work Process C	Procurement of PPE	Procedure	Procedure
07.07.024.005	Chapter 19, Work Process D	Authorization and Qualification to Use PPE	Procedure	
07.07.024.006	Chapter 19, Work Process E	Program-Specific PPE Requirements	Procedure	

# Personal Property Management Policy

Title:	Personal Property Management Policy
Publication date:	1/2/2012
Effective date:	7/22/2011

## BRIEF

### Policy Summary

This policy provides guidance on the requirements for the management of personal property at Lawrence Berkeley National Laboratory. Supervisors are responsible for the proper use and control of property and supplies used by employees.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this Wiki page

### Contact Information

[Property Manager](#)

Title:	Personal Property Management Policy
Publication date:	1/2/2012
Effective date:	7/22/2011

## POLICY

- D. Policy Statement
- D.1 General
- D.2 Employee Responsibilities
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- D.4 Inventory Requirements – General Inventory Guidance
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- D.10 Storage of Property
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- D.12 Property Retirement
- D.13 Property Acquired as a Gift
- D.14 Employee-Owned Property

## A. Purpose

This policy provides guidance on the requirements for the management of personal property at Berkeley Lab. Supervisors are responsible for the proper use and control of property and supplies used by employees.

## B. Persons Affected

All Berkeley Lab employees

## C. Exceptions

1. Property-removal approvals are not required when employees:
  - a. Carry their Laboratory-issued cell phones for use away from the Laboratory
  - b. Temporarily remove printed matter for reading and reference
  - c. Take away their personal items
2. Contracted scrap and salvage dealers and refuse services are pre-approved to remove equipment, materials, and garbage from the Laboratory.

## D. Policy Statement

### D.1 General

1. **Title:** Title to Lawrence Berkeley National Laboratory (Berkeley Lab) property rests with the United States government. Laboratory policies and procedures governing the effective and efficient stewardship of government property and supplies are summarized below. The Laboratory *Personal Property Policy Manual (PPPM) (PUB-3032)* provides procedural detail and guidance for employees.
2. **Charter:** The Property Management Charter is twofold:
  - a. **Oversight and Control.** Oversight and control of the Laboratory's government property are in accordance with the policies and procedures described in the PPPM.
  - b. **Support and Guidance.** Support and guidance are provided for Laboratory personnel in the life-cycle management of their property activities, from creation of the asset record to final asset retirement from the database.

### D.2 Employee Responsibilities

1. **Official Use:** The facilities, tools, supplies, materials, and equipment at the Laboratory are U.S. government property and are for official use only by division-authorized employees. Use for any purpose other than official Laboratory business, regardless of the location, constitutes a conflict of interest, and is illegal and prohibited. Employees who use government property for personal business or who remove property from Laboratory jurisdiction without proper authorization are subject to disciplinary action as well as prosecution under federal law ([Title 18, U.S. Code](#)). The Laboratory may impose penalties commensurate with the gravity of an improper, dishonest, or illegal offense. Consequences range from a warning or official reprimand to salary reduction, suspension without pay, demotion, or dismissal. Prosecution at the discretion of the U.S. Attorney may result in a fine, imprisonment, or both.
2. **Responsible Use:** Berkeley Lab policy mandates responsible use of all property in the custody of its employees. Property must be used in a safe manner, and adequate care must be taken to protect it from loss or damage. Each Laboratory division is responsible for establishing requirements that ensure the effective stewardship of its resources, including hierarchical responsibility for reporting losses and misuse of property.

### D.3 Property Classifications

1. **Equipment:** Property acquired at or above \$5,000 is classified as equipment.
2. **Capital Equipment:** Property acquired or valued above a \$50,000 threshold is classified as Capital Equipment.
3. **Sensitive:** Property that is highly portable, easily converted to personal use, and susceptible to theft is classified as Sensitive.
4. **High Risk:** Property that is associated with nuclear proliferation and/or national security, public health, safety, and the environment is classified as High Risk.
5. **Precious Metals:** Eight DOE-designated metals with special accountability requirements are classified as Precious Metals.
6. **Controlled Substances:** Illegal drugs allowed for use in strictly regulated research activities are classified as Controlled Substances.
7. **Stores:** Miscellaneous low-value utility items are classified as Stores.
8. **Property of Others:** Property borrowed from external organizations for short-term use by Laboratory employees is classified as Property of Others.

#### D.4 Inventory Requirements – General Inventory Guidance

1. Divisions are responsible for the property under their stewardship and must account for it during inventories and/or upon demand by internal or external government auditors. Property Management plans and issues the campaigns, and supports divisions' efforts in conducting their inventories. There are two main types of inventory:
  - a. **Statistical Sampling:** Randomly selected sample representing a percentage of the total assets
  - b. **Wall to Wall (100%):** All active assets in the [Sunflower Asset Management System](#)
2. The following categories of property are subject to 100% verification of every inventory:
  - a. Capital Equipment
  - b. Sensitive Items
  - c. High-Risk Property
  - d. Precious Metals
  - e. Controlled Substances
3. Inventory guidance, schedules, and forms are available on the [Property Management Web site](#).

#### D.5 Off-site Use of Property

Divisions allow off-site use of equipment under their stewardship and issue a [Property Pass](#) to document the change of location. See [D.11.4.b Division Property Pass](#), below.

#### D.6 Loaning Property

Laboratory property that is temporarily idle may be loaned to external organizations. Loans are arranged by Property Management and are governed by very specific U.S. Department of Energy (DOE) criteria and Berkeley Lab procedures. See [LBNL Property Management Procedure, Loans](#).

#### D.7 Borrowing Property

1. Employees may be allowed to borrow property from external organizations for short periods of time when it is practical and economical. Property may be borrowed from another government or educational organization for use in research or from a vendor for test and evaluation. The purpose of the borrowing arrangement determines the protocol that must be followed.
2. **Use in Research:** Borrowing property for use in research requires prior authorization through the Berkeley Lab Property Management Group. Information about this organizational agreement can be found in the Property Management procedure, [Borrowing Personal Property for Use](#).
3. **Testing and Evaluation:** Borrowing equipment for testing and evaluation is managed by divisions on behalf of their employees. See the Property Management procedure, [Borrowing Personal Property for Testing](#).
4. In all cases where borrowed equipment may be considered hazardous, an [EH&S Division Safety Coordinator](#) must be notified to review and clear it for use.

#### D.8 Property Loss or Damage

1. **Reporting Losses:** Reporting losses of Berkeley Lab property and/or damage beyond normal wear and tear must be reported to Property Management upon discovery. If theft, vandalism, sabotage, or willful destruction of any Laboratory property is suspected, the incident must also be reported to [Berkeley Lab Site Access & Security](#). Property losses occurring off site must immediately be reported to police in the jurisdiction where the loss occurred.
2. **Reimbursement/Liability**
  - a. **Property Received or Shipped:** Employees will not be reimbursed for insurance of property that is received at or transported from Berkeley Lab to off-site locations.
  - b. **Property Loaned or Borrowed for Use:** Agreements for property that is loaned or borrowed for use in research are coordinated by Property Management. Reimbursement against loss or damage is governed by the terms of each individual agreement.
  - c. **Property Borrowed for Testing:** Responsibility for property borrowed from a vendor for testing and evaluation rests with the borrower and the employee's division. Berkeley Lab's limited liability for borrowed property must be acknowledged in writing by the loaning entity prior to its being shipped. (See the Property Management procedure, [Borrowing Personal Property for Testing](#).)

## D.9 Excess Property

1. Equipment, office furnishings, and other material (including software) identified as excess property are handled according to national disposition objectives, which may include redeployment within Berkeley Lab. Equipment for which there is no current or projected need should be forwarded to the [Facilities Division Excess Program](#) after review and clearance by an [EH&S Division Liaison](#). Note: Employees are not allowed to remove government-owned property for personal use.
2. Excess equipment that is not redeployed within the Berkeley Lab complex may be transferred to government organizations or academic institutions with active DOE grants. DOE approval is required. Guidance for determining the suitability of transferring excess Laboratory equipment and the process for gaining approvals can be found on the [Property Management](#) Web site.

## D.10 Storage of Property

Warehouse storage of Laboratory equipment is provided by [Facilities Division Material Services/Warehouse Storage](#) and must satisfy requirements for retention.

## D.11 Property Movement Records

1. **General:** Movement of property must be well documented so that changes in location can be verified. Documentation requirements are specific to movement within and away from the Laboratory.
2. **Relocation of Property within the Laboratory Complex:** Relocation of property within the Laboratory complex is documented by a triplicate form, the Equipment Movement Tag, which is initiated and retained by the custodian of record.
3. **Property Removed from the Laboratory Site:** Except as noted above in [C. Exceptions](#), government property shipped or carried away from the Laboratory requires prior authorization and appropriate documentation.
4. **Shipping Approvals**
  - a. **Common-Carrier Shipping:** Division approval is required in all situations in which property is shipped from the Laboratory via a "common carrier." Property that is identified by a DOE/LBNL bar-code tag is subject to additional approval by the Property Management Group. Information about shipping property off site is available from the [Facilities Division Shipping Department](#).
  - b. **Division Property Pass:** Divisions may issue a Property Pass to their employees for off-site use of government property, such as:
    - i. Arrangements with suppliers performing Laboratory work if the material will remain in the custody of Laboratory personnel
    - ii. Short-term or intermittent use to perform Laboratory work at home or at a Bay Area work location (e.g., Lawrence Livermore National Laboratory, SLAC National Accelerator Laboratory, Richmond Field Station)
    - iii. Incidental use in connection with authorized attendance at a meeting, seminar, exhibit, or lecture

## D.12 Property Retirement

1. The status of a property record may change from active to retired in the database if criteria are met in the following categories:
  - a. Abandonment
  - b. Asset Created in Error

- c. Cannibalized
- d. Destroyed
- e. Foreign Donation
- f. Incorporated – Larger System
- g. Inventory Loss
- h. Lost
- i. No Longer Controlled
- j. Related Real Property
- k. Return to Vendor
- l. Return Property of Others
- m. Stolen
- n. Trade-in
- o. Transfer

2. Each of these categories is defined in the [Request to Retire Personal Property form](#). The form must be completed and submitted to Property Management for approval.

### D.13 Property Acquired as a Gift

Any property item that has been accepted as a gift or that has been purchased with funds specifically accountable as a gift must be reported in accordance with University of California and Laboratory practices (see *Gifts for Research, Solicitation and Acceptance of*). Gifts are accepted in the name of, and title is vested in, the Regents of the University of California. The [Office of Sponsored Projects and Industry Partnerships](#) notifies Property Management when a gift has been accepted so that an inventory record can be established.

### D.14 Employee-Owned Property

Employee-owned property may not be installed in, affixed to, or made a part of any government-owned property. This restriction does not apply to small decorative items or memorabilia displayed in an employee's work area. In all cases, the Laboratory cannot be held responsible for loss of or damage to any employee-owned item.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
12.02.002.001	<a href="#">Personal Property Policy Manual (PPPM) (PUB-3032)</a>	Manual

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## I. Contact Information

Property Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Personal Property Management Policy
Document number	12.02.002.000
Revision number	1
Publication date:	1/2/2012
Effective date:	7/22/2011
Next review date:	7/22/2014
Policy Area:	Property
RPM Section (home)	Asset Management
RPM Section (cross-reference)	Section 11.39
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.39

## Source Requirements Documents

DOE O 580.1 Chg 1, *Department of Energy Personal Property Management Program*

## Implementing Documents

Document Number	Title	Type
12.02.002.001	Personal Property Policy Manual (PPPM) (PUB-3032)	Manual

# Post-Employment Restrictions

Title:	Post-Employment Restrictions
Publication date:	10/7/2013
Effective date:	8/2/2010

## BRIEF

### Policy Summary

Berkeley Lab employees are subject to certain restrictions upon leaving employment and when negotiating future employment agreements. Employees may not make, participate in making, or influence a Laboratory decision that directly relates to a prospective employer while negotiating or after reaching an employment arrangement. Additionally, once leaving Laboratory employment, individuals cannot work for another person or agency on proceedings that they participated in while working for Berkeley Lab. Employees holding certain designated jobs – "designated officials" – are subject to additional post-employment restrictions.

### Who Should Read This Policy

This policy applies to all employees.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office

[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

<http://www.lbl.gov/Workplace/RIIO/>

Title:	Post-Employment Restrictions
Publication date:	10/7/2013
Effective date:	8/2/2010

## POLICY

### A. Purpose

This policy describes restrictions for employees concerning activities related to future employment with an organization other than Lawrence Berkeley National Laboratory/The University of California.

### B. Persons Affected

This policy applies to all employees, particularly those known as "designated officials" under the University of California (UC) Conflict of Interest Code.

## C. Exceptions

Not applicable

## D. Policy Statement

1. The California Political Reform Act places several restrictions on activities of employees of Lawrence Berkeley National Laboratory (Berkeley Lab) and UC who are anticipating leaving employment. Some restrictions apply to all employees, while others only apply to employees specifically designated under the UC Conflict of Interest Code. These employees are referred to as "designated officials," and are further defined in the Laboratory's [Designated Officials policy](#) (document number 05.11.001.000).
2. **Ban on Influencing Prospective Employers.** All employees are prohibited from making, participating in making, or influencing a governmental decision that directly relates to a prospective employer. While merely submitting a resume or application does not trigger the ban, the following contacts will trigger the ban: (1) an interview with an employer or his or her agent; (2) discussing an offer of employment with an employer or his or her agent; (3) accepting an offer of employment.
3. **Permanent Ban.** Designated officials and some other employees are permanently barred from working on the other side of a proceeding in which they had participated while working for UC. The permanent ban applies to every "state administrative official," which is defined as "every member, officer, employee or consultant who as part of his or her official responsibilities engages in any judicial, quasi-judicial or other proceeding in other than a purely clerical, secretarial or ministerial capacity." These employees may not receive compensation for representing any other person or organization by appearing before or communicating with UC, nor for aiding, advising, counseling, consulting, or assisting in representing any other person or organization before any state of California administrative agency in a proceeding involving specific parties (for example, a lawsuit, a hearing before an administrative law judge, or a state contract) in which the designated official had previously participated on behalf of UC.
4. **One-Year Ban.** Designated officials are prohibited for one year after leaving UC service from receiving compensation for representing any other person or organization by appearing before or communicating with UC in an attempt to influence UC decisions involving the making of general rules (such as regulations or legislation), or to influence certain proceedings involving a permit, license, contract, or transaction involving the sale or purchase of property or goods.

## E. Roles and Responsibilities

All employees, especially designated officials, have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Designated Official	Employees holding positions designated in the UC Conflict of Interest Code

## G. Recordkeeping Requirements

Role	Responsibility
HR Center	Notifies designated officials of responsibility to file leaving-office statements
Research and Institutional Integrity Office (RIIO)	Coordinates actions required of designated officials
UC Office of the General Counsel	Maintains leaving-office statements filed by designated officials



## H. Implementing Documents

Document Number	Audience	Title	Type
05.11.001.001	Designated Officials	Leaving Office Statement	Form

## I. Contact Information

Research and Institutional Integrity Office

[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

<http://www.lbl.gov/Workplace/RIIO/>

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/7/2013	1.1	M. Stoufer	Reviewed 10/3/13, no changes	Next Review date	Minor
5/16/2012	1	M. Stoufer	Rewrite for wiki (policy)	All	Minor
1/2/2012	0	M. Stoufer	Rewrite for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Post-Employment Restrictions
Document number	05.05.001.000
Revision number	1.1
Publication date:	10/7/2013
Effective date:	8/2/2010
Next review date:	10/7/2016
Policy Area:	Employment Restrictions
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	Section 10.03
Functional Division	Research and Institutional Integrity Office

Prior reference information (optional)	RPM Section 10.03
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## Source Requirements Documents

- University of California Conflict of Interest Code
- California Fair Political Practices Commission (FPPC)
- California Political Reform Act (PRA)

## Implementing Documents

Document Number	Audience	Title	Type
05.11.001.001	Designated Officials	Leaving Office Statement	Form

# Pregnancy and Work Exposures

Title:	Pregnancy and Work Exposures
Publication date:	8/8/2013
Effective date:	11/25/2008

## BRIEF

### Policy Summary

The Pregnancy and Work Exposures policy at Berkeley Lab is used to assess and control workplace exposures for declared pregnant workers (DPWs), including:

- Radiation exposure
- Chemical exposure
- Physical hazards

### Who Should Read This Policy

All Laboratory employees who could become pregnant

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

- [http://www.lbl.gov/ehs/pub3000/CH03.html#\\_Toc407014435](http://www.lbl.gov/ehs/pub3000/CH03.html#_Toc407014435)
- [http://www.lbl.gov/ehs/pub3000/CH21.html#\\_Dos4](http://www.lbl.gov/ehs/pub3000/CH21.html#_Dos4)

### Contact Information

For assistance or information on research-related immunizations, contact:

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)

or

Health Services Program Manager  
Sue Broadway  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

Title:	Pregnancy and Work Exposures
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Publication date:	8/8/2013
Effective date:	11/25/2008

## POLICY

### A. Purpose

The Pregnancy and Work Exposures policy at Lawrence Berkeley National Laboratory (Berkeley Lab) is used to assess and control workplace exposures for declared pregnant workers (DPWs), including:

- Radiation exposure
- Chemical exposure
- Physical hazards

### B. Persons Affected

All Laboratory employees who could become pregnant

### C. Exceptions

None

### D. Policy Statement

1. Disclosure of pregnancy is voluntary.
2. When a Berkeley Lab employee self-discloses a pregnancy to the Laboratory's Health Services, that employee is asked to complete and submit a Declared Pregnant Worker Form.
3. A health professional will discuss with the pregnant employee her work environment and determine whether any changes are required to protect the employee and her baby. See PUB-3000, [Section 21.9.4](#), *Declared Pregnant Radiation Workers*, in Chapter 21, *Radiation Safety*.
4. Health Services will coordinate with an industrial hygienist, radiation professionals, or other health and safety subject matter experts to identify, assess, and control exposures in the employee's work environment.

### E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab Health Services	<ul style="list-style-type: none"> <li>• Maintains the DPW process</li> <li>• Coordinates with EH&amp;S subject matter experts on DPW job assessment(s)</li> </ul>
Declared Pregnant Workers	<ul style="list-style-type: none"> <li>• Contact Berkeley Lab Health Services when willing to disclose pregnancy</li> <li>• Complete DPW Form as requested by Health Services</li> <li>• Provide information about job tasks to EH&amp;S professional conducting the exposure assessment</li> <li>• Follow all controls provided by EH&amp;S for exposure control</li> </ul>
Berkeley Lab EH&S Subject Matter Expert(s)	<ul style="list-style-type: none"> <li>• Identify exposure potentials for DPWs</li> <li>• Assess level of potential hazards for DPWs</li> <li>• Determine control measures</li> <li>• Track implementation and effectiveness of control measures</li> </ul>

## F. Definitions/Acronyms

See PUB-3000, Chapter 3, for technical terms related to the details of this policy and its implementation.

Term	Definition
DPW	Declared pregnant worker

## G. Recordkeeping Requirements

Health Services – Declared Pregnant Work forms

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.05.003.001	Chapter 3, Section 3.14	<i>Pregnancy</i>	Procedure
07.05.003.002	Chapter 21, Section 21.9.4	<i>Declared Pregnant Radiation Workers</i>	Procedure
07.07.005.001	Chapter 4, Section 4.7	<i>Chemicals</i>	Procedure
07.07.013.001	Chapter 4, Chapter 4.18	<i>Exposure Assessment</i>	Procedure

## I. Contact Information

For assistance or information on the Pregnancy and Work Exposures policy, contact:

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)  
or

Health Services Program Manager  
Sue Broadway  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/8/2013	1.1	P. Lichy	Review completed 7/24/13;one editorial change;update next review date	Brief-Summary	Minor
1/2/2012	1	P. Lichy	Rewrite for RPM	All	Minor

## DOCUMENT INFORMATION

Title:	Pregnancy and Work Exposures
Document number	07.05.003.000
Revision number	1.1
Publication date:	8/8/2013
Effective date:	11/25/2008
Next review date:	7/24/2016
Policy Area:	Health Services Programs
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	

## Source Requirements Documents

10 CFR 835, *Occupational Radiation Protection*

## Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.05.003.001	Chapter 3, Section 3.14	<i>Pregnancy</i>	Procedure
07.05.003.002	Chapter 21, Section 21.9.4	<i>Declared Pregnant Radiation Workers</i>	Procedure
07.07.005.001	Chapter 4, Section 4.7	<i>Chemicals</i>	Procedure
07.07.013.001	Chapter 4, Chapter 4.18	<i>Exposure Assessment</i>	Procedure

# Pregnancy Disability Leave

Title:	Pregnancy Disability Leave
Publication date:	1/2/2012
Effective date:	9/6/2006

## BRIEF

### Policy Summary

Berkeley Lab grants a leave-of-absence request for up to four months during a disability period to any employee disabled from working because of pregnancy, childbirth, or related medical conditions. Pregnancy Disability Leave may consist of leave without pay and/or paid leave such as accrued sick leave and/or accrued vacation leave.

### Who Should Read This Policy

All employees are eligible for Pregnancy Disability Leave. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Pregnancy Disability Leave
Publication date:	1/2/2012
Effective date:	9/6/2006

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) grants a leave-of-absence request for up to four months during a disability period to any employee disabled from working because of pregnancy, childbirth, or related medical conditions.

### B. Persons Affected

All employees are eligible for Pregnancy Disability Leave. Represented employees should consult their collective bargaining agreement (CBA).

## C. Exceptions

Requests for sick leave that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, the Chief Human Resources Officer (CHRO) approval.

## D. Policy Statement

- Definition:** An employee disabled from working because of pregnancy, childbirth, or related medical conditions is eligible for and, on the employee's request, must be granted a leave of absence for up to four (4) months during the period of disability. Pregnancy Disability Leave may consist of leave without pay and/or paid leave such as accrued sick leave and/or accrued vacation leave. If the period of disability continues beyond four (4) months, a personal leave may be granted. Employees are strongly encouraged to contact Health Services for confidential counseling regarding their pregnancy status as well as any work-related issues.
- Coordination with Family and Medical Leave:** If an employee on approved Pregnancy Disability Leave is also eligible for Family and Medical Leave under the Family and Medical Leave Policy, (see document number 02.07.003.000 or [RPM Section 2.13](#)) up to 12 workweeks of Pregnancy Disability Leave will run concurrently with Family and Medical Leave under federal law. On termination of concurrent leave, an employee is also entitled up to 12 workweeks of state family care and medical leave for any covered reason except pregnancy or related medical conditions.
- Reduced Work Schedule:** When medically necessary, an employee may take Pregnancy Disability Leave on a reduced work schedule or an intermittent basis. Berkeley Lab may require an employee who is on a reduced work schedule or intermittent leave to temporarily transfer to an alternative position if this position better accommodates the required work schedule than the employee's own position. Exempt employees may elect to use accrued vacation and/or sick leave in four-hour increments in lieu of unpaid leave. Non-exempt employees may elect to use accrued vacation and/or sick leave in half-hour increments in lieu of unpaid leave.
- Reinstatement:** The employee will be reinstated to his or her same position as long as the employee returns to work within four (4) months and immediately following termination of Pregnancy Disability Leave. If the employee would have been laid off or terminated had he or she remained on pay status during the leave period, reinstatement will be to a similar job at the same location. If a similar position is not available, the employee will be afforded the same considerations extended to other employees who are laid off or terminated (see Reduction in Force Policy, document number 02.12.004.000 or [RPM Section 2.21\[B\]](#)).
- Light Duty:** As an alternative to, or in addition to, Pregnancy Disability Leave, Berkeley Lab will temporarily modify a pregnant employee's position or transfer a pregnant employee to a less strenuous or hazardous position under the following circumstances:
  - On the employee's request
  - With the advice of the employee's health care provider
  - If the temporary modification or transfer can be reasonably accommodated

A temporary modification or transfer will not be counted toward an employee's entitlement to up to four (4) months of Pregnancy Disability Leave. An employee will be reinstated to the same or similar position under the Family and Medical Leave Policy (see document number 02.07.003.000 or [RPM Section 2.13](#)).

## E. Roles and Responsibilities

Role	Responsibility
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Health Services	Has the responsibility to advise division management on recommended restrictions on an employee's work assignment or activities
HR Department	Has the responsibility to advise management and employees on how to comply with this policy



LETS Timekeepers	Have the responsibility to follow procedures in support of this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy
Payroll	Has the responsibility to develop procedures in support of this policy

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

Role	Responsibility
Health Services	Is responsible for the confidentiality and maintenance of medical records as they pertain to an employee's medical leave requests
Office of the Chief Financial Officer (OCFO)	Is responsible for maintaining an employee's time records, including sick leave and vacation leave accrued and usage records.  <i>Non-exempt employees.</i> Berkeley Lab will record leave used by non-exempt employees to the nearest quarter-hour.  <i>Exempt employees.</i> Berkeley Lab will record leave used by employees in half-day increments or in increments of not less than that portion of the day during which an employee on less than full-time pay status is normally scheduled to work. The foregoing does not apply when an employee is taking Family and Medical Leave (FML) on an intermittent or reduced-schedule basis. Refer to the applicable policies (Family and Medical Leave, document number 02.07.003.000 or <a href="#">RPM Section 2.13</a> ; and Parental Bonding Leave, document number 02.07.024.000) for further details.

## H. Implementing Documents

Audience	Document Number	Document Title
Managers and Supervisors	02.07.022.001	Managers and Supervisors Responsibilities Under the Pregnancy Disability Leave Policy
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Pregnancy Disability Leave
Document number	02.07.022.000
Revision number	1
Publication date:	1/2/2012
Effective date:	9/6/2006
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	RPM Section 2.12(F)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.12(F)

## Source Requirements Documents

Source	Document number & effective date	Document title
California State Law		California Pregnancy Disability Leave Law (PDLL) as mentioned in the California Fair Employment and Housing Act (FEHA)
University of California (UC)	Policy 2.210, June 1, 2010	<a href="#">Absence from Work</a>
California Labor Code	12945	(transfer a pregnant female employee temporarily to less strenuous or hazardous position)

## Implementing Documents

Audience	Document Number	Document Title	Type
Managers and Supervisors	02.07.022.001	Managers and Supervisors Responsibilities under the Pregnancy Disability Leave Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training

# Pressure and Cryogenics

## Brief

Title:	Pressure and Cryogenics
Publication date:	9/10/2013
Effective date:	6/17/2010

## BRIEF

### Policy Summary

Berkeley Lab's Pressure and Cryogenics Program manages gases and cryogenic liquids used at the Laboratory site by:

- Stating design and build requirements for gas and cryogenic delivery systems
- Identifying required training for those handling and using gases and cryogenic liquids
- Mandating the use of process safety documentation
- Listing usage and handling requirements for gases and cryogenic liquids

### Who Should Read This Policy

All Berkeley Lab employees, visitors, affiliates, and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH7.html>

## Contact Information

Pressure and Cryogenics Subject Matter Expert  
EHSS Division

## Policy

Title:	Pressure Hazard Assessment and Control
Publication date:	9/10/2013
Effective date:	6/17/2010

## POLICY

### A. Purpose

Berkeley Lab's Pressure and Cryogenics Program manages gases and cryogenic liquids used at the Laboratory site by:

- Stating design and build requirements for gas and cryogenic delivery systems
- Identifying required training for those handling and using gases and cryogenic liquids
- Mandating the use of process safety documentation
- Listing usage and handling requirements for gases and cryogenic liquids

### B. Persons Affected

All Berkeley Lab employees, visitors, affiliates, and subcontractors

## C. Exceptions

None

## D. Policy Statement

1. Pressure system safety is achieved by careful engineering, hazard controls, assuring structural integrity of the components, regulation of pressures and flow, and provision for pressure relief. ([Work Process A](#))
2. Low-pressure gas systems are pressure systems operating below 1 MPa gauge (150 psig) and consisting only of regulator, tubing, gauges, valves, and fittings. Low-pressure gas systems represent the lowest hazard category of pressure systems at Berkeley Lab. ([Work Process B](#))
3. Low-hazard pressure systems consist of equipment with a low hazard level involving routine risks that are accepted as such by the general public. ([Work Process C](#))
4. Pressure systems that do not fall into the low hazard category are high-hazard pressure systems. Specifically, high-hazard pressure systems include:
  - a. All pressure vessel systems that contain irritant, toxic, infectious, and/or radioactive fluids at any pressure
  - b. All pressure vessel systems with oxygen or flammable contents
  - c. All pressurized equipment (including ASME-coded vessels that have been structurally modified) that operate at gas pressures over 1 MPa gauge (150 psig) or at liquid pressures over 10 MPa gauge (1,500 psig), or that contains over 100 kJ (75,000 ft-lb) of stored energy. ([Work Process D](#))
5. Vacuum systems that are back-filled from a pressurized supply must be equipped with a pressure-relief valve to assure that the system will not be subjected to pressures in excess of the Maximum Allowable Working Pressure. ([Work Process E](#))
6. The most severe hazard of cryogenic systems is the possible confinement of even small amounts of cryogenic liquid. ([Work Process F](#))
7. Employees who work with pressure systems over 1 MPa (150 psig) or with pressure vessel systems at any pressure must review training requirements with the EHSS Division pressure safety representative. ([Work Process G](#))

## E. Roles and Responsibilities

<b>Role</b>	<b>Responsibility</b>
Division Directors	Responsible for assuring that all pressure systems are designed, assembled, and operated in accordance with the requirements of this chapter
Environment, Health, Safety, and Security (EHSS) Division	<ul style="list-style-type: none"> <li>• Administers and maintains the Laboratory Pressure Safety Program</li> <li>• Arranges the Laboratory Pressure Safety Training Courses</li> <li>• Maintains copies of all AHDs and Safety Notes</li> </ul>
Engineering Division	<ul style="list-style-type: none"> <li>• Reviews and approves the design, fabrication, installation, and testing of research pressure systems, including vacuum systems, as required by this chapter.</li> <li>• Reviews and approves pressure-system Activity Hazard Documents (AHDs), which are written to assure that pressure operations are within the design limitations of such systems. This is in addition to the normal review process for AHDs, and it does not cover AHDs required for other reasons.</li> </ul>
Engineering Division Director	<ul style="list-style-type: none"> <li>• Designates qualified engineers as Designated Pressure Engineers to provide guidance on pressure vessel and pressure system design and to review such designs as prepared by vendors and Laboratory personnel</li> <li>• Approves any Safety Notes for pressure systems</li> </ul>
Facilities Division	<ul style="list-style-type: none"> <li>• Responsible for the design, fabrication, installation, and testing of all plant facility pressure equipment; and for all requisite AHD's</li> <li>• Maintains a sufficient staff of qualified and certified pressure installers, who are available to all groups at Berkeley Lab</li> </ul>
Designated Pressure Engineer	<ul style="list-style-type: none"> <li>• Experienced mechanical design engineers who have specific knowledge regarding pressure safety and have been designated by the Engineering Division Director</li> <li>• Responsibilities include: <ul style="list-style-type: none"> <li>• Completing required training</li> <li>• Providing advice and guidance to Berkeley Lab staff in matters related to pressure safety</li> <li>• Reviewing and approving pressure-related Safety Notes and AHDs on behalf of the Engineering Division Director</li> </ul> </li> </ul>
Responsible Designer	<p>A competent mechanical designer, usually a member of the Engineering Division. Responsibilities include:</p> <ul style="list-style-type: none"> <li>• Completing required training</li> <li>• Developing or selecting a safe design in accordance with all applicable codes and standards</li> <li>• Specifying procurement, fabrication, installation, maintenance, testing, retesting, and labeling requirements</li> <li>• Preparing all required Safety Notes</li> </ul>
Responsible User	<ul style="list-style-type: none"> <li>• Accountable for the safe use and maintenance of the equipment, including retesting of pressure systems in accordance with the requirements of the Safety Note or AHD; and for assurance that all training requirements have been met.</li> <li>• Typically the principal investigator or researcher with overall responsibility for the work</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Must complete the Berkeley Lab course <i>Pressure Safety</i> (EHS 0171) if working with compressed gas systems</li> <li>• Must review training requirements with the EHSS Division pressure safety representative if working with pressure systems over 1 MPa (150 psig) or with pressure vessel systems at any pressure</li> </ul>

## F. Definitions/Acronyms

Term	Definition
MAWP	Maximum Allowable Working Pressure: The maximum pressure at which the design of pressure systems is based
MOP	Maximum Operating Pressure: The highest pressure at which a system will operate
Pressure Installer	Technicians or mechanics, usually in the Facilities Division, who have completed specialized training and have been designated and certified as such by their Department Head Pressure installers may be assigned to work directly for responsible designers.
Pressure Regulator	A valve or device designed to cut of flow at a set pressure.
Pressure Relief Devices	Valves or rupture disks designed to vent pressure above a set point. Their purpose is to ensure the pressure within the vessel does not exceed MAWP.
Test Pressure	The pressure at which a vessel is tested to validate it can withstand the MOP. Test pressures vary from 125% to 200% of the MAWP.

## G. Recordkeeping Requirements

- Pressure Relief Device Certifications: Facilities Division
- Pressure Vessel and System Test Certifications: Facilities Division

## H. Implementing Documents

Document Number	PUB-3000 Reference	Title	Type
07.07.026.001	<a href="#">Chapter 7</a>	<i>Pressure Safety and Cryogenics</i>	Program
07.07.026.002	<a href="#">Chapter 7, Work Process A</a>	<i>General Requirements</i>	Work Process
07.07.026.003	<a href="#">Chapter 7, Work Process B</a>	<i>Low-Pressure Gas Systems</i>	Work Process
07.07.026.004	<a href="#">Chapter 7, Work Process C</a>	<i>Low-Hazard Pressure Systems</i>	Work Process
07.07.026.005	<a href="#">Chapter 7, Work Process D</a>	<i>High-Hazard Pressure Systems</i>	Work Process
07.07.026.006	<a href="#">Chapter 7, Work Process E</a>	<i>Vacuum Systems</i>	Work Process
07.07.026.007	<a href="#">Chapter 7, Work Process F</a>	<i>Cryogenic Systems</i>	Work Process
07.07.026.008	<a href="#">Chapter 7, Work Process G</a>	<i>Training Requirements</i>	Work Process
07.07.015.001	<a href="#">Chapter 13</a>	<i>Gases</i>	Program
07.07.009.001	<a href="#">Chapter 29</a>	<i>Safe Handling of Cryogenic Liquids</i>	Program

## I. Contact Information

Pressure and Cryogenics Subject Matter Expert  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Dionne	Re-write for wiki (brief)	All	Minor
9/27/2012	1	J. Dionne	Re-write for wiki (policy)	All	Minor
9/10/2013	1.1	K. Ettinger	Reviewed 8/28/13	SRDs, Next Review date	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Pressure Hazard Assessment and Control
Document number	07.07.026.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	6/17/2010
Next review date:	9/10/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 7

## Source Requirements Documents

- 29 CFR 1910, *OSHA General Industry Standards*
- 29 CFR 1910.101, *Compressed Gases (General Requirements)*
- 29 CFR 1910.102, *Acetylene*
- 29 CFR 1910.103, *Hydrogen*
- 29 CFR 1910.104, *Oxygen*
- 29 CFR 1910.106(b)(1)(v), *Flammable Liquids*
- 29 CFR 1910.110, *Storage and Handling of Liquefied Petroleum Gases*
- 29 CFR 1910.120(q), *Emergency Response Program to Hazardous Substance Releases*
- 29 CFR 1910.169, *Air Receivers*
- 29 CFR 1910.253, *Oxygen-fuel Gas Welding & Cutting*
- 29 CFR 1910, Subpart I, *Personal Protective Equipment*
- 29 CFR 1926, *OSHA Construction Industry Standards*
- 29 CFR 1926, Subpart C, *General Safety and Health Provisions*
- 29 CFR 1926.55, *Gases, Vapors, Fumes, Dusts, and Mists*
- 29 CFR 1926.153, *Liquefied Petroleum Gas*
- 29 CFR 1926.306, *Air Receivers*
- 29 CFR 1926.350, *Gas Welding & Cutting*
- 49 CFR 171–179, *Storage & Transportation Guidance*
- CGA pamphlet S-1.1-1963 and 1965 addenda

## Other Driving Requirements

- CAC Title 24, Part 9, California Fire Code, Article 49, *Welding & Cutting*
- CAC Title 24, Part 9, California Fire Code, Article 51, *Semi-conductor Fabrication*
- CAC Title 24, Part 9, California Fire Code, Article 74, *Compressed Gases*
- CAC Title 24, Part 9, California Fire Code, Article 80, *Hazardous Materials*
- CAC Title 24, Part 9, California Fire Code, Article 82, *Liquefied Petroleum Gas*
- CCR Title 8, Division 1, Chapter 4, Subchapter 1, *Unfired Pressure Vessel Safety Orders*
- CGA pamphlet S-1.2-1963, *Pressure Relief*

## Implementing Documents



<b>Document Number</b>	<b>PUB-3000 Reference</b>	<b>Title</b>	<b>Type</b>
07.07.026.001	<a href="#">Chapter 7</a>	<i>Pressure Safety and Cryogenics</i>	Program
07.07.026.002	<a href="#">Chapter 7, Work Process A</a>	<i>General Requirements</i>	Work Process
07.07.026.003	<a href="#">Chapter 7, Work Process B</a>	<i>Low-Pressure Gas Systems</i>	Work Process
07.07.026.004	<a href="#">Chapter 7, Work Process C</a>	<i>Low-Hazard Pressure Systems</i>	Work Process
07.07.026.005	<a href="#">Chapter 7, Work Process D</a>	<i>High-Hazard Pressure Systems</i>	Work Process
07.07.026.006	<a href="#">Chapter 7, Work Process E</a>	<i>Vacuum Systems</i>	Work Process
07.07.026.007	<a href="#">Chapter 7, Work Process F</a>	<i>Cryogenic Systems</i>	Work Process
07.07.026.008	<a href="#">Chapter 7, Work Process G</a>	<i>Training Requirements</i>	Work Process
07.07.015.001	<a href="#">Chapter 13</a>	<i>Gases</i>	Program
07.07.009.001	<a href="#">Chapter 29</a>	<i>Safe Handling of Cryogenic Liquids</i>	Program

# Price-Anderson Amendment Act (PAAA) Compliance Policy

## Brief

Title:	Price-Anderson Amendments Act (PAAA) Compliance Policy
Publication date:	1/10/2013
Effective date:	1/10/2013

## BRIEF

### Policy Summary

Berkeley Lab is required by the University of California-Department of Energy (UC-DOE) Prime Contract to conform to the enforcement process of the Price-Anderson Amendments Act (PAAA), which indemnifies DOE contractors and subcontractors under contracts that involve a risk of public liability for nuclear safety, security, or worker safety and health incidents/issues. Berkeley Lab has established a PAAA compliance program to ensure prompt identification, reporting to DOE, and timely correction of noncompliances in order to mitigate civil or other penalties, and suspend the issuance of Notices of Violation for certain violations.

### Who Should Read This Policy

- All levels of management, including the Laboratory Director, Chief Operating Officer, General Counsel, associate laboratory directors, division directors, division deputies, and department heads
- Berkeley Lab employees responsible for identifying, investigating, evaluating, tracking, and trending noncompliances with DOE health, safety, and security regulations

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Assurance and Quality Program Manager  
Office of Contractor Assurance

Safety Compliance Program Manager  
Technical Support Services Group  
EHSS Division

## Policy

Title:	Price-Anderson Amendments Act (PAAA) Compliance Policy
Publication date:	1/10/2013
Effective date	1/10/2013

## Policy

### A. Purpose

This document describes the Lawrence Berkeley National Laboratory (Berkeley Lab) policy on compliance with the enforcement requirements of the Price-Anderson Amendments Act (PAAA).

### B. Persons Affected

All persons who work at or visit Berkeley Lab

## C. Exceptions

None

## D. Policy Statement

Berkeley Lab has established and maintains a process to identify, evaluate, report, track, trend, and close noncompliances with Department of Energy (DOE) worker safety and health, nuclear safety, and security requirements in accordance with the PAAA and its primary implementing regulations.

The PAAA indemnifies DOE contractors and subcontractors under contracts that include a risk of public liability for a nuclear safety or worker safety and health incidents. This indemnification is a form of self-insurance for claims resulting from nuclear or worker safety and health incidents, and provides a structure that assures monies are readily available to remedy damage to the public that may occur as the result of such an incident.

Prompt identification, reporting, and timely correction of noncompliances may provide DOE with a basis to exercise discretion to mitigate civil or other penalties, and to suspend the issuance of Notices of Violation for certain violations.

For specific details, refer to the Berkeley Lab [Price-Anderson Amendments Act Compliance Program Manual](#).

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Director or Designee	Appoints Berkeley Lab PAAA enforcement coordinators
Berkeley Lab General Counsel	<ul style="list-style-type: none"><li>• Reviews Preliminary Notices of Violation (PNOVs) and their responses to make recommendations relative to any considerations to deny a PNOV, appeal a PNOV, or request that a Compliance Order be rescinded or modified</li><li>• Prepares appeals to Final Notices of Violation (FNOVs) and Compliance Orders, as appropriate</li><li>• Represents Berkeley Lab during an Enforcement Action</li></ul>
Director – Office of Institutional Assurance	Responsible for and oversees the PAAA Compliance Assurance Program
Manager – Office of Contractor Assurance	Provides management oversight of nuclear safety enforcement activities
Deputy Division Director – EHSS Technical Program Management	Provides management oversight of worker safety and health enforcement activities and classified information issues
PAAA Enforcement Coordinators	<ul style="list-style-type: none"><li>• Oversee Berkeley Lab's compliance with PAAA 10 CFR 708, 10 CFR 830, 10 CFR 835, and/or 10 CFR 851 Rules</li><li>• Are accountable to the Director of the Office of Institutional Assurance</li><li>• Ensure that PAAA noncompliances, internally or externally reportable, are managed through resolution, and documented in the PAAA Noncompliance Tracking System (NTS) database</li><li>• Maintain applicable documents and records</li><li>• Provide technical guidance to line and cognizant management for PAAA noncompliances</li></ul>
Cognizant Managers	<ul style="list-style-type: none"><li>• Provide source documentation (e.g., assessment reports, Occurrence Reporting and Processing System [ORPS] reports, issues, and other pertinent data) to the enforcement coordinators for review</li><li>• Provide information, as requested, to the enforcement coordinators for potentially reportable noncompliances</li><li>• Provide support, as necessary, for causal analyses, to develop corrective actions, and to ensure effectiveness of corrective actions for noncompliances</li></ul>
Berkeley Lab Staff	Notifies cognizant management of potential issues or events

## F. Definitions/Acronyms

Terms	Definitions
Compliance Order	An order issued by the Secretary of Energy to a contractor that mandates a remedy, work stoppage, or other action to address a situation that violates, potentially violates, or is inconsistent with a requirement of a PAAA rule
Consent Order	Any written document, signed by the DOE Director of Enforcement and a contractor, containing stipulations or conclusions of fact or law and a remedy acceptable to both DOE and the contractor
Enforcement Action	The issuance of an Enforcement Letter, Consent Order, or a Preliminary Notice of Violation (PNOV) or Final Notice of Violation (FNOV) with or without a civil penalty
Exemptions	The final order that sets forth the relief, waiver, or release, either temporary or permanent, from a DOE nuclear safety requirement, as granted by the appropriate Secretarial Officer pursuant to the provisions of Subpart E of 10 CFR 820
Final Notice of Violation (FNOV)	A document that determines a contractor has violated or is continuing to violate a requirement of the PAAA Rules. The FNOV includes a statement specifying the requirement to which the violation relates; a concise statement of the basis for the determination; any remedy, including the amount of any civil penalty; and a statement explaining the reasoning behind any remedy.
Final Order	An order of the Secretary of Energy that represents final agency action and, where appropriate, imposes a remedy with which the recipient of the order must comply
Noncompliance	Failure to comply with an applicable DOE nuclear safety or worker safety and health requirement, the Contractor Assurance System Description, the Berkeley Lab Operating and Quality Management Plan or the Worker Safety and Health Program, or the Berkeley Lab Radiation Protection Plan
Noncompliance Tracking System (NTS)	A centralized database maintained by DOE for reporting and tracking reportable PAAA noncompliances of nuclear safety requirements, allowing DOE contractors to take advantage of mitigation provisions in the enforcement policy
Preliminary Notice of Violation (PNOV)	A document that sets forth the preliminary conclusions that a contractor has violated or is continuing to violate a requirement of the PAAA, Nuclear Safety or Worker Safety and Health Rules. The PNOV specifies the requirement to which the violation relates; concisely states the basis for alleging the violation; describes any remedy, including the amount of any proposed civil penalty; and explains the reasoning behind any proposed remedy.
Price-Anderson Amendments Act (PAAA)	The federal law that authorizes DOE to establish an enforcement program subjecting DOE contractors, subcontractors, and suppliers to potential civil and criminal penalties for violation of DOE nuclear safety, worker safety and health, and classified information security rules, regulations, and compliance orders

## G. Recordkeeping Requirements

Records generated as result of performance of this procedure are quality-assurance records and are maintained in accordance with *Requirements and Policies Manual* (RPM) requirements. These records include, but are not limited to:

- Nuclear Safety Noncompliance Determination Screening Form
- Noncompliance Tracking System (NTS) Nuclear Safety Reportability Determination Forms
- Worker Safety and Health Noncompliance Determination Screening Forms
- PAAA Log

## H. Implementing Documents

Document Number	Description	Type
04.02.004.001	<a href="#">Price-Anderson Amendments Act (PAAA) Compliance Program Manual</a>	Manual

## I. Contact Information

Assurance and Quality Program Manager  
Office of Contractor Assurance

Safety Compliance Program Manager  
Technical Support Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/10/2013	0	M. Gravois and B. Wells	Documentation of existing policy	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Price-Anderson Amendments Act (PAAA) Compliance Policy
Document number	04.02.004.000
Revision number	0
Publication date:	1/10/2013
Effective date:	1/10/2013
Next review date:	1/10/2016
Policy Area:	Contractor Assurance
RPM Section (home)	Contractor Performance Management
RPM Section (cross-reference)	ESH General Policy
Functional Division	EHSS, OCA
Prior reference information (optional)	

## Source Requirements Documents

- Contract 31, Clause I.76 - DEAR 970.5203-1 Management Controls (Jun 2007) (deviation)
- Contract 31, Clause I.83 - DEAR 970.5215-3 Conditional Payment of Fee, Profit, and Other Incentives – Facility Management Contracts (Aug 2009) (Alternate I) (Aug 2009)
- Contract 31, Clause I.126 - DEAR 952.250-70 Nuclear Hazards Indemnity Agreement (Oct 2005)
- 10 CFR 708, DOE Contractor Employee Protection Program
- 10 CFR 830, Nuclear Safety Management
- 10 CFR 835, Occupational Radiation Protection and
- 10 CFR 851, Worker Safety and Health Program

## Other Driving Requirements

- 10 CFR 824, Procedural Rules for the Assessment of Civil Penalties for Classified Information Security Violations
- Issues Management policy, 04.02.003.000

## Implementing Documents

Document Number	Description	Type
04.02.004.001	<a href="#">Price-Anderson Amendments Act (PAAA) Compliance Program Manual</a>	Manual

# Printing and Duplicating Policy

## Brief

Title:	Printing and Duplicating Policy
Publication date:	3/6/2013
Effective date:	3/1/2013

## BRIEF

### Policy Summary

This policy describes the process of procuring printed or duplicated materials at Berkeley Lab, including digital and offset printing or duplicating of scientific and technical information (STI) and non-STI publications, such as public-information documents.

### Who Should Read This Policy

Employees requiring printed or duplicated material for Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- Printing Services Coordinator (PSC)
- Creative Services
- Procurement Department

## Policy

Title:	Printing and Duplicating Policy
Publication date:	3/6/2013
Effective date:	3/1/2013

## POLICY

### A. Purpose

This policy describes the process of procuring printed or duplicated materials at Lawrence Berkeley National Laboratory (Berkeley Lab), including the digital and offset printing or duplicating of scientific and technical information (STI) and non-STI publications, such as public-information documents.

### B. Persons Affected

Employees requiring printed or duplicated material for Berkeley Lab

### C. Exceptions

Not applicable

### D. Policy Statement

This policy applies to printing or duplication services for both STI and non-STI publications, such as public-information documents.

**Printing** is defined as composition, platemaking, presswork, binding, microform publishing, or the end items produced by such processes. Often, a printing process is applied when high-quality reproductions are required. Typically, the selection of the printing process most suitable for a particular job requires special expertise. Printing processes usually require lead times of 15 to 20 working days.

**Duplicating (copying)** is defined as material produced by duplication equipment employing the lithographic process and automatic copy-processing or copier-duplicating equipment employing electrostatic, thermal, or other copying processes.

1. **Printing services** must be arranged through Berkeley Lab's Printing Services Coordinator (PSC) at [cso@lbl.gov](mailto:cso@lbl.gov) to ensure optimal timeliness, pricing, and quality. This applies to all printing services irrespective of Government Printing Office (GPO) threshold requirements defined in [Section D.4](#).
  - a. The selection of printing processes must address the requirement to promote sustainable printing practices, and to procure printing services that use both:
    - i. Uncoated printing and writing paper containing at least 30% postconsumer fiber
    - ii. Vegetable-oil-based inks for offset printing
2. **Duplicating services** should be arranged by either Berkeley Lab's PSC or [Procurement Department](#) to ensure optimal timeliness and pricing. The PSC can provide expertise for those jobs where high quality is required.
  - a. For duplicating jobs that exceed the GPO threshold requirements defined in [Section D.4](#), the order must be placed by the PSC.
  - b. The selection of duplicating processes must also address the requirement to promote sustainable printing practices, and to procure printing services that use both:
    - i. Uncoated printing and writing paper containing at least 30% postconsumer fiber
    - ii. Vegetable-oil-based inks for offset printing
  - c. In emergency situations, the [Request for Issuance of Check \(RFIC\)](#) process may be used for duplicating services, with an appropriate justification, for reimbursement of non-Procurement-selected vendor duplicating costs (except for those that apply to the GPO threshold).
    - i. The use of an RFIC signifies the requestor's acknowledgement that timeliness, pricing and/or quality may be at risk using a non-Procurement-selected vendor.
3. The procurement and printing of **business cards** is subject to Berkeley Lab's [Business Cards Policy](#). [Creative Services](#) should be contacted for guidance.
4. **Government Printing Office (GPO) Threshold Requirements.** When material to be printed or duplicated exceeds 5,000 copies of a single page, or more than 25,000 units in the aggregate of multiple pages, it must be procured by or through the GPO. In this case, Berkeley Lab's GPO specialist, the PSC, must be contacted to ensure the required GPO requirements are met.

## E. Roles and Responsibilities

Role	Responsibility
Printing Services Coordinator (PSC)	Provides expertise and guidance in the selection of applicable printing or duplication processes and assists with: <ul style="list-style-type: none"> <li>• Interpretation and implementation of GPO regulations</li> <li>• Interpretation of regulations concerning environmentally sustainable printing</li> <li>• Expertise in printing and duplicating processes, including paper and ink selection</li> <li>• Assistance in the selection of the best process and/or identification/evaluation of suppliers for a particular printing or duplicating job</li> <li>• Functions as the Laboratory's GPO representative; resides in Creative Services</li> </ul>
Procurement Department	Procures applicable duplicating services on behalf of Berkeley Lab
Employee requesting printed or duplicated material	Adheres to the provisions of this policy

## F. Definitions/Acronyms

Term	Definition
Printing	Composition, platemaking, presswork, binding, microform publishing, or the end items produced by such processes. Often, a printing process is applied when high-quality copies are required. Typically, the selection of the printing process most suitable for a particular job requires special expertise. Printing processes usually require lead times of 15 to 20 working days.
Duplicating	Material produced by duplication equipment employing the lithographic process; automatic copy-processing or copier-duplicating equipment employing electrostatic, thermal, or other copying processes
Copying	See Duplicating
STI	Scientific and technical information
Digital printing	A method of printing from a digital-based image directly to a variety of media. Usually refers to professional printing, where small-run jobs from desktop publishing and other digital sources are printed using large-format and/or high-volume laser or inkjet printers.
Offset printing	A commonly used printing technique in which the inked image is transferred (or "offset") from a plate to a rubber blanket, then to the printing surface
Non-STI publications	Publications that are not STI, such as public-information brochures

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.01.019.000	<a href="#">Request for Issuance of Check (RFIC)</a>	Policy
10.07.007.000	<a href="#">Business Cards Policy</a>	Policy

## I. Related Berkeley Lab Policies

- [Scientific and Technical Publications Requirements Policy](#)
- [Procurement of Goods and Services Policy](#)

## J. Contact Information

- Printing Services Coordinator (PSC)
- Creative Services
- Procurement Department

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	Miller	Rewrite for wiki	All	Minor
3/6/2013	2	Mock/Youngquist	Revised to clarify the printing or duplicating process at Berkeley Lab. Precedence of Contract 31 over GPO printing regulations. Role of Printing Services Coordinator defined, as well as other related terms.	All	Major

### Document Information



## DOCUMENT INFORMATION

Title:	Printing and Duplicating Policy
Document number	10.07.005.000
Revision number	2
Publication date:	3/6/2013
Effective date:	3/1/2013
Next review date:	3/1/2016
Policy Area:	Public Information/and External Relations
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 5.04
Functional Division	Public Affairs, OCFO-Procurement
Prior reference information (optional)	RPM Section 5.04

## Source Requirements Documents

- [DOE Contract 31, Clause I.81, DEAR 970.5208-1 Printing \(Dec 2000\)](#)
- [Title 44 of the U.S. Code, Public Printing and Documents, Chapter 5, Production and Procurement of Printing and Binding, Section 501](#)
- [Executive Order 13514](#)

## Implementing Documents

Document number	Title	Type
11.01.019.000	<i>Request for Issuance of Check (RFIC)</i>	Policy
10.07.007.000	<i>Business Card Policy</i>	Policy

# Privacy, Monitoring, and Access without Consent

## Brief

Title:	Privacy, Monitoring, and Access without Consent
Publication date:	2/4/2014
Effective date:	2/4/2014

## BRIEF

### Policy Summary

To further the secure and acceptable use of Laboratory Information Technology (IT) and Information at Berkeley Lab, this policy:

- Defines no expectation of privacy in use
- Establishes authority to monitor and consent to monitoring
- Establishes policies and procedures for Access without Consent

### Who Should Read This Policy

- Employees and affiliates
- Other users of Laboratory IT, including collaborators and visitors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## Policy

Title:	Privacy, Monitoring, and Access without Consent
Publication date:	2/4/2014
Effective date:	2/4/2014

## POLICY

### A. Purpose

To further the [secure](#) and [acceptable use](#) of Laboratory IT and Information at Lawrence Berkeley National Laboratory (Berkeley Lab), this policy:

- Defines no expectation of privacy in use
- Establishes authority to monitor and consent to monitoring
- Establishes policies and procedures for Access without Consent
- Seeks to ensure that Access without Consent is consistent with the value of privacy in individual activity and behavior that is consistent with the scientific mission of the Laboratory

### B. Persons Affected

This policy applies to employees and affiliates as well as casual users of Laboratory IT and resources, including collaborators and visitors.

## **C. Exceptions**

Not applicable

## **D. Policy Statement**

1. **Expectation of Privacy**
  - a. **No Expectation of Privacy:** Users have no expectation of privacy when they use Laboratory IT, subject to applicable state, federal, Department of Energy (DOE), and University laws and regulations.
2. **Authority to Monitor**
  - a. **Authority:** System administrators have limited authority to monitor systems for availability and security; however, only the Chief Information Officer, Laboratory Director, or Chief Operating Officer may grant broad authority to monitor content and transactions on Laboratory IT for security purposes and acceptable use.
  - b. **Minimal Access:** Employees engaged in monitoring must access the minimum amount of information necessary to accomplish any monitoring task and must treat information in a confidential manner as appropriate.
  - c. **Notice of Monitoring:** This policy serves as Notice of Monitoring. Systems with external users must provide notice to these users. Acceptable ways of providing notice include but are not limited to requiring users to sign an agreement or linking to the [LBNL Privacy and Security Notice](#).
  - d. **Exceptions:** The monitoring or recording of telephone conversations is illegal without the consent of all parties.
3. **Consent to Monitoring**
  - a. **Consent:** Use of Laboratory IT constitutes consent to monitoring. Any or all uses of Laboratory IT may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized University, DOE, and law-enforcement personnel. Some Berkeley Lab services are provided by third-party providers or monitored by external parties. Where applicable, employees and affiliates acknowledge monitoring by Berkeley Lab, the third-party provider, or external party. Authorized investigative agencies may access any DOE computer used during the period of access to information on a DOE computer, and for a period of three years thereafter.
  - b. **Written Consent:** Use of Laboratory IT serves as written consent to the requirements and policies of the [LBNL Privacy and Security Notice](#) for that system and all other DOE systems. In addition, [SEC 0203 Notice of External Monitoring](#) serves as written consent of external monitoring by third-party providers or external parties.
4. **Access without Consent**
  - a. **Individual Access.** Individual Access without Consent is access, without a user's permission, to Laboratory Information that is normally available to only that user. This access occurs for either investigations or operational necessity and exceeds normal monitoring activities.
  - b. **Data Access.** Data Access without Consent is access to Laboratory Information, which is not normally available to the requestor, which provides individually identifiable information or recordings regarding the activities, actions, or behaviors of employees, affiliates, and other users of Laboratory IT or resources.
  - c. **Authorizations for Access without Consent**
    - i. **Investigation of Wrongdoing:** The Laboratory Chief Operating Officer or Laboratory Counsel must authorize access for purposes of investigation of wrongdoing.
    - ii. **Legal Requests:** Laboratory Counsel must authorize access for legal requests, including requests from law enforcement.
    - iii. **Individual Access:** The table below defines the authorization required for individual access for operational access and changes. The [Access without Consent Procedure](#) contains the list of privacy implicating services.

Employee or Affiliate Status	Operational Access		Operational Changes
	Non-privacy implicating	Privacy implicating	
Active or On Leave	Supervisor or equivalent	Division director or designee	Supervisor or equivalent if the individual is unavailable
Terminated	Supervisor or equivalent	Division director or designee	Supervisor or equivalent

- iv. **Data Access:** The System Owner may authorize access to information for the purposes of operational access or changes.
- d. **Fair and Reasonable Access:** Employees responsible for authorizing Access without Consent must ensure that requests for access are fair and reasonable, given the potential for abuse inherent in Access without Consent and despite no expectation of privacy in the use of Laboratory IT.
- e. **Least Intrusive Means Possible:** Methods of access for operational purposes must be limited to the least-intrusive means possible. For example, it is less intrusive to set a vacation message (an operational change) than to give access to e-mail (operational access). [Read the service provider guides at this page for help on providing least intrusive means possible.](#)
- f. **Minimal Involvement:** To maximize confidentiality, the number of persons involved must be limited to only those required to initiate and conduct access.
- g. **eDiscovery:** The IT Division must provide a point of contact to provide and/or coordinate the provision of access for investigation of wrongdoing and legal requests and to advise on operational access and changes.

## E. Roles and Responsibilities

Employees engaged in monitoring or Access without Consent must adhere to the provisions of this policy. This policy also emphasizes the following roles and responsibilities:

<b>Role</b>	<b>Responsibility</b>
Chief Operating Officer	Approves requests for Access without Consent for purposes of investigating wrongdoing; ensures that requests are fair and reasonable
Laboratory Counsel	Approves requests for Access without Consent for legal purposes and to investigate wrongdoing; ensures that requests are fair and reasonable; ensures that requests adhere to applicable laws and policies
eDiscovery	Provides and/or coordinates the provision of Access without Consent for investigation of wrongdoing or legal requests; assists with identifying the least-intrusive means possible, including advising service providers, for operational access or changes; coordinates Laboratory approach to e-Discovery at the direction of Laboratory Counsel
IT Policy Manager	Helps to ensure that the provision of Access without Consent is fair and reasonable and supports autonomy privacy despite no expectation of privacy in the use of Laboratory IT; determines the list of privacy implicating services
Division directors	Ensure that operational access is not for investigatory purposes and that requested access is necessary to accomplish the function; assess if a request for Access without Consent may lead to an investigation and routes the request to the appropriate authorizer
Supervisors, system owners, other authorizers, or other requestors for Operational Access without Consent	Ensures that a good-faith effort is made to obtain consent from the individual before requesting operational access or changes; ensures that operational access or changes are not for investigatory purposes and that requested access is necessary to accomplish the function

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Laboratory IT	Berkeley Lab-managed IT, including computing devices, networks, services, and accounts
Access without Consent	Individual Access without Consent is access, without a user's permission, to Laboratory Information that is normally available to only that user. This access occurs for either investigations or operational necessity and exceeds normal monitoring activities; Data Access without Consent is access to Laboratory Information, which is not normally available to the requestor, which provides individually identifiable information or recordings regarding the activities, actions, or behaviors of employees, affiliates, and other users of Laboratory IT or resources
Investigation of wrongdoing	Access to identify or detect suspected wrongdoing; examples include examining an employee's e-mail for indication of violations of policy, searching through network-level records for indications of "time wasting," or to access data from card reader systems to investigate an incident
Legal requests	Legally enforceable requests, such as a subpoena, search warrant, court order, national security letter, or public records request, and requests for voluntary disclosure of information
Operational access	Access to gather operational information or provide continuity of service; for example, a work document in an individual account
Operational changes	Access required to modify an operational feature; examples include changing/activating a vacation message for an employee, or changing outgoing voice mail

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
10.01.005.001	Letter granting broad authority to monitor the Computer Protection Program	Letter
10.01.005.002	<a href="#">Instructions for using the LBNL Privacy and Security Notice</a>	Instructions
10.01.005.003	<a href="#">Berkeley Lab Notice to Users</a>	Notice
10.01.005.004	<a href="#">Access without Consent Procedure</a>	Procedure

## I. Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	J. Bonaguro	Rewrite for wiki	All	Minor
2/4/2014	2	J. Bonaguro	Edit	All	Major

### Document Information

# DOCUMENT INFORMATION

Title:	Privacy, Monitoring, and Access without Consent
Document number	10.01.005.000
Revision number	2
Publication date:	2/4/2014
Effective date:	2/4/2014
Next review date:	2/4/2015
Policy Area:	Information Technology
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 9.01
Functional Division	Information Technology
Prior reference information (optional)	RPM, Chapter 9, Section 9.01

## Source Requirements Documents

- DOE Office of Science *Program Cyber Security Plan*, June 2010
- [DOE O 205.1B](#), *Department of Energy Cyber Security Program*, CRD Section 6
- DOE O 1450.4, *Consensual Listening-In to or Recording Telephone/Radio Conversations*
- [Clause I.124](#) – DEAR 952.204–77 *Computer Security* (AUG 2006), as modified by Contract No. DE-AC02-05CH11231, Appendix P, Section 2

## Implementing Documents

Document Number	Title	Type
10.01.005.001	Letter granting broad authority to monitor the Computer Protection Program	Letter
10.01.005.002	<a href="#">Instructions for using the LBNL Privacy and Security Notice</a>	Instructions
10.01.005.003	<a href="#">Berkeley Lab Notice to Users</a>	Notice
10.01.005.004	<a href="#">Access without Consent Procedure</a>	Procedure

# Procurement of Goods and Services

## Brief

Title:	Procurement of Goods and Services
Publication date:	12/20/2012
Effective date:	6/28/2012

## BRIEF

### Policy Summary

This policy defines the guidelines and requirements for acquiring goods and services at Berkeley Lab. The authority to make contractual commitments through procurement transactions has been specifically delegated to individuals primarily assigned to the Office of the Chief Financial Officer (OCFO)/Procurement & Property Management Department.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Procurement and Property Manager, OCFO](#)

## Policy

Title:	Procurement of Goods and Services
Publication date:	12/20/2012
Effective date:	6/28/2012

#### [D. Policy Statement](#)

##### [D.1 General](#)

##### [D.2 Overview](#)

##### [D.3 Procurement Process](#)

##### [D.4 Other Important Requirements of Laboratory Subcontracts](#)

##### [D.5 Subcontract Administration](#)

## POLICY

### A. Purpose

This policy defines the guidelines and requirements for acquiring goods and services at the Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All Berkeley Lab employees

### C. Exceptions

None



## D. Policy Statement

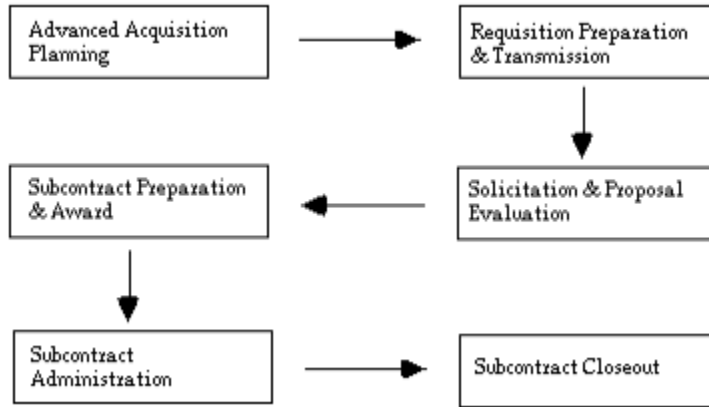
### D.1 General

1. The Procurement & Property Management Department is responsible for acquiring goods and services, as well as the management of Laboratory personal property assets that are necessary for the Laboratory to fulfill its scientific mission. In particular, the Laboratory has a responsibility to ensure that:
  - a. Procurements are competed to the maximum extent possible, consistent with the Laboratory's mission objectives and the nature of the goods and services to be procured.
  - b. All subcontractors are treated fairly and impartially.
  - c. Small-business concerns are provided a maximum practicable opportunity to compete for the Laboratory's procurements.
  - d. All procurement actions comply with applicable laws and regulations and the [UC-DOE Prime Contract](#) requirements.
  - e. Costs paid by the Laboratory are fair, reasonable, and appropriate for expenditure of government funds.
2. The authority to make contractual commitments through procurement transactions has been specifically delegated to individuals primarily assigned to the Office of the Chief Financial Officer (OCFO)/Procurement & Property Management Department. Only these formally designated individuals may commit the Laboratory to the expenditure of funds. Purchases or commitments made by individuals without delegated procurement authority are considered unauthorized, and must undergo a ratification process to determine whether the unauthorized procurement would otherwise have been proper and in the best interests of the Laboratory. Individuals making commitments without delegated authority are subject to disciplinary action and may be responsible for payment of charges incurred.
3. Certain expenditures or commitments, such as petty-cash transactions, employee travel, and library purchases, are governed by established procedures issued by other Laboratory departments.
4. **Personal Conflicts of Interest.** It is University policy to separate an employee's University and private interests and to safeguard the University and its employees against charges of favoritism and self-dealing in the purchase of goods and services. To avoid conflicts of interest in connection with purchases, employees are generally prohibited from making or participating in the making of a decision relating to award, negotiation, or administration of a subcontract if the employee has a financial interest with regard to the decision as described in the [University of California Conflict of Interest Code](#). Additionally, there are special limitations and requirements contained in UC Business and Finance Bulletin [BUS-43, Part 7](#), that cover the acquisition of goods and services when the transaction involves an employee-vendor relationship (i.e., purchases from a University employee, former employee, or the near relative of an employee).
5. Many laws have been enacted to curb the fraud, waste, and abuse associated with unethical procurement practices at the federal level, and some apply to the Laboratory as a DOE contractor. Further, state laws and University regulations also establish criteria for ethical conduct and penalties for violations. In some cases, Laboratory employees may be held personally and/or criminally liable for actions that are not consistent with the equitable treatment of contractors and the appropriate expenditure of government funds.
6. The information in this section is intended to provide general rules governing the procurement process; it is not intended to be an exhaustive guide to procurement requirements. Laboratory employees should refer to information available on the [Procurement & Property Management Web site](#) and direct specific questions to the appropriate Procurement personnel.

### D.2 Overview

1. **Starting the Procurement Process**
  - a. Generally, procurements at the Laboratory can be initiated using the following methods:
    - i. Checking the Laboratory's Excess Property for the item or material required
    - ii. Online ordering through eBay, the electronic commerce ordering system for low-value catalog items available to all Laboratory personnel with an LDAP account
    - iii. Online or fax ordering through B2B Systems Contracts with designated suppliers
    - iv. Requesting a Division PCard cardholder to purchase low-value, nonrestricted supplies
    - v. Submitting an electronic eProcurement (ePro) requisition through the PeopleSoft/Oracle Financial Management System (FMS) for one-time purchases of unique items not available from eBay or B2B
    - vi. Placing a release against a pre-established blanket subcontract, if authorized
  - b. Refer to the [Step-by-Step Buying Guide](#) on the Procurement Web site for detailed information on these procurement methods

2. **Procurement Process Flowchart** The following is a flowchart of the Laboratory's overall procurement process:



3. **Purchase Actions Placed by Procurement** The following are some of the types of purchase actions placed by Procurement:

- Architect and engineer (A&E) services
- Aviation services (special purchases)
- Blanket subcontracts for goods and/or services
- Books, periodicals, and other publications procured by the Information Technology Division library under blanket subcontracts established by Procurement
- Chemicals (special purchases)
- Computer or Automatic Data Processing (ADP) equipment (special purchases)
- Construction work
- Consultant agreements
- Contract labor (special purchases)
- Cost-type subcontracts (primarily for research and development)
- Environmental subcontracts
- Exchange/trade-in/upgrade of equipment or personal property
- Fabrications
- Firm-fixed-price or firm-fixed-price level of effort (LOE) subcontracts
- Industrial gases, e.g., helium (special purchases)
- Intra-University Transactions (IUTs) for work at University of California campuses
- Isotopes (special purchases)
- Leases and rentals of equipment and other personal property (special purchases)
- Leases for real estate rentals (special purchases) (For off-site space procedures, see Section D.4 of the [Space Management Policy](#))
- Maintenance (some items)
- Personal service agreements
- Precious metals (special purchases)
- Repairs (some items, special purchases)
- Software licenses (special purchases)
- Subcontracts with other DOE laboratories, facilities, or contractors; these subcontracts are sometimes called DOE Contractor Orders
- Subcontracts with government agencies or organizations for special materials not commercially available — DOE approval is required (special purchases)
- Telecommunications (special purchases)
- Utility services (special purchases)

4. **Transactions Not Permitted as a Procurement** (prohibited or restricted by the [UC-DOE Prime Contract](#))

- Advertising (except for specific or unique procurement actions like construction and Laboratory employment notices)
- Aircraft purchases
- Alcoholic beverages
- Business cards
- Contingent fees
- Contributions or donations
- Entertainment expenses
- Fines or penalties
- Lobbying costs
- Memberships in social, dining, or country clubs
- Motor vehicles
- Narcotics (illegal)
- Ornamental items (e.g., pictures, plants)
- Parking spaces on an individual basis
- Promotional items, memorabilia, models, gifts, and souvenirs

5. **Borrowing**
  - a. Arrangements to borrow equipment or material from other government organizations are processed by Property Management. Employees must submit a Borrow Summary form to Property Management for authorization prior to delivery of any borrowed equipment or material on site.
  - b. Arranging for property to be borrowed from a commercial vendor for testing in anticipation of acquiring the property is the sole responsibility of the division. The division is responsible for documenting the borrow arrangement in writing, adequately addressing the Laboratory's liability, and managing and controlling the asset until it is either returned to the vendor or formally acquired. All property coming on site, regardless of purpose, must be cleared by an Environment, Health, Safety, and Security (EHSS) safety officer. Borrowers should contact their Division Safety Liaison to facilitate clearance.
6. **Special Treatment Items**
  - a. Special-treatment items, including hazardous, controlled, and special materials, require special internal approvals or safety measures. These items may only be purchased when the specified requirements are met. Certain items in this category may not be purchased using a PCard or a B2B Systems Contract, and must be requested with an ePro requisition. Special-treatment items allowed to be purchased through the eBuy application are automatically routed to the designated organizations for approval or review. EBuy users must still comply with safety and other requirements associated with purchases of special-treatment items. Refer to the [Special Treatment Items on the Restricted Items List](#).
7. **Precious Metals**
  - a. Eight DOE-identified precious metals — gold, silver, platinum, rhodium, palladium, iridium, osmium, and ruthenium — are restricted-issue items. Purchases of precious metals must be requested by ePro requisitions authorized by career Laboratory employees, and must be made through Procurement's designated precious-metals procurement specialist.
8. **Fabrications**
  - a. Equipment or materials unavailable from commercial sources may be fabricated at the Laboratory by job order or outside the Laboratory by a subcontract. The OCFO/Budget will determine whether a fabrication should be charged to an operations equipment account. Requests for such determinations should be accompanied by a statement indicating the need for the item, a description or drawing, the desired fabrication schedule, and a cost estimate for fabrication or installation.
9. **Construction and Architect-Engineer (A&E) Subcontracts**
  - a. Subcontracts for architect-engineer services will be performed in accordance with the requirements of the [LBNL Laboratory Procurement Standard Practices Manual](#). Selection of subcontractors will be based primarily on the offeror's professional qualifications, specific experience and competence, and past performance. Cost, price, or other factors may also be considered in the selection of A&E subcontractors. With the exception of design-and-build subcontracts, no subcontract for construction work will be awarded to the subcontractor that prepared the design, or its subsidiaries or affiliates, unless approved by DOE.
  - b. Subcontracts for construction will be performed in accordance with the requirements of the *Laboratory Procurement Standard Practices Manual* and applicable laws and regulations. In the event of a conflict between state of California and federal requirements, federal requirements will be given precedence. Subcontracts for construction, alteration, or repair of Laboratory facilities are subject to the federal Davis-Bacon Act, which requires that laborers and mechanics receive no less than prevailing wages established by the Department of Labor.
10. **Blanket Subcontracts**
  - a. Blanket subcontracts are used when a recurring need for goods or services is anticipated. They enable quantity discounts to be obtained and Laboratory stocks to be maintained at minimum levels, and help avoid the administrative cost of issuing multiple subcontracts.
  - b. Product analysis, market analysis, and/or prior purchasing history are used to determine whether a blanket subcontract is advantageous to the Laboratory. Consideration is also given to socioeconomic subcontracting goals. Blanket subcontracts are often placed by Procurement for Laboratory-wide requirements. Any product or service requested by an authorized technical coordinator under a blanket subcontract is called an "order." Most blanket subcontracts have a listing of Laboratory personnel authorized to place orders and their level of authority.
11. **Acquisition of Excess Property**
  - a. The Laboratory is authorized to obtain used equipment or materials from government excess-material lists. The EHSS Division must be consulted when such an acquisition involves a potential hazard. Requirements for equipment or sensitive property must be coordinated with the OCFO/Property Management Group after or concurrent with these consultations. Requests for procurement of excess property are processed by Procurement.

## 12. Emergency Circumstances

- a. In the event of emergency circumstances outside of normal working hours, when normal procurement methods are not available, employees are permitted to purchase low-value items by using a Laboratory travel charge card, when on travel status, or a personal credit card or cash when in the local area.
- b. An emergency circumstance is any circumstance requiring that a procurement be made in order to avoid, eliminate, or reduce imminently hazardous or destructive situations involving persons or property, including the potential loss of important experimental data or hardware.
- c. **Travel Charge Card.** When on travel status, employees are allowed to use their Laboratory travel charge card for the purchase of low-value items needed in the course of their work during the travel. The limit on miscellaneous business expenses while on travel is determined by the traveler's division/department based on business need. Reimbursement requires submittal of a travel expense report approved by the original approver of the trip. Pre-trip approval is required. The required documentation (receipts, etc.) and limits are governed by the Laboratory travel policies contained in the [Travel Policy](#).
- d. **Personal Credit Card or Cash.** Purchases made under emergency circumstances using a personal credit card or cash are reimbursable by filling out a Request for Issuance of Check (RFIC) form, which must be approved by an authorized signer on the Laboratory's Signature Authorization System. The RFIC form requires the employee to certify that the expense is allowable and represents official Laboratory business. Although prior approval is not required, the form must be signed by the employee's supervisor or a higher-level official. Original receipts are required.
- e. **Request for Issuance of Check.** The RFIC process is used by on-site Laboratory locations when other means of procurement are not possible. Requests for reimbursement to Laboratory employees or third parties for allowable goods and services are processed using the RFIC form. The request is submitted to the OCFO/Accounts Payable for approval and processing. See [Financial Policies and Procedures-RFIC](#).
- f. To receive reimbursement, the purchase must satisfy the following conditions:
  - i. The item or service is not available through one of the methods in the Step-by-Step Buying Guide.
  - ii. The item or service is not on the [Restricted Items List](#), except for properly authorized employee safety shoes.
  - iii. The vendor is not on Procurement's [Employee-Vendor List](#) (potential conflict of interest) or the [GSA Excluded Parties List System](#) (EPLS) database.
  - iv. The purchase is supported by a cash receipt or other appropriate proof of payment.
- g. When the purchase is made in California, the vendor must be advised that the Laboratory holds California state sales permit SR CH 21-835970 (also known as a [Resale Certificate](#)) and California state sales tax does not apply.

## 13. Lead Times

- a. For the procurement process to work most efficiently, the following procurement lead times should be considered:
  - i. The requisition lead time (i.e., the time it takes the requester to prepare and submit a complete and approved requisition package to Procurement)
  - ii. The lead time that Procurement needs to obtain and evaluate offers, conduct negotiations as necessary, and award a subcontract for the requirement. Refer to the [Procurement Award Lead Time Chart](#) for typical processing times.
  - iii. The subcontractor's performance lead time necessary to deliver the required goods or services
- b. If the requirement is urgent, explain the emergency to the procurement specialist as soon as possible. If accelerated performance from a subcontractor is required, the requesting organization may have to pay for premium time, and costs may substantially increase.
- c. Additionally, requesters must notify Procurement of planned acquisitions of \$500,000 or more as far in advance as is reasonably possible, but at least 30 days prior to submitting a requisition. See [D.3.1.d](#), below.
- d. The Procurement Award Lead Time Chart does not include all approvals and other determinations that may be required before a particular subcontract may be awarded. When any other factors exist, they should be addressed in the requisition, with the appropriate checkboxes marked, comments added in designated sections, and the necessary attachments or documentation included, to ensure more efficient processing of the procurement.
- e. A procurement specialist knowledgeable in the specific type of procurement requirement and the associated industry can be consulted to obtain an estimate of the subcontractor's performance time before submitting the requisition to Procurement. See the [Procurement Liaisons List](#).

## 14. Subcontractor Safety

- a. The Laboratory is required to ensure that subcontractor personnel who perform work at Laboratory facilities do so in a safe manner in compliance with applicable regulations ([PUB-3000, Chapter 31, Nonconstruction Safety Assurance for Subcontractors, Vendors, and Guests](#)). Before subcontractors can perform "hands-on work" (see [PUB-3000, Section 31.5.3](#)) at Laboratory facilities, a Subcontractor Job Hazards Analysis and Work Authorization (SJHAWA) for Non-Construction Activities form must be completed and reviewed by EHSS. Typically, the requester obtains and fills in the first part of the SJHAWA form. This is then sent to Procurement as part of the ePro requisition. Upon award of the subcontract, Procurement provides a Web link for the SJHAWA to the subcontractor for completion. The subcontractor identifies safety risks involved for the work on the SJHAWA. Further information about subcontractor safety requirements is available on the EHSS [Subcontractor Job Hazards Analysis and Work Authorization](#) Web site.

## D.3 Procurement Process

## 1. Procurement Planning

- a. The procurement process starts with advance planning. The level of procurement planning is dependent on the dollar value and complexity of the proposed subcontract.
- b. Procurement planning is an essential tool for both requisitioning organizations and Procurement because it provides a method for early notification of intended requirements and an understanding of the entire procurement process from inception through completion. The information gathered at this stage can also be used for budgeting and scheduling purposes. Procurement uses such information for:
  - i. Planning and estimating the work and workload requirements
  - ii. Identifying opportunities for awards to small-business concerns
  - iii. Identifying opportunities for competition
  - iv. Consolidating similar requirements on an institution-wide basis
  - v. Notifying DOE of actions that may require its approval
- c. Procurement planning also enables procurement specialists to become involved in the procurement process as early as possible. This early involvement helps ensure that the work meets the mission or program needs.
- d. Procurement requires at least 30 days' advance notice of planned acquisitions of \$500,000 or more. The [Advance Acquisition Alert \(AAA\)](#) form may be used by requesters to provide this notification to the Small Business Office (SBO) of the Small Business Supplier and Strategic Sourcing Management Group. A procurement specialist will be assigned to consult with the requester to plan for the acquisition and appropriately document the acquisition planning decisions. The SBO and the procurement specialist will work with the requester to develop source lists and ensure small-business concerns are provided the maximum practical opportunity to participate in the procurement.

## 2. Requisition Submittal

- a. Requisitions must be created electronically in ePro, the PeopleSoft/Oracle Purchasing System. Requisition preparers should ensure that requisitions are filled out correctly and items are appropriately categorized and not on the Restricted Items List

## 3. Defining the Requirement

- a. Purchase requisitions should (1) describe the supplies or services in a manner designed to promote competition; (2) state the Laboratory's minimum requirements; and (3) to the fullest extent practicable, not favor one brand or trade-name article, manufacturer, or supplier over others.
- b. Adequately describing the purchase requirement helps ensure timely requisition processing. Purchase requirements must be clearly defined on the requisition or an attached specification, scope of work, or statement of work, which identifies deliverables and acceptance or testing criteria.
- c. Items should be identified by a generic noun (e.g., "personal computer"), defining adjective, and any other useful description. Items specified by a brand name (such as a model number and manufacturer) will be processed as "brand name or equal" to allow for fair and effective competition if another brand of equal capability can be accepted. The Laboratory's minimum requirements must be described in detail to fairly evaluate any offers received for that product or service.
- d. The Laboratory is committed to sustainable environmental stewardship. "Green" Environmentally Preferable Products (EPPs) should be specified when purchasing items for the Laboratory. An EPP can often meet the requirement at a lower cost. When ordering items on eBuy, look for green alternatives by following the "recycled" links or searching for "remanufactured" products. EPPs are available in a variety of categories, including office supplies, construction materials, and computer equipment. Links to EPP resources are on the "Green Resources" section of the Procurement [Helpful Links](#) Web page.

## 4. Requisition Changes

- a. Any changes modifying the quantity, funding, project number, terms, or specifications of a requisition already submitted may require either resubmission of the requisition or, minimally, a supporting memo or e-mail explaining the change.
- b. Changes to existing or expiring subcontracts may also be initiated by an ePro requisition. When submitting a change/modification to a requisition:
  - i. Indicate "CHANGE" or "MODIFICATION" on the requisition.
  - ii. Refer to the original requisition number, subcontract number, and/or procurement specialist's name.
  - iii. Fully explain in the description field what the change/modification covers and, if applicable, provide a new scope or statement of work.
  - iv. If there is a change in price, supply the Project ID.
  - v. In the "Unit price" field of the requisition, write the amount of the change only. In the "Comments" field, indicate the original requisition amount before the change, the increase or decrease of the proposed change, and the new total.
  - vi. The authorized signer must have authority for the dollar amount of the change.

## 5. Requisition Approvals

- a. Beyond Laboratory procurement, the purchase of many commodities and services may also require approval by various organizations (e.g., OCFO/Budget, EHSS). EPro automatically routes these requisitions to the appropriate approval organization based on the value of the requisition and the selected category code. If an incorrect category code is chosen, the requisition may be returned to the requester for rerouting.

## 6. In-House Cost/Price Estimates

- a. Before solicitation, the Laboratory should have an estimate of the proper price level or value of the supplies or services to be purchased, i.e., the estimated price of the subcontract. It is generally the requester's responsibility to develop the estimate. The estimate can range from a simple budgetary estimate to a complex estimate based on the requester's assessment of the labor, materials, and other quantitative elements of performance. A detailed, independent cost estimate must be prepared for all construction work to be subcontracted.

## 7. Quality Assurance

- a. The requester must identify any specific quality requirements for the subcontract on the purchase requisition specification or Statement of Work. The need for, type of, and extent of quality requirements depend on the particular circumstances, and may range from inspection at the time of acceptance to a requirement for a subcontractor's implementation of a comprehensive quality assurance program.
- b. In identifying quality requirements, the requester should consider:
  - i. The degree to which failure of the product or service could cause undue risks to employees or public health and safety
  - ii. The degree to which failure of the product or services would cause degradation of required performance or reliability to operations, data acquisition, or other deliverables
  - iii. For further information or assistance in assessing how to treat quality-assurance requirements in Statements of Work and/or specifications, see the [Quality Assurance Policy](#).

## 8. Property

- a. Government-furnished property (GFP) is property owned by the government (almost everything at the Laboratory is government property) and made available to a subcontractor for its use during performance of work under a specific subcontract with the Laboratory. The term includes government-furnished equipment and government-furnished supplies. Subcontractor-acquired property (SAP) is property that a subcontractor acquires under a subcontract and furnishes to the Laboratory as a reimbursable direct item of cost.
- b. If GFP/SAP will be involved in performance of the desired work, it must be identified in the purchase request. If the specific property can be identified at the beginning of the procurement process, the requester must provide:
  - i. A detailed item description
  - ii. The government/Laboratory property identification number
  - iii. The approximate acquisition value
- c. Because the Laboratory is responsible to DOE for managing all government property in its possession, procurement actions involving GFP/SAP must be coordinated with the Property Management Group throughout the process, from requisition to subcontract closeout.

## 9. Organizational Conflict of Interest

- a. An organizational conflict of interest (OCI) means that a relationship or situation exists in which an offeror has past, present, or currently planned interests that relate to the work to be performed under a Laboratory subcontract and that the conflict may reasonably:
  - i. Diminish the offeror's capacity to give impartial, technically sound, and/or objective assistance or advice
  - ii. Result in the offeror's being given an unfair competitive advantage
- b. Requisitions and Statements of Work will be reviewed by Procurement to determine whether the work falls within the definition of "advisory and assistance services." If the answer is "yes," the requester may be required to fill out an OCI Pre-Procurement Fact Sheet, which can be obtained from the Procurement Web site under the [Forms for Users](#) link, to aid in evaluating the potential for an OCI, and the solicitation must include an OCI clause and require the offerors to disclose their various interests related to the procurement.
- c. Procurement will review and evaluate all relevant facts to determine if an actual or significant potential for an OCI with respect to a particular offer exists. If so, steps must be taken to avoid, neutralize, or mitigate it. If appropriate actions are taken to satisfactorily avoid or neutralize an OCI, the subcontract can be awarded. If an actual or potential OCI can only be mitigated, a mitigation plan must be prepared. If a mitigation plan is made, or if the award will be made notwithstanding the OCI, approval must be obtained from the Procurement Manager, Laboratory Counsel, and DOE.

## 10. Solicitations

### a. General

- i. Procurement conducts most of its competitive solicitations for required goods and services through a process known as "negotiation," involving the issuance of a solicitation to potential sources determined by the procurement specialist, and the receipt and evaluation of proposals. This process permits discussions and negotiations with suppliers regarding all the terms and conditions of the subcontract and, in some cases, allows an offeror the opportunity to revise its offer before a decision is made regarding subcontract award. Elements to be negotiated may be limited to price, but often extend to other factors, including delivery period, payment schedule, specifications or statement of work, and patent and technical data rights.
- ii. In some cases, notably in construction, the Laboratory may instead utilize a "sealed" bidding process, in which the lowest-priced, responsive, and responsible offer is selected without discussions or negotiations. The "sealed" bidding process could also include a public bid opening.
- iii. Only Procurement personnel and other individuals with delegated procurement authority can solicit offers/proposals from suppliers that may result in the negotiation and award of subcontracts.

### b. Supplier Information Obtained by Others

- i. Any information obtained by other Laboratory personnel from a supplier on price, availability, or other product or service-related information is treated as just that: information. Because the information probably did not take into account the terms and conditions or other requirements that might affect the purchase, Procurement must communicate directly with potential suppliers to ensure that all the Laboratory's requirements are considered in awarding a subcontract.

### c. Best Value Source Selection (BVSS) Solicitations

- i. When a subcontractor will be selected based on other factors (e.g., technical excellence, methodology, proposed personnel) and cost/price is not the predominant factor, it is considered a Best Value Source Selection (BVSS). For BVSS solicitations, Procurement will establish a buying team consisting of the requester and other subject matter experts (see D.3.11.c, below). The buying team will develop the performance features and supplier attributes that the Laboratory believes are desirable in meeting its objectives for the procurement. They will serve as the basis for the preparation and the evaluation of the offers.
- ii. Performance features and supplier attributes should be examined to ascertain the distinctions among the offerors on significant aspects of the work to be performed, rather than identifying the relatively unimportant differences to be expected when multiple offers are received. A statement will be included in the solicitation to explain to potential offerors that the Laboratory intends to select the offeror whose proposal satisfies the minimum requirements (if any) and contains the combination of price (or probable cost), performance features, and supplier attributes offering the best overall value to the Laboratory. After the closing date for receipt of offers, the buying team will evaluate the proposals in accordance with the criteria set forth in the solicitation and will make a selection that represents the best value to the Laboratory.

## 11. Evaluation and Award

### a. General

- i. Evaluation of offers/proposals may be as simple as determining the low price on a commercial item or may involve a very detailed analysis of significant technical, management, and cost/price criteria.
- ii. Although the procurement specialist is responsible for conducting the evaluation, the requester has an important role in evaluating technical proposals, analyzing quantitative elements, and otherwise advising on the Laboratory's negotiation position. Depending on what is being purchased, the procurement specialist may request the assistance of the requester or technical coordinator in performing a technical review or a technical analysis of the elements of offers/proposals other than cost/price, as required.
- iii. **Technical Review.** Technical reviews are performed by the requester or technical coordinator to evaluate a technical offer/proposal in order to determine whether it meets the requirements of the solicitation.
- iv. **Technical Analysis.** Technical analyses are performed by the requester or technical coordinator for offers/proposals that are more complex or require a cost analysis and involve a more in-depth analysis of the quantitative and qualitative elements of a technical offer/proposal. This in-depth analysis is required in order to determine the need for and reasonableness of the resources proposed in an offer/proposal, assuming reasonable economy and efficiency.

### b. Cost or Price Analysis

- i. Using the technical evaluation information provided, along with information from other sources, the procurement specialist will analyze the proposed cost or price to determine if it is reasonable as proposed, or whether further negotiations are warranted.

### c. Buying Team

- i. For many procurements, the offers/proposals are evaluated by the procurement specialist and the requester or technical coordinator. For more complex procurements competed using the BVSS process, a buying team chaired by a procurement specialist may be established. A BVSS buying team is composed of qualified technical and administrative personnel, is small (normally not exceeding five voting members), and usually has an odd number of voting members, including the procurement specialist chairperson, to provide a tie-breaker. The procurement specialist discusses the issue of conflicts of interest with the committee members and reviews the list of offerors for possible conflicts of interest. Buying team members are requested to sign a Confidentiality and Conflict of Interest Acknowledgement (for UC employees) or a Confidentiality and Conflict of Interest Certificate (for non-UC employees) when appropriate (e.g., selections that are sensitive, may be contentious, or involve proprietary information).
- ii. After receipt of the offerors' proposals, the buying team performs the evaluation and the procurement specialist prepares a selection statement, summarizing the buying team's determinations, and negotiates any remaining issues with the selected offeror.

### d. Conducting Negotiations

- i. The procurement specialist is responsible for conducting all negotiations with offerors. The requester's support may be required to analyze new information or responses provided by the offeror during the course of the negotiations. Working as a team, the procurement specialist and requester seek to obtain the required goods and services at reasonable prices and under reasonable terms.
- ii. Discussions with offerors are particularly sensitive during solicitation, evaluation of offers, and negotiation. Technical coordinators or requesters should not have separate discussions or negotiations with offerors.

## 12. Protests

- a. The Laboratory is required to treat all potential subcontractors fairly and equitably. An offeror or subcontractor who believes he or she has not been so treated has the option of filing a protest directly with Procurement, the University, or DOE. A protest is a very powerful action. It can suspend work on a subcontract that has already been awarded, or it can delay any further action on a subcontract that is under negotiation but has not yet been awarded.
- b. The following are examples of situations that could result in a protest:
  - i. A specification or Statement of Work that unnecessarily restricts competition
  - ii. Program/technical divisions negotiating on their own with an offeror or promising to purchase something from an offeror (a potential unauthorized procurement)
  - iii. Information provided to one potential subcontractor that is not available to competing offerors/subcontractors
  - iv. Proposal information disclosed to a competing offeror/subcontractor
  - v. A potential subcontract discussed with anyone not directly involved with the process
- c. When there is doubt about the propriety or consequences of an action during the procurement process, contact the procurement specialist for advice.



### 13. Noncompetitive Actions

- a. A procurement is noncompetitive when an offer/proposal is solicited from and a procurement award is made to only one source/subcontractor. The Laboratory uses the terms "sole source" and "noncompetitive" synonymously in describing the procurement process followed in such cases. Generally, a noncompetitive action may be justified for the following reasons:
  - i. Unique capability, expertise, facilities, or equipment that no other source can provide
  - ii. Standardization of parts and/or compatibility with existing equipment
  - iii. Follow-on work for continued development or enhancement of a specialized system or equipment or services necessary to avoid substantial duplication of costs that would not be recoverable, and/or significant, unacceptable delays in fulfilling program needs
  - iv. An unusual or compelling urgency that would cause an adverse or programmatic impact of such nature and magnitude that a sole-source justification is merited
  - v. To establish or maintain a source for industrial mobilization or engineering, development, or research capability
  - vi. Source is acknowledged and demonstrated to be the leader in its field of expertise (normally only appropriate for R&D work)
  - vii. Authorized or required by statute or international agreement
  - viii. National security or public interest reasons
  - ix. Unique bonding, insurance, or indemnification requirements (appropriate only if subcontractor is a large business)
  - x. Services of an expert or neutral person for any current or anticipated litigation or dispute
- b. A formal justification must be provided for noncompetitive (sole-source) procurements of a foreign-made product with an individual item cost over \$100,000 or other sole-source procurements over \$150,000, and for all Intra-University Transactions (IUTs) over \$25,000. The Justification for Sole Source Procurement Form, which can be obtained from the Procurement Web site under the [Forms for Users](#) link, must be used for providing these justifications.
- c. The Laboratory must ensure that its procurements make use of effective competitive techniques, consistent with efficient performance of the program mission and the nature of supplies and services being purchased. Consequently, noncompetitive (sole-source) procurements should be used only when no other reasonable alternatives exist.

## D.4 Other Important Requirements of Laboratory Subcontracts

1. **Environment, Safety, and Health**
  - a. Subcontractors performing work at a Laboratory site are subject to the DOE *Worker Safety and Health Program* regulation of Title 10, Part 851 of the U.S. Code of Federal Regulations (10 CFR 851), and are required to take all reasonable precautions at Laboratory sites to protect the environment, safety, and health (ES&H) of all persons involved, and to comply with all applicable ES&H regulations and requirements of the Laboratory and DOE. The Laboratory may stop the particular work anytime a subcontractor fails to comply. Also see [RPM Section 11.38\(B\)\(13\)](#), [Subcontractor Safety](#).
2. **Insurance and Indemnification**
  - a. The Laboratory may require subcontractors to maintain liability insurance when:
    - i. The work is performed on Laboratory, government, or third-party premises; or
    - ii. Government-furnished property is provided to a subcontractor; and
    - iii. The nature of the work poses a significant potential risk to the University and the government
  - b. No subcontractor may be indemnified unless prior approval is obtained from DOE-HQ and The Regents of the University of California. Laboratory Counsel should be consulted on any request by a subcontractor for indemnification.
3. **Patents, Data and Copyrights**
  - a. Under the [UC-DOE Prime Contract](#), the Laboratory is required to protect the government's interests in inventions and technical data by including the appropriate, related clauses in its subcontracts. These clauses basically concern such matters as patent rights, rights to data (including copyrights), and patent and copyright infringement.
  - b. Requesters/technical coordinators are expected to ensure that the subcontractor's obligations in these matters (e.g., reporting inventions, reporting notices or claims of infringement, and securing required DOE approvals) are properly fulfilled. If the subcontractor does not fulfill these obligations, the requester or technical coordinator, if aware, is expected to notify Procurement immediately so that appropriate and timely action may be taken. See [Software Disclosure and Distribution policy](#), [Patents – Publication Clearance Policy](#), and [Patents – Record of Invention Policy](#).
4. **Subcontracts with Foreign Travel**
  - a. The Laboratory must obtain DOE approval for each request for foreign travel by a subcontractor before the travel occurs. "Foreign travel" means any travel outside the United States and its territories and possessions.
5. **Sales Tax**
  - a. The Laboratory generally does not pay California sales tax because most of its purchases are considered to be "for resale" to the government, and therefore the Laboratory has been granted California State Resale Permit No. SR CHA 21-835970, also known as a Resale Certificate. This resale permit does not apply to leases/rentals, materials, and fixtures used to make improvements to real property, or property that will not be owned by DOE.
6. **Buy American Act**
  - a. Under the federal Buy American Act and similar laws, most materials and products that the Laboratory procures must be manufactured, mined, or produced in the United States, unless a specific exception applies.
7. **Davis-Bacon Act and Service Contract Act**
  - a. The Davis-Bacon Act requires that construction laborers and mechanics employed directly at the work site be paid not less than the prevailing wage rates as determined by the Department of Labor (DOL) in a Wage Determination. The Act's requirements and the applicable Wage Determinations must be included in the Laboratory's construction subcontracts.
  - b. The Service Contract Act requires that service employees (as defined) under a service subcontract be paid not less than the minimum wages and fringe benefits determined by DOL in a Wage Determination. The Act's requirements and the applicable Wage Determination must be included in the Laboratory's service subcontracts.
8. **Employment Eligibility Verification**
  - a. Federal contractors and subcontractors are required to enroll in the government's employment eligibility verification program (E-Verify) and to use it to verify the employment eligibility of their employees assigned to the contract or subcontract and of all new hires working in the United States. The Laboratory includes this requirement in its service subcontracts as applicable, and verifies the subcontractors' enrollment in the E-Verify program.
9. **Aviation Services**
  - a. All charter and lease agreements between aviation service subcontractors and the Laboratory must adhere to the safety policies and procedures of DOE Order 440.2B ([Aviation Management and Safety](#)) or its successor order.

## D.5 Subcontract Administration

## 1. Administration

- a. Subcontract administration encompasses all activities and relationships between the Laboratory and the subcontractor that arise out of subcontract performance. Subcontract administration covers all dealings between the parties from the time the subcontract is awarded until the work has been completed, received, and accepted; payment has been made; disputes, if any, have been resolved; and the subcontract is closed.
- b. Monitoring performance is a common responsibility of the procurement specialist and the requester. Performance must be monitored for delays, schedule slippages, quality deficiencies, financial status, etc. The program/technical divisions must advise the assigned procurement specialist of any indication that performance is not what the Laboratory expected.
- c. The Laboratory should develop a complete record of all actions taken by the Laboratory and the subcontractor. Documentation assists in the resolution of problems and provides information to evaluate similar projects or problems in the future. Problems should be identified and resolved before legal issues become unavoidable.

## 2. Changes

- a. Only the procurement specialist may modify the terms of a subcontract or take any action to enter into a change order or other contractual commitment on the part of the Laboratory, except as authorized by Procurement. Although under some subcontracts it is normal for the requester to have ongoing technical interaction with the subcontractor during performance, no alteration of subcontract or statement of work requirements may be authorized during these discussions.

## 3. Invoice Certification

- a. A certifier is a Laboratory employee designated to verify that goods and/or services are rendered as required by the subcontract before a subcontractor's invoice can be processed for payment by Accounts Payable. The certification must be performed in a timely manner using the online certification system to ensure that the subcontractor is paid within the payment terms of the subcontract. Failure to provide timely certification may result in a late payment, which could affect the Laboratory's ability to comply with the terms of the subcontract and/or DOE requirements.

## 4. Subcontract Closeout

5. When the subcontractor has provided the required deliverables or services, the Laboratory has accepted these items, and the term of the subcontract has ended, the subcontract is considered to be "physically complete." At that time, the Purchase Order (PO) Closeout Process is initiated. This frees excess PO liens on Laboratory projects, enabling more accurate financial reporting of purchases.
6. The PO Closeout Process also ensures that contractual obligations between the Laboratory and the subcontractor are met and that the Laboratory has taken care of its UC-DOE Prime Contract requirements. These requirements may include the disposition of government property located with the subcontractor, the issuance of scientific reports, and the certification of patents created under the subcontract.
7. Divisions have a key role in the closeout process. They must respond to subcontract renewal notices sent to technical representatives and requesters. By responding to these notices, Laboratory divisions let Procurement know whether the subcontract work should continue or whether the PO Closeout Process should begin. Divisions may also be asked to complete a Subcontract Closeout Memorandum and other closeout-related forms.
8. Procurement's [PO Closeout Web site](#) has further information about the closeout process and division responsibilities.

## E. Roles and Responsibilities

None

## F. Definitions/Acronyms

Term	Definition
B2B	Electronic commerce allowing direct purchasing via a catalog through a designated Web site, filling in an online order form, or by sending the supplier a standard fax form without going through the Procurement Department
PCard	Credit card issued to designated Berkeley Lab personnel for purchasing goods and services

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
12.01.002.001	<a href="#">Laboratory Procurement Standard Practices Manual</a>	Manual
12.01.002.002	<a href="#">Procurement &amp; Property Management</a>	Web site

## I. Contact Information

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor
7/12/2012	1.1	M. Mock	Minor editorial change	D.5.4	Minor
12/17/2012	1.2	M. Mock	Minor change: describes personal financial interest relative to COI	D.1.4	Minor
12/20/2012	1.3	M. Mock	Editorial change: Reference to RPM Section 5.03, <i>Patents</i> , changed to <i>Software Disclosure and Distribution, Patents - Publication Clearance Policy</i> , and <i>Patents - Record of Invention Policy</i>	D.4.3.b	Editorial

### Document Information

## DOCUMENT INFORMATION

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RPM Section (cross-reference)	Section 11.38
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.38

## Source Requirements Documents

[DEAR 970.5244-1 Contractor Purchasing System \(May 2006\), Clause I.114\(a\)](#)

## Implementing Documents

Document number	Title	Type
12.01.002.001	<a href="#">Laboratory Procurement Standard Practices Manual</a>	Manual
12.01.002.002	<a href="#">Procurement and Property Management</a>	Website

# Property, Plant, and Equipment (PP&E) and Internal Use Software (IUS)

## Brief

Title:	Property, Plant, and Equipment (PP&E) and Internal Use Software
Publication date:	3/6/2014
Effective date:	3/6/2014

## BRIEF

### Policy Summary

This policy provides guidance for the appropriate financial accounting of Berkeley Lab's Property, Plant, and Equipment (PP&E), in accordance with Chapter 10 of the Department of Energy (DOE) *Financial Management Handbook* and other applicable regulations. This replaces the policies for *Capital Equipment Fabrications*, *Construction Work in Progress*, and *Accounting for Internal Use Software (IUS)*.

### Who Should Read This Policy

Any Berkeley Lab employee involved with the purchase of a capitalizable PP&E asset

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Property Accountant](#)

## Policy

Title:	Property, Plant, and Equipment (PP&E) and Internal Use Software
Publication date:	3/6/2014
Effective date:	3/6/2014

## POLICY

### A. Purpose

This policy provides guidance for the appropriate financial accounting of Lawrence Berkeley National Laboratory's (Berkeley Lab's) Property, Plant, and Equipment (PP&E), in accordance with Chapter 10 of the Department of Energy (DOE) *Financial Management Handbook* and other applicable regulations. This replaces the policies for *Capital Equipment Fabrications*, *Construction Work in Progress*, and *Accounting for Internal Use Software (IUS)*.

### B. Persons Affected

Any Berkeley Lab employee involved with the purchase of a capitalizable PP&E asset

### C. Exceptions

None

## D. Policy Statement

1. PP&E accounting includes all phases of the financial accounting life cycle as it relates to items that exceed the capitalization threshold, including internal-use software (IUS). The financial accounting life cycle for PP&E includes acquisition/capitalization, depreciation/amortization and accounting, and disposition/retirement.
  - a. The Laboratory will capitalize individual items that are purchased, constructed, or fabricated in-house, including major modifications or betterments to any of these items, if they have an anticipated service life of two years or more and if the cost meets the capitalization threshold.
  - b. The capitalization threshold for purchased assets, fabricated assets, construction, betterments, and capital leases placed in service prior to October 1, 2011, is \$50,000. For items placed in service on or after that date, the threshold is \$500,000.
    - i. The threshold includes costs to purchase and/or fabricate and includes freight, installation, and any applicable taxes. Internal labor costs may also be included if they are incrementally identified to the specific project and appropriately tracked and documented.
    - ii. The item must be tangible and capable of specific identification and continuous control through tagging and periodic physical inventory.
  - c. The capitalization threshold for IUS is \$750,000. IUS includes purchased commercial off-the-shelf (COTS) software, internally developed software, and contractor-developed software. Additional information on elements of capitalizable costs is included in Section D.2.b.vi.
  - d. The Laboratory will capitalize related items that individually cost less than the capitalization threshold but that collectively cost more than the capitalization threshold, such as the initial complement of equipment (for example, office equipment) for a building, if current costs would be distorted in a given period by charging such items to expense accounts.
  - e. Items that are inherently experimental, used as special tools, or, by nature of their association with a particular scientific experiment, not expected to have an extended useful service life or an alternative future use are not capitalized.
2. **Acquisition/Capitalization**
  - a. **Identification and Monitoring of Costs**
    - i. Capitalizable assets/projects are identified by division resource analysts (RAs). The first step in the capitalization process is opening the project in the financial system and segregating costs that will require capitalization.
    - ii. There are specific requirements concerning project setup (e.g., burdens, Budget & Reporting [B&R] code/color of money, etc.). RAs are strongly encouraged to seek assistance from General Accounting/the Property Accountant or the Budget Office if they are unfamiliar with these requirements.
    - iii. RAs complete and submit the Plant and Capital Equipment (PACE) Project Life Cycle form to the Property Accountant at [propertyaccounting@lbl.gov](mailto:propertyaccounting@lbl.gov). The Property Accountant reviews the PACE form and forwards it to the Budget Office. The Budget Office verifies that funding has been secured in the appropriate color of money and updates the project status to "open." Once the project is in open status, the division can begin to incur costs against the project.
    - iv. Over the course of acquisition, the RA monitors the costs at the project level. In addition, the Property Accountant monitors the costs incurred to Construction Work in Progress (CWIP) or Software Work in Progress (SWIP). Costs will be recorded in the CWIP/SWIP account(s) until the project is completed and the item placed in service and capitalized.

- b. **Types of Capitalizable PP&E Assets.** Capitalizable PP&E assets fall into the following categories:
- i. **Purchased Assets.** A purchased asset is a procured item that meets the capitalization criteria.
  - ii. **Fabricated Assets.** A fabricated asset project must be a unique or custom device not available in the open market. It must be a self-constructed asset built at Berkeley Lab to be used for or by Berkeley Lab employees. Fabrications will include fully loaded Berkeley Lab labor as part of the total cost. To qualify as a fabrication, any modification or improvement of off-the-shelf equipment must be a betterment that significantly increases its value, functionality, or life.
  - iii. **Construction.** Construction is the erection, installation, or assembly of a new plant facility. Construction includes equipment installed in and made part of the facility and related site preparation; excavation, filling and landscaping, or other land improvements; and the design of the facility.
  - iv. **Betterments.** Betterments are (1) improvements that result in better quality, higher capacity, or an extended useful life; or (2) work that is required to accommodate regulatory and other requirement changes. Although a particular project may meet the characteristic of a betterment, if the capitalization criteria are not met or the improvement added is insignificant, the project should be expensed. Betterments are capitalized when they are significant and they meet the capitalization criteria.
    1. Determining when and to what extent an expenditure should be treated as a betterment requires judgment. General Accounting/the Property Accountant should be contacted to discuss capitalization requirements as they relate to betterments.
  - v. **Leases.** Typically, leased items are funded by operating funds, and as operating leases, at Berkeley Lab.
    1. If at its inception a lease is considered capital, the asset will be capitalized appropriately. A capital lease is an agreement that transfers substantially all the benefits and risks of ownership to the lessee. If at its inception a lease meets one or more of the capital-lease criteria, it should be classified as a capital lease. A lease is considered a capital lease if:
      - a. There is a transfer of ownership to the lessee at the end of the lease term
      - b. There is an option to purchase the asset at a "bargain price" at the end of the lease term
      - c. The lease life exceeds 75% of the life of the asset
      - d. The present value of the lease payments, discounted at an appropriate discount rate, exceeds 90% of the fair market value of the asset
    2. General Accounting works in partnership with Procurement to identify capital lease transactions.
    3. Certain leases have an option that allows the Laboratory to purchase the item at a prenegotiated price during or at the end of the lease period (lease to own). When the decision is made that the leased asset will be "purchased" and the asset meets the capitalization criteria, the Property Accountant will ensure that all appropriate accounting entries are made to recognize the purchased asset.
  - vi. **Internal Use Software.** IUS includes the purchase, development, or modification of software for use by the Laboratory. IUS is subject to different capitalization criteria, as prescribed by the DOE Statement of Federal Financial Accounting Standards (SFFAS) No. 10, *Accounting for Internal Use Software*.
    1. The Laboratory will capitalize cost if it has an anticipated service life of two years or more and if specific costs meet the capitalization threshold of \$750,000. Types of IUS include:
      - a. Purchase of commercial off-the-shelf (COTS) software
      - b. Software development cost developed software
        - i. The \$750,000 threshold applies to software "development" costs in Phase II only (see Table 1 for what costs are to be capitalized.)

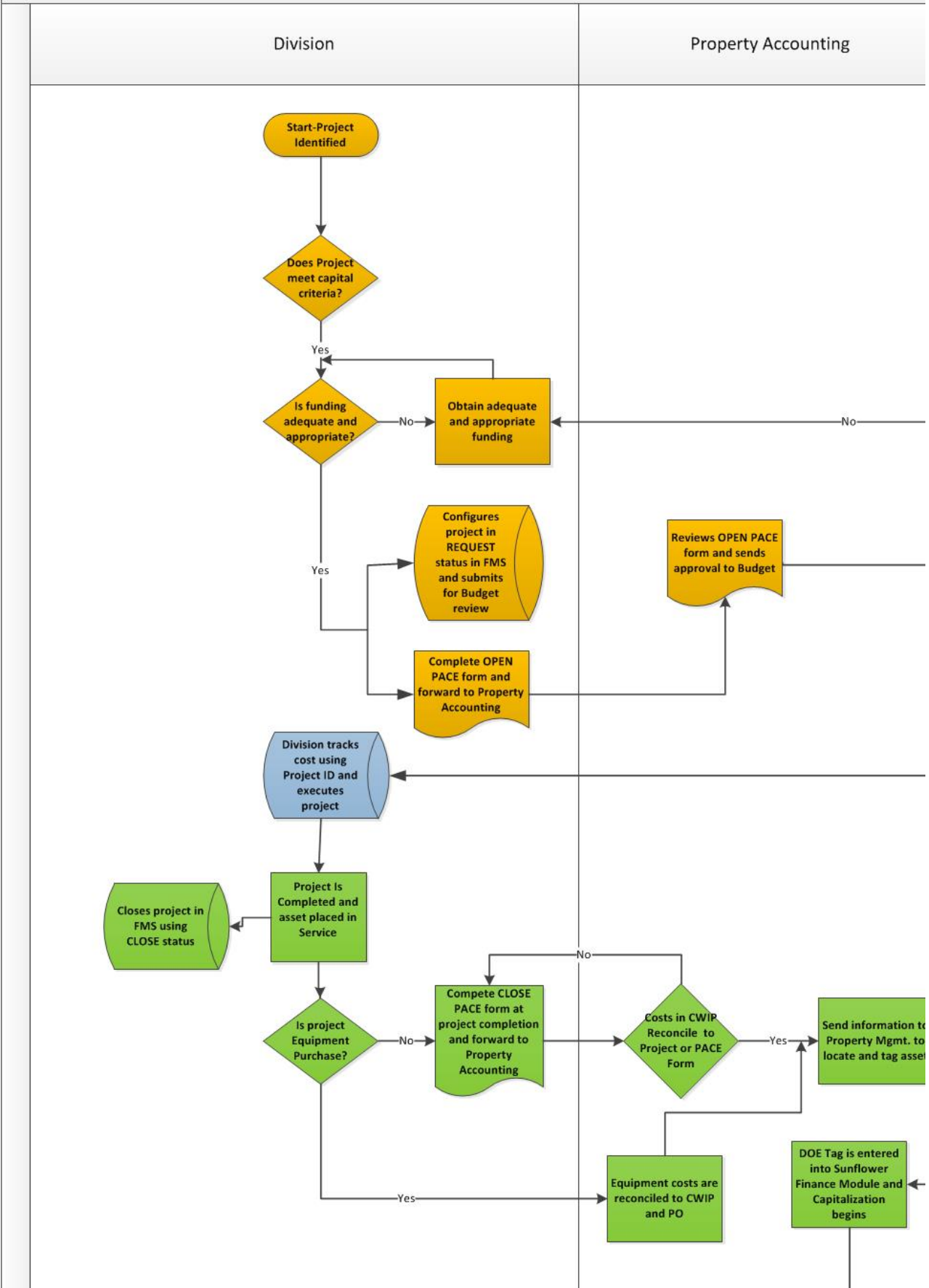
PHASE I	PHASE II
<b>Systems Planning or Conceptual Design</b> <i>(Do Not Capitalize)</i>	<b>Software Development</b> <i>(Capitalize)</i>
<ul style="list-style-type: none"> <li>• Conceptual formulation of alternatives</li> <li>• Evaluation and testing of alternatives</li> <li>• Determination of existence of needed technology</li> <li>• Final selection of alternatives</li> </ul>	<ul style="list-style-type: none"> <li>• Design of chosen path configuration and software</li> <li>• Coding</li> <li>• Installation to hardware</li> <li>• Testing, including performance</li> </ul>

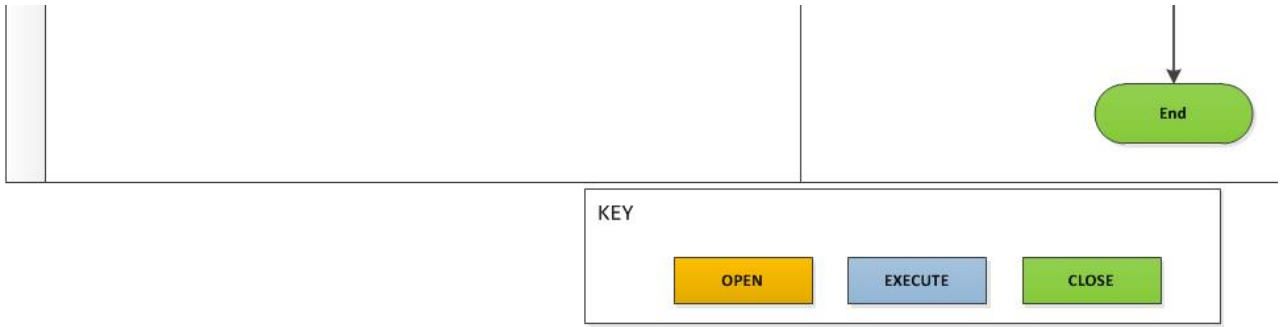
- ii. The \$750,000 threshold applies to the aggregate development cost, regardless of whether it is deployed (put in use) in incremental stages.
- iii. Costs that meet the capitalization criteria should be accumulated separately (using a separate Project ID) from other costs that do not meet the capitalization criteria.
2. Enhancements are capitalized if they add significant new capabilities or functionality and meet the capitalization criteria.
3. Other software costs not capitalized:
  - a. R&D/experimental software not having a useful life of two years or more
  - b. Legacy waste software. Primary purpose of the software is to support activities associated with environmental cleanup efforts.
  - c. Application maintenance

- c. **Capitalization.** Upon completion of a fixed asset acquisition, as in most cases reflected in a project status of "closed," the Property Accountant will: (1) verify the capitalizable costs, (2) verify tagging of the asset with Property Accounting, and (3) transfer costs from CWIP/SWIP to the appropriate fixed asset account to begin depreciation/amortization, using the depreciable life schedule included in Chapter 10 of the DOE *Financial Management Handbook*.
3. **Depreciation/Amortization and Accounting**
- a. Assets are recorded at acquisition cost and in accordance with definitions of asset types. The straight-line method of depreciation/amortization is used. Depreciation/amortization reduces the net book value (original acquisition value less cumulative depreciation/amortization expense life to date) on a monthly basis over the life of the asset. DOE has established useful lives for each asset category in Chapter 10 of the DOE *Financial Management Handbook*.
  - b. On a monthly basis, the fixed asset subsidiary ledger is reconciled to the Laboratory general ledger, which, in turn, is reconciled to DOE's Standard Accounting and Reporting System (STARS). This includes all fixed asset accounts and related accumulated depreciation/amortization accounts. At year end, a roll forward of the PP&E fixed asset and accumulated depreciation/amortization balances is performed.
4. **Disposition/Retirements**
- a. **Retirements.** Items identified as "retired" are no longer needed or in use at the Laboratory. Often these items are destroyed or have no residual value and therefore cannot be sold as part of the Laboratory bid and scrap sale processes.
  - b. **Trade-ins.** Items identified as "trade-ins" occur when Laboratory-owned property is accepted as partial payment for the purchase of a new asset. Trade-ins require coordination of two transactions: (1) the disposition of the owned asset and (2) the acquisition and capitalization of the new asset. The division must work with Procurement to facilitate the trade-in transaction. The Exchange Notification Form is used to facilitate communication and appropriate accounting for the transaction between the division, Procurement, Property Management, and General Accounting.
  - c. **Sales.** Items identified as "sales" are sold through the Facilities bid, scrap, and online sales processes.
  - d. **Transfers Out.** As an integrated contractor, the Laboratory participates in the federal excess property process. GSA Standard Form (SF) 122 — Transfer Order — Excess Personal Property is used to facilitate transfer of federal excess property from one federal entity to another. Property Management prepares the SF 122 when Berkeley Lab is transferring property to another federal site, including other management and operating contractors.
  - e. **Accounting for Disposition/Retirement Transactions.** Based on actions taken in Property Management to dispose of or retire Laboratory property, the Laboratory's Sunflower Finance module generates the Final Event Report. The Final Event Report is considered the definitive source of information related to retirements, sales, trade-ins, and transfers out. The report includes fixed assets determined to be no longer needed, usable, or serviceable, or that no longer belong to the Laboratory.
    - i. When disposition of a capital item on the Final Event Report occurs:
      - 1. The related fixed asset is retired from the subsidiary PP&E ledger and removed from the Laboratory's balance sheet.
      - 2. The item is removed from the Final Event Report.
        - a. For further information on the disposition and retirement process, see *Controller's Office — Desk Guide: PP&E Final Event*.

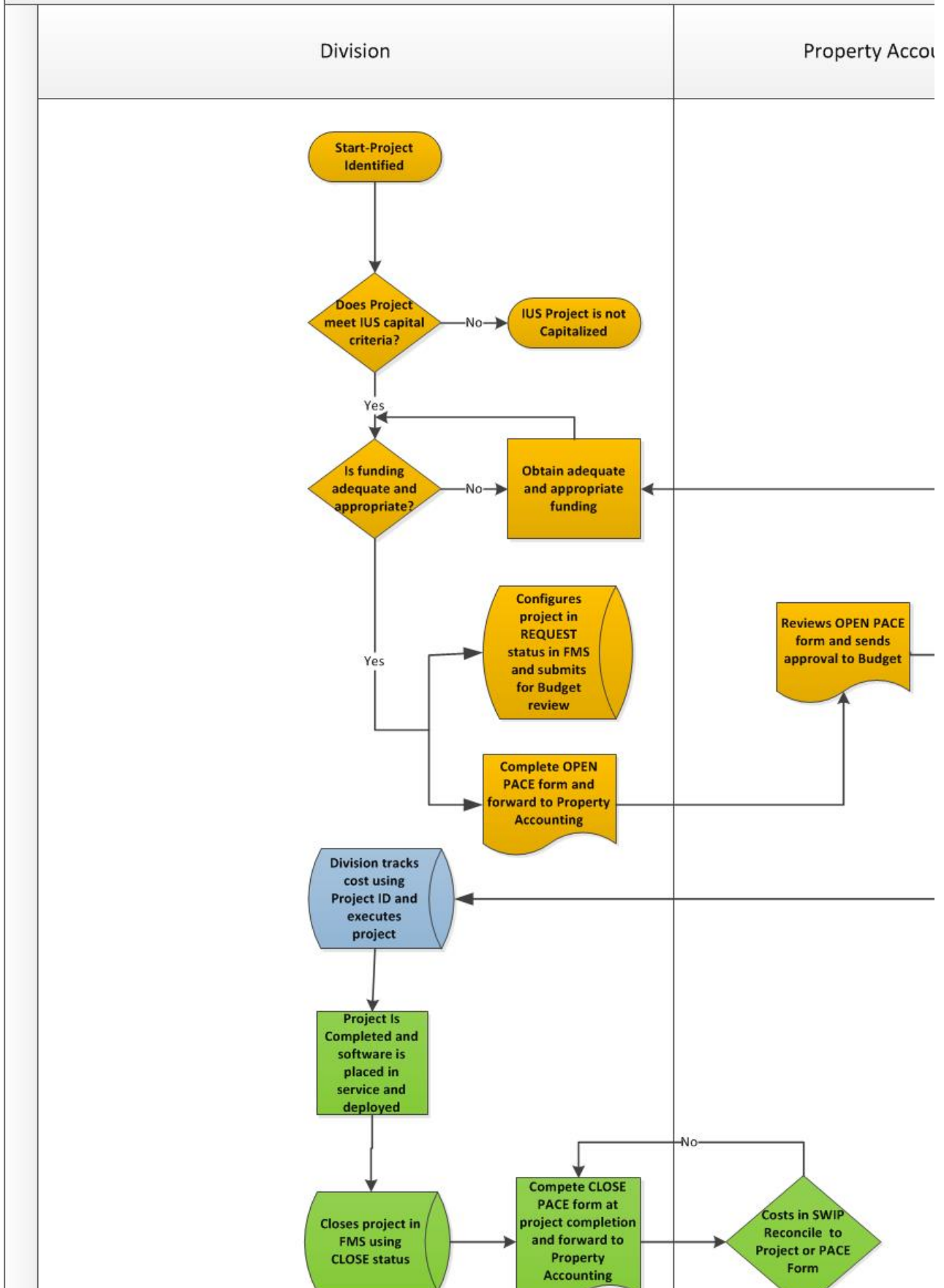


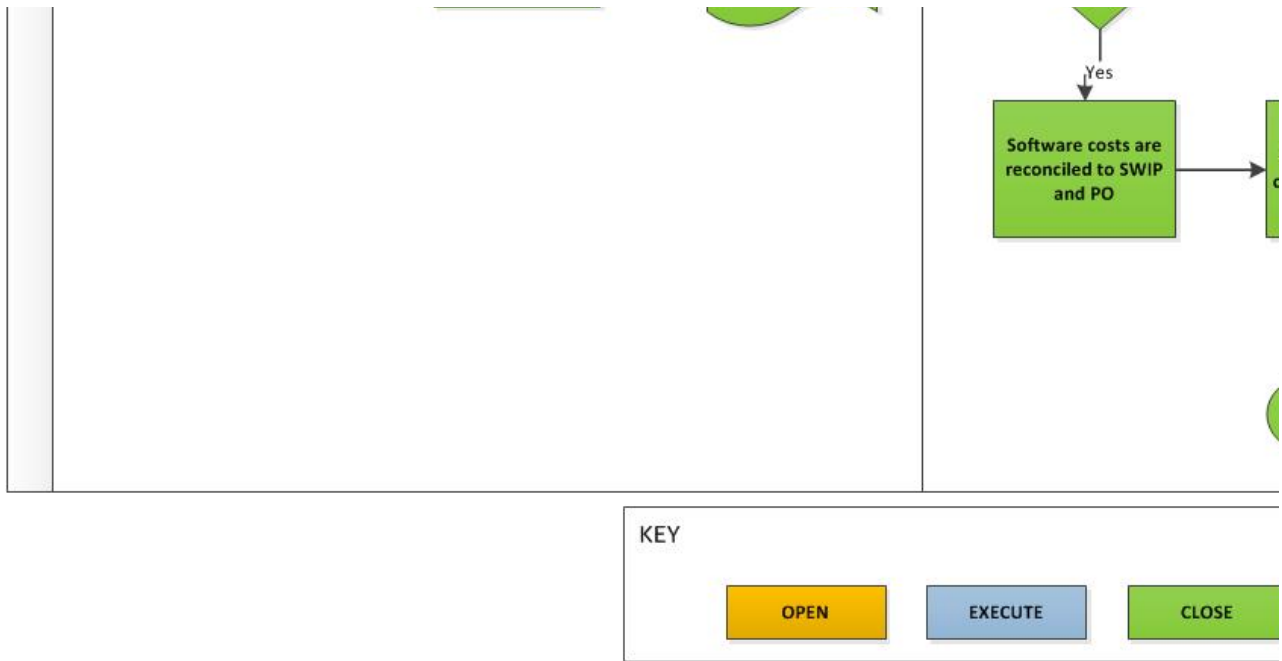
# Construction Work-In-Progress (CWIP) Project Accounting Procedure





# Internal Use Software Project Accounting Procedure





## E. Roles and Responsibilities

Role	Responsibility
Division	<ul style="list-style-type: none"> <li>Project initiation <ul style="list-style-type: none"> <li>Ensures appropriate funding is available to fund the project</li> <li>Establishes a project ID and completes a Plant and Capital Equipment (PACE) Life Cycle Form "new project"</li> </ul> </li> <li>Project monitoring</li> <li>Project closeout <ul style="list-style-type: none"> <li>When the project is completed and asset(s) have been placed in service, closes the project ID in FMS. For construction, equipment fabrication, and IUS projects, submits a completed (close) PACE Form with the final project costs to General Accounting Property Accounting</li> </ul> </li> </ul>
General Accounting Property Accountant	<ul style="list-style-type: none"> <li>Project initiation <ul style="list-style-type: none"> <li>Verify PACE Form data and coordinate with Budget Office to "open" the project</li> </ul> </li> <li>CWIP/SWIP monitoring</li> <li>Capitalization <ul style="list-style-type: none"> <li>Verify costs of closed CWIP/SWIP projects with completed PACE Form, as appropriate</li> <li>Submit electronic notification to Property Management for asset tagging, as needed</li> <li>Capitalize asset</li> </ul> </li> <li>Reconciliation of fixed asset accounts</li> <li>Retirement/Disposition <ul style="list-style-type: none"> <li>Monitor the Final Event Report and take appropriate action</li> </ul> </li> </ul>
Budget Office	<ul style="list-style-type: none"> <li>Project initiation <ul style="list-style-type: none"> <li>Validate that funding has been received and is available to cost <ul style="list-style-type: none"> <li>Change status to "open" the project</li> </ul> </li> </ul> </li> </ul>
Property Management/Receiving	<ul style="list-style-type: none"> <li>Identify and tag fixed assets; document transactions in the Sunflower system</li> <li>Dispose of/retire fixed assets in the ledger</li> </ul>
Procurement	<ul style="list-style-type: none"> <li>Assists in identification of capital lease transactions</li> <li>Facilitates trade in transactions and completes Exchange Notification Form</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Betterment	(1) Improvements that result in better quality, higher capacity, or an extended useful life; or (2) work that is required to accommodate regulatory and other requirement changes
Budget and Reporting (B&R) code classifications	DOE Budget and Reporting classification code. See Budget and Reporting (B&R) Code (Classification) definition in <a href="#">Glossary</a> .
Capital equipment	A movable, tangible item of equipment with a value meeting the capitalization threshold
Capitalization	In accounting, the recording of a fixed asset that allows the related value of the fixed asset (cost) to be allocated or depreciated (expensed) over the life of the asset
Commercial off-the-shelf (COTS)	Software, purchased from a vendor, that is ready with little or no changes
Construction	The erection, installation, or assembly of a new plant facility. Construction includes equipment installed in and made part of the facility; related site preparation, excavation, filling, landscaping, or other land improvements; and the design of the facility.
Construction Work in Progress (CWIP)	A general ledger account that captures in-process costs incurred for property, plant, and equipment that complies with accounting standards and capitalization criteria in Chapter 10 of the DOE <i>Financial Management Handbook</i> and <i>DOE PPE Best Practices</i> .
Contractor-developed software	Software that Berkeley Lab pays a contractor to design, program, install, and implement, including new software and the modification of existing or purchased software
Depreciation/(Amortization for IUS)	The allocation of the cost of an asset over the useful service life for accounting purposes
Fabrication	A tangible, self-constructed asset meeting the capitalization threshold. It must be a unique or custom-built device not available in the open market. To qualify as a fabrication, any modification or improvement of off-the-shelf equipment must be a betterment that significantly increases its value, functionality, or life.
Internal use software (IUS)	Software purchased off the shelf, internally developed, or contractor developed solely to meet the Laboratory's internal or operational needs
Internally developed software	Software that employees of the entity are actively developing, including new software and existing or purchased software that is being modified with or without a contractor's assistance
Plant	Land, buildings and improvements, associated infrastructure (e.g., electrical substations, piping systems, roads)
Software Work in Progress (SWIP)	A general ledger account that captures in-process costs incurred for software that complies with accounting standards and capitalization criteria in Chapter 10 of the DOE <i>Financial Management Handbook</i> and <i>DOE PPE Best Practices</i> .

## G. Recordkeeping Requirements

Role	Responsibility
General Accounting	Responsible for maintaining documentation to support (1) the capitalization of assets, (2) monthly feeder entries and reconciliation, and (3) retirement and disposition of assets

## H. Implementing Documents

Document Number	Title	Type
11.01.008.004	<i>DOE PP&amp;E Best Practices Accounting Guide, Revised March 5, 2013</i>	Official Guidance
11.01.008.001	<i>Property, Plant, and Equipment Capitalization Form</i>	Form
11.01.008.002	<i>Controller's Office — Desk Guide: PP&amp;E Capitalization</i>	Procedure
11.01.008.003	<i>Controller's Office — Desk Guide: PP&amp;E Final Event</i>	Procedure
11.01.008.005	Revised DOE Guidance on Computer Acquisitions, November 27, 1995	Official Guidance
11.01.008.006	<i>Internal Used Software Capitalization Form</i>	Form

## I. Contact Information

Property Accountant

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
7/19/2013	0	Rachelle Jeppson	Replaces CWIP and Capital Equipment Fabrication policies	All	Major
3/6/2014	1	Mary Beedle	Consolidates Internal Use Software policy into PPE policy	Multiple	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Property, Plant, and Equipment (PP&E) and Internal Use Software
Document number	11.01.008.000
Revision number	1
Publication date:	3/6/2014
Effective date:	3/6/2014
Next review date:	1/31/2015
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	
Functional Division	OCFO
Prior reference information (optional)	Combination of CWIP and Capital Equipment Fabrications

## Source Requirements Documents

*DOE Financial Management Handbook, Chapter 10, Plant and Capital Equipment*

## Implementing Documents

Document Number	Title	Type
11.01.008.004	<i>DOE PP&amp;E Best Practices Accounting Guide, Revised March 5, 2013</i>	Official Guidance
11.01.008.001	<i>Property, Plant, and Equipment Capitalization Form</i>	Form
11.01.008.002	<i>Controller's Office — Desk Guide: PP&amp;E Capitalization</i>	Procedure
11.01.008.003	<i>Controller's Office — Desk Guide: PP&amp;E Final Event</i>	Procedure
11.01.008.005	<i>Revised DOE Guidance on Computer Acquisitions, November 27, 1995</i>	Official Guidance
11.01.008.006	<i>Internal Used Software Capitalization Form</i>	Form

# Property Tagging

## Brief

Title:	Property Tagging
Publication date:	12/4/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

This policy describes the requirements for receipt, tagging, and data entry of sensitive and/or controlled high-value property shipped to Berkeley Lab and purchased through the eProcurement (ePro)/Procurement Card (Pcard) or eBuy systems.

### Who Should Read This Policy

This policy applies to Berkeley Lab Receiving and Property Management.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Receiving](#)  
Facilities Division

## Policy

Title:	Property Tagging
Publication date:	12/4/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy describes the requirements for receipt, tagging, and data entry of sensitive and/or controlled high-value property shipped to Berkeley Lab and purchased through the eProcurement (ePro)/Procurement Card (Pcard) or eBuy systems.

### B. Persons Affected

This policy applies to requesters, Berkeley Lab Procurement and Property Management, Central Receiving, Transportation, and the IT Division. These groups work together to ensure that all Berkeley Lab property is received, tagged, and documented per strict Department of Energy and Property Management guidelines.

### C. Exceptions

Not applicable

### D. Policy Statement



Material arriving at Central Receiving and categorized as sensitive and/or valued at \$10,000 or more must be bar-coded with a DOE property tag prior to delivery if the material can be safely accessed and/or handled without risk to the staff or equipment (i.e., weight threshold of 65 pounds per person, type of crating/packaging). Central Receiving must enter all information associated with a received asset into the Property Management database.

Central Receiving Material Handlers prepare material for delivery by following the steps below:

**1. Receiving Dock**

- a. Material Handler inspects the material for damage and annotates on the freight bill if damage is observed
  - i. If damage is observed, then refers to the Exceptions Work Instruction Notifies supervisor if damage is observed and/or discrepancies exist
- b. Scans each package into iBox
- c. Matches the package count with the courier manifest count
- d. Prior to receipt, stages material on pallets or on conveyor line in the designated receiving area

**2. Purchase Order/Pcard Receipt & DOE Tag**

- a. Material Handler logs into PeopleSoft by entering the user name and password provided by Procurement
- b. Selects "Receipts" from the submenu
- c. Selects the Add tab
- d. Enters the purchase order (PO) number
- e. Reviews the DOE Tag Required field or the Notes to the Receiver field
- f. Verifies material cost to determine whether a DOE property tag is required
- g. If the material meets receiving criteria for tagging (i.e., the material is categorized as sensitive and/or valued at \$10,000 or more), Central Receiving:
  - i. Records DOE property, serial, and model numbers on the packing list
  - ii. Enters DOE property, serial, and model numbers in the Asset Information field (see LOGIS-008 Exhibits, Exhibit D)
  - iii. Affixes the DOE property tag to the item per LBNL Procurement Asset Tagging Spec. (10/07) (see LOGIS-008 Exhibits, Exhibit E)
  - iv. Enters "Generate Receipt"
  - v. Enters "Save" (a PeopleSoft receipt number is generated). See LOGIS-008 Exhibits, Exhibit F.
  - vi. Enters the Receipt number on the packing list
  - vii. Scans material into iBox
  - viii. Selects "signature required" in the "Receipt" field if a DOE property tag is required (i.e., if the material or property is a sensitive or high-value item):
    - 1. Computers, software
    - 2. High-value item (more than \$10,000)
    - 3. Property that is highly portable, easily converted to personal use
  - ix. Places documentation in the PO receipt file

**3. Staging Material for Delivery**

- a. Places large items on pallets
- b. Places small packages (weighing less than 50 pounds) on a designated Transportation delivery cart
- c. Affixes the iBox-generated address label to the package (See LOGIS-008 Exhibits, Exhibit A)

**E. Roles and Responsibilities**

Role	Responsibility
Procurement	<ul style="list-style-type: none"> <li>• Reviews ePro-generated requisition to determine whether item requested is a controlled or high-value (more than \$10,000) item</li> <li>• Ensures the DOE Tag field in PeopleSoft ePro is checked</li> </ul>
Central Receiving Material Handler	<ul style="list-style-type: none"> <li>• Off-loads courier and freight deliveries</li> <li>• Performs a "Receive Scan" to verify delivery package counts</li> <li>• Performs receipt of controlled and high-value items when applicable</li> <li>• Ensures that a DOE Property Tag is affixed to all controlled and/or high-value items except for items that require tagging in the field</li> <li>• Enters all required property information into PeopleSoft</li> <li>• Scans material into the iBox tracking system</li> <li>• Creates and maintains hard copies of packing slips at receipt location containing PO information</li> </ul>
Central Receiving Material Specialist	<ul style="list-style-type: none"> <li>• Is the prime point of contact for Central Receiving</li> <li>• Determines disposition of material and paperwork when error/damage has been observed</li> <li>• Provides guidance and direction to material handlers</li> <li>• Coordinates with Transportation personnel to deliver nonroutine items</li> <li>• Performs all duties assigned to Central Receiving material handlers</li> </ul>
Sr. Material Specialist	Receiving, Property Tagging
Technical Supervisor	Provides line management to the Receiving, Transportation, and Shipping functions Ensures staff compliance with all Berkeley Lab, DOE, and DOT requirements

## F. Definitions/Acronyms

Term	Definition
Controlled Property	Property that has a purchase or fabrication cost that justifies maintaining continuous records on it (currently equipment valued at \$5000 or more) and has a life expectancy of more than two years. Controlled Property may also be a component of a larger piece of equipment when the component substantially retains its original physical appearance.
eBuy	The Laboratory's electronic commerce ordering system for purchasing low-value catalog items. eBuy allows Laboratory personnel to purchase items directly from a supplier's Web catalog.
eProcurement (ePro)	An online ordering source that is part of the PeopleSoft/Oracle Financial Management System (FMS) and is used for processing the Laboratory's purchases via the Procurement Department.
High Value	Property/material that is valued at \$10,000 or more
iBox Tracking System	The barcode scanning program used by Receiving personnel to document the receipt of all material arriving at the LBNL Receiving dock. This receipt process is called "Sorting."
Pcard	Credit card issued to designated Berkeley Lab personnel for purchasing goods and services
Sensitive Property	Property that is highly portable, easily converted to personal use and is more susceptible to theft than other equipment. Sensitive property must be bar-coded and is subject to Laboratory inventory requirements. The property listed below is considered "sensitive property" regardless of its acquisition cost: <ul style="list-style-type: none"> <li>• Computers (desktop/laptop)</li> <li>• Personal digital assistant (PDA) devices, such as Palm or BlackBerry devices, iPhones</li> <li>• Printers</li> <li>• Portable handheld radios</li> <li>• Recorders/players, including digital recorders, dictation devices, CD/DVD/MP3 players</li> <li>• Still and video cameras, including digital single-lens-reflex (SLR) cameras and digital video cameras</li> <li>• Video projectors</li> <li>• Powered headsets, such as noise-cancelling headsets</li> </ul>

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
LOGIS-003	<a href="#">Central Receiving – Property Tagging</a>	Procedure

## I. Contact Information

[Receiving](#)  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Chen	Rewrite for wiki (brief)	All	Minor
12/4/2012	1	L. Chen	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Property Tagging
Document number	09.03.007.000
Revision number	1
Publication date:	12/4/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Shipping and Receiving
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- Code of Federal Regulations, Title 49, Transportation, Parts 100-1699, *Other Regulations Relating to Transportation*
- Berkeley Lab *Property Manual* (PUB-3032)
- Personal Property Policy Manual, Section 3.1, *Receiving and Property Tagging*

## Implementing Documents

Document number	Title	Type
LOGIS-003	<a href="#">Central Receiving – Property Tagging</a>	Procedure

# Quality Assurance Policy

Title:	Quality Assurance Policy
Publication date:	8/15/2014
Effective date:	8/1/2011

## BRIEF

### Policy Summary

Berkeley Lab must establish and maintain a quality assurance system in accordance with good business practices and contract requirements.

### Who Should Read This Policy

- Senior-level management, including the Laboratory Director, the Assistant Laboratory Director for Operations (ALDO), the Office of Institutional Assurance (OIA), division directors, and department heads
- Berkeley Lab employees who develop internal procedures or processes; maintain and disposition records; procure goods and services; perform equipment or software design activities; fabricate items, equipment, or systems; perform construction activities; inspect, test, and/or maintain items and equipment; perform assessments; and/or manage issues and associated corrective actions

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page.

### Contact Information

Assurance and Quality Program Manager  
Office of Contractor Assurance  
[MCGravois@lbl.gov](mailto:MCGravois@lbl.gov)

Title:	Quality Assurance Policy
Publication date:	8/15/2014
Effective date:	8/1/2011

## POLICY

### A. Purpose

This policy is designed to establish, implement, and maintain Lawrence Berkeley National Laboratory's quality assurance system in a manner that ensures compliance with U.S. Department of Energy (DOE) requirements and customer agreements, and continued scientific research and programmatic success.

### B. Persons Affected

Berkeley Lab employees who develop internal procedures or processes; maintain and disposition records; procure goods and services; perform equipment or software design activities; fabricate items, equipment, or systems; oversee construction or perform construction activities; inspect, test, and/or maintain items and equipment; perform internal or external assessments; and/or manage issues and associated corrective actions through resolution.

### C. Exceptions

Not applicable.

### D. Policy Statement

Berkeley Lab must establish and maintain a system for performing all activities in a reliable, safe, and quality manner in accordance with good industry business practices and requirements set forth in DOE Contract No. DE-AC02-05CH11231 and any Berkeley Lab-generated requirements and policies. For specific details, refer to the Quality Assurance Program Description (PUB-3111). The system for implementing quality requirements must include at least controls for:

1. Developing procedures and other implementing documents for work processes that must be repeatable and sustainable
2. Training and qualifying people who perform quality-affecting functions, including those who perform inspections, testing, and audits
3. Qualifying suppliers
4. Inspecting and testing items, equipment, systems, structures, and components
5. Identifying and dispositioning nonconforming items, including Suspect/Counterfeit Items (S/CIs)
6. Engineering design for hardware, software, systems, and facilities
7. Managing issues and associated corrective actions through resolution
8. Performing management assessments and
9. Performing audits

S/CIs identified through inspection, testing, or other assessment activities must be reported to the Office of Contractor Assurance and the Occurrence Reporting and Processing System (ORPS) Coordinator, and documented in the ORPS database.

### E. Roles and Responsibilities

Role	Responsibility
Laboratory Director	<ul style="list-style-type: none"> <li>• Provides the institutional authority for the Quality Assurance Program Description (QAPD)</li> <li>• Ensures the full cooperation of divisions in implementing the requirements of the plan</li> </ul>
Associate Laboratory Director for Operations (ALDO)	<ul style="list-style-type: none"> <li>• Communicates the QAPD to all Laboratory divisions and other appropriate organizations</li> <li>• Ensures its full implementation</li> </ul>
Office of Institutional Assurance (OIA)	<ul style="list-style-type: none"> <li>• Develops and maintains the QAPD</li> <li>• Assesses implementation of the plan by divisions and other appropriate organizations</li> </ul>
Division directors and department heads	<ul style="list-style-type: none"> <li>• Ensure that QAPD requirements are communicated and implemented in their responsible areas</li> <li>• Assess implementation of the plan by divisions and other appropriate organizations</li> </ul>
Berkeley Lab employees	<p>Are individually responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with these requirements and</li> <li>• The quality of their work</li> </ul>

### F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Assessment	The act of reviewing, inspecting, testing, checking, conducting surveillances, auditing, or otherwise determining and documenting whether items, processes, or services meet specified requirements
Configuration Management	The process of identifying and defining the configuration items in a system, controlling the release and change of these items throughout the system life cycle, and the recording and reporting of the status of configuration items and change requests
Document	Written, visual, audio-, or video-recorded information stored in the form of hard copy, film, magnetic tape, electronic data, or in an online, Web-based format
Graded Approach	The process by which the level of analysis, documentation, verification, and other controls necessary to comply with program requirements are developed commensurate with specified factors
Issues Management	The process by which issues are managed and tracked through resolution to prevent recurrence
Item	An all-inclusive term used in place of any of the following: assembly, component, equipment, material, module, structure, software, subassembly, subsystem, system, unit, support system. or data
Nonconformance	A deficiency in a characteristic or record that renders the quality of an item or sample unacceptable or indeterminate
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
Procedure	A series of specific steps to be followed to accomplish work or to carry out a policy or requirement. Procedures are controls meant to mitigate risk, improve efficiency, or assure compliance. Examples: Obtaining a Berkeley Lab badge, maintaining the Laboratory's 12 kV electrical system, completing a travel expense form
Quality	The condition achieved when an item, service, or process meets or exceeds the user's requirements and expectations
Quality Assurance	All those planned and systematic actions necessary to provide adequate confidence that an item will perform satisfactorily in service
Record	All books, papers, maps, photographs, machine-readable materials, or other documentary materials — regardless of physical form or characteristics — made or received that are preserved or appropriate for preservation that serves as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities.
Requirement	A specific obligation to perform an action mandated by Berkeley Lab senior management or the federal, state, or local government; or to comply with the Laboratory's contract with the U.S. Department of Energy; or to comply with agreements made between the Laboratory and its corporate manager, the University of California

Suspect/ Counterfeit Items	<p>A component or assembly of questionable manufacture and/or origin, i.e., known to have been previously counterfeited, or having sufficient physical attributes to raise questions as to its acceptability. These include mechanical components (e.g., fasteners, bolts, studs, fittings, valves, flanges, and couplings), and electrical/ electronic components (e.g., semiconductors and circuit breakers).</p> <p>Parts made of inferior materials and/or that are incorrectly processed, and intentionally marked or labeled to indicate that they comply with appropriate design/technical criteria</p>
Validation	<p>The process of: (a) evaluating a system or component during or at the end of the development process to determine whether it satisfies specified requirements or (b) providing evidence that the software and its associated products satisfy system requirements allocated to software at the end of each life-cycle activity; solve the right problem (e.g., correctly model physical laws, implement business rules, use the proper system assumptions); and satisfy the intended use and user needs (Reference: <i>IEEE Standard 1012-2004</i>)</p>
Verification	<p>The process of: (a) evaluating a system or component to determine whether the products of a given development phase satisfy the conditions imposed at the start of that phase or (b) providing objective evidence that the software and its associated products conform to requirements (e.g., for correctness, completeness, consistency, accuracy) for all life-cycle activities during each life-cycle process (acquisition, supply, development, operation, and maintenance); satisfy standards, practices, and conventions during life-cycle processes; and, successfully complete each life-cycle activity and satisfy all the criteria for initiating succeeding life-cycle activities (e.g., building the software correctly) (Reference: <i>IEEE Standard 1012-2004</i>)</p>

Acronym	Term
ALDO	Associate Laboratory Director for Operations
QAPD	<i>Quality Assurance Program Description</i> (PUB-3111)
ORPS	Occurrence Reporting and Processing System
QA	Quality Assurance
RPM	<i>Requirements and Policies Manual</i> (PUB-201)
S/CI	Suspect/Counterfeit Item

## G. Recordkeeping Requirements

Records used to demonstrate objective evidence of performance of quality assurance requirements must be maintained in accordance with records-retention requirements outlined in Berkeley Lab's *Requirements and Policies Manual* (RPM) and Laboratory implementing documents.

## H. Implementing Documents

Document Number	Title

PUB-5519 (1)	<i>Issues Management Program Manual</i>
PUB-5519 (2)	<i>Causal Analysis Program Manual</i>
PUB-5519 (3)	<i>Data Monitoring and Analysis Program Manual</i>
PUB-5519 (4)	<i>Lessons Learned and Best Practices Program Manual</i>
10.06.001.001	<i>Document Management Process</i>
10.06.001.000	<i>Document Management Policy</i>
10.03.001.000	<i>Archives and Records Management Policy</i>
04.02.002.000	<i>Issues Management Policy</i>
04.02.003.000	<i>Organizational Self-Assessment Policy</i>

## I. Contact Information

Questions on this policy should be directed to:  
Assurance and Quality Program Manager  
Office of Contractor Assurance  
[MCGravois@lbl.gov](mailto:MCGravois@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/1/2011	1	M. Gravois	Re-write for Wiki conversion	All	Minor
8/15/2014	1.1	M. Gravois	Regular review	D	Minor

## DOCUMENT INFORMATION

Title:	Quality Assurance Policy
Document number	04.03.001.000
Revision number	1.1
Publication date:	8/15/2014



Effective date:	8/1/2011
Next review date:	8/15/2017
Policy Area:	Quality Assurance
RPM Section (home)	Contractor Performance Management
RPM Section (cross-reference)	none
Functional Division	Office of Contractor Assurance
Prior reference information (optional)	RPM Section 8.01

## Source Requirements Documents

- 10 CFR 830, *Nuclear Safety Management*
- DOE Order 414.1D, *Quality Assurance*
- Contract 31, Section H.30, *Contractor Assurance System*
- PUB-3111, *LBNL Quality Assurance Program Description(QAPD)*
- PUB-5520, *UC Contractor Assurance System Description for LBNL*

## Implementing Documents

Document Number	Title	
PUB-5519 (1)	<i>Issues Management Program Manual</i>	System
PUB-5519 (2)	<i>Causal Analysis Program Manual</i>	System
PUB-5519 (3)	<i>Data Monitoring and Analysis Program Manual</i>	System
PUB-5519 (4)	<i>Lessons Learned and Best Practices Program Manual</i>	System
10.06.001.001	<i>Document Management Process</i>	Process
10.06.001.000	<i>Document Management Policy</i>	Policy
10.03.001.000	<i>Archives and Records Management Policy</i>	Policy
04.02.002.000	<i>Issues Management Policy</i>	Policy
04.02.003.000	<i>Organizational Self-Assessment Policy</i>	Policy

# Radioactive Materials

## Brief

Title:	Radioactive Materials
Publication date:	11/5/2013
Effective date:	11/5/2013

## BRIEF

### Policy Summary

This policy describes Berkeley Lab's approach to ensuring the safe control of radioactive material and radioactive items. Policies and practices include:

- Control and accountability of radioactive material
- Inventory control and quarterly reports
- Physical security of nuclear and radioactive material

### Who Should Read This Policy

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH21.html>

## Contact Information

David Kestell  
Radiological Control Manager  
Environment/Health/Safety Division  
Environment, Waste, and Radiation Protection Department  
[djkestell@lbl.gov](mailto:djkestell@lbl.gov)

## Policy

Title:	Radioactive Materials
Publication date:	11/5/2013
Effective date:	11/5/2013

## POLICY

### A. Purpose

This policy describes Berkeley Lab's standards for controlling radioactive materials, radioactive items, and radioactive sources.

### B. Persons Affected

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

## C. Exceptions

Not applicable

## D. Policy Statement

Berkeley Lab applies radiological safety practices to control radioactive material and radioactive items. Policies and practices include:

- Control and Accountability of Radioactive Material
- Inventory Control and Quarterly Reports
- Physical Security of Nuclear and Radioactive Material

Berkeley Lab's Radiation Protection Group (RPG) has responsibility for establishing programs and procedures that address these requirements.

### D.1 Control and Accountability of Radioactive Material

1. **General:** Only radioactive material authorized by an approved RPG-issued work authorization will be procured. All incoming shipments of radioactive materials will be delivered to the RPG for survey and inclusion in the Laboratory inventory control system prior to being delivered to their intended final destination.
2. **Nuclear Material Control and Accountability Program:** Nuclear materials are materials that DOE has identified as requiring special controls to prevent their loss or theft. The Nuclear Material Control and Accountability Program at Berkeley Lab is outlined in the institutional program procedure *Material Control and Accountability Plan (MCAP)*, and implemented via EHS Procedure 740, *Nuclear Material Control and Accountability*, by the RPG Nuclear Material Representative (NMR).

### D.2 Inventory Control and Quarterly Reports

Radioactive materials must be controlled at all times. Each principal investigator (PI) or assigned custodian is responsible for maintaining accurate records of the amount and type of radioactive material in storage and use in his or her laboratory. All transfers, receipts, and movements of radioactive materials must be coordinated with the RPG. Each quarter, RPG provides a Quarterly Inventory Report (QIR) to the PI. The PI must promptly update the report, noting the location of all materials and whether the materials are in use, in storage, or have been disposed of as radioactive waste.

Sealed radioactive sources must be signed out, and the use location must be tracked. The RPG performs periodic inventory audits for all radioactive materials, including sealed sources.

### D.3 Physical Security of Nuclear and Radioactive Material

DOE nuclear-material control requirements consist of four function areas: access controls, material surveillance, material containment, and detection/assessment. Berkeley Lab maintains a rigorous nuclear-material control program. Berkeley Lab's nuclear-material containment policy is based on the graded safeguards approach and the consequence of loss. The material surveillance program implemented at Berkeley Lab includes storage/use area proximity alarms, video surveillance, and standardized administrative controls.

Radioactive materials not defined as DOE nuclear material must also be accounted for and protected from theft or misuse. Radioactive materials should be stored and used in limited-access facilities and secured when not in use.

## E. Roles and Responsibilities

Role	Responsibility
Nuclear Material Representative (NMR)	<ul style="list-style-type: none"> <li>Implements Procedure EHS Procedure 740, <i>Nuclear Material Control and Accountability</i></li> </ul>
Principal investigator (PI)	<ul style="list-style-type: none"> <li>Maintains accurate records of the amount and type of radioactive material in storage and use in his or her laboratory</li> <li>Protects radioactive materials from theft and misuse</li> <li>Completes the Quarterly Inventory Report</li> </ul>
Radiation Protection Group (RPG)	<ul style="list-style-type: none"> <li>Authorizes procurement of radioactive materials</li> <li>Receives and surveys incoming and outgoing radioactive material shipments</li> <li>Enters radioactive materials into the inventory control system</li> <li>Delivers incoming shipments of radioactive materials to their final destination</li> <li>Provides PIs with Quarterly Inventory Reports</li> <li>Performs periodic radioactive material inventory audits</li> <li>Manages the Berkeley Lab Nuclear Material Control and Accountability Program</li> </ul>
Workers	<ul style="list-style-type: none"> <li>Sign out and track use locations of sealed sources</li> <li>Protect radioactive materials from theft and misuse</li> <li>Coordinate transfers, receipts, and movements of radioactive materials with RPG</li> </ul>

## F. Definitions/Acronyms

Term	Definition
NMMSS	Nuclear Materials Management and Safeguard System
Nuclear materials	Materials that DOE has identified as requiring special controls to prevent their loss or theft
QIR	Quarterly Inventory Report
Sealed radioactive sources	Radioactive materials encapsulated or plated in such a way that they will not be released under normal conditions

## G. Recordkeeping Requirements

The care, maintenance, and disposition of RPG records will be done in accordance with Berkeley Lab records management policies and procedures, as listed in the *Requirements and Policies Manual* (PUB-201).

## H. Implementing Documents

Document number	Title	Type
EHS 776	Material Control and Accountability Plan (MCAP)	Program
EHS 708	Survey of Potentially Contaminated Materials and Equipment for Unrestricted Release	Procedure
EHS 711	Sealed Radioactive Source Program	Procedure
EHS 740	Nuclear Material Control and Accountability	Procedure
07.08.001.001	Radiation Protection Program	Program
EHS 750	Receipt of Radioactive Materials	Procedure
EHS 750.1	Radioactive Materials Inventory Control	Procedure
EHS 750.2	Off-site Shipping of Radioactive Material	Procedure

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/5/2013	0	Q. Le	Re-write for wiki	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Radioactive Materials
Document number	07.08.004.000
Revision number	0
Publication date:	11/5/2013
Effective date:	11/5/2013
Next review date:	11/5/2016
Policy Area:	Radiation Protection
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	

## Source Requirements Documents

- 10 CFR 835.1202, *Accountable Sealed Radioactive Sources*
- 10 CFR 835 Appendix E, *Values for Establishing Sealed Radioactive Source Accountability and Radioactive Material Posting and Labeling Requirements*
- DOE Order 460.1C, *Packaging and Transportation Safety*
- DOE Order 231.1B, *Environment, Safety and Health Reporting*
- DOE Order 474.2, *Nuclear Material Control and Accountability*
- 49 CFR Subtitle B, U.S. Department of Transportation (DOT) Rule, *Other Regulations Relating to Transportation*, Chapter 1
- DOE Order 458.1, *Radiation Protection for the Public and the Environment*

## Related Berkeley Lab Policies

07.08.001.000 Radiological Control – Overview  
 07.08.002.000 Radiological Control Standards  
 07.08.003.000 Conduct of Radiological Work  
 07.08.005.000 Radiological Health Support Operations  
 07.08.006.000 Radiological Training

## Implementing Documents

Document number	Title	Type
EHS 776	Material Control and Accountability Plan (MCAP)	Program
EHS 711	Sealed Radioactive Source Program	Procedure
EHS 708	Survey of Potentially Contaminated Materials and Equipment for Unrestricted Release	Procedure
EHS 740	Nuclear Material Control and Accountability	Procedure
07.08.001.001	Radiation Protection Program	Program
EHS 750	Receipt of Radioactive Materials	Procedure
EHS 750.1	Radioactive Materials Inventory Control	Procedure
EHS 750.2	Off-site Shipping of Radioactive Material	Procedure

# Radiological Control - Overview

## Brief

Title:	Radiological Control – Overview
Publication date:	11/1/2013
Effective date:	3/29/2013

## BRIEF

### Policy Summary

This policy describes Berkeley Lab's approach to ensuring that all types of radiological work activities are conducted safely and in accordance with applicable regulations and DOE requirements.

### Who Should Read This Policy

- All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH21.html>

## Contact Information

David Kestell  
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## Policy

Title:	Radiological Control – Overview
Publication date:	11/1/2013
Effective date:	3/29/2013

## POLICY

### A. Purpose

This policy describes Lawrence Berkeley National Laboratory's (Berkeley Lab's) approach to ensuring that all types of radiological work activities are conducted safely and in accordance with applicable regulations and DOE requirements.

### B. Persons Affected

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### C. Exclusions

This policy and the related radiological control policies, programs, and procedures implemented at Berkeley Lab do **not** apply to:

1. Background radiation, including naturally occurring radioactive material (NORM)
2. Consumer products containing nominal amounts of radioactive material or producing nominal amounts of radiation. Note: If there is ambiguity or uncertainty about whether or not an item falls under the definition of "commercially available," the Radiological Control Manager (RCM) must make the determination.
3. Medical and dental exposures including:
  - a. Radiation doses received by a patient for the purposes of medical diagnosis or therapy
  - b. Radiation doses received from participation as a subject in medical research programs
4. Activities regulated by other federal agencies including:
5. Activities regulated by the U.S. Nuclear Regulatory Commission (NRC) or other federal agencies (subject to RCM approval)
6. Radioactive material transportation performed under the authority of the Department of Transportation (generally, all off-site transportation)
7. Radioactive material transportation not performed by DOE or a DOE contractor

## D. Policy Statement

### D1. General

All types of radiological work activities at Berkeley Lab must be conducted safely and in accordance with applicable regulations and U.S. Department of Energy (DOE) requirements. DOE's basic standards for occupational radiation protection are described in the Code of Federal Regulations, Title 10, Part 835 (10 CFR 835), *Occupational Radiation Protection*, hereafter referred to as "the Rule." The Rule requires Berkeley Lab to have a DOE-approved Radiation Protection Program (RPP) document that describes the Laboratory's implementation methodology. Berkeley Lab is committed to maintaining full compliance with all parts of 10 CFR 835. The following apply:

- The DOE-approved RPP is legally binding between Berkeley Lab and DOE, and prevails in case of ambiguity with other Berkeley Lab documents.
- The Rule applies to Berkeley Lab management, supervisors, and individuals, including subcontractors, who handle radioactive materials, operate radiation-producing machines, or may be exposed to ionizing radiation because of their work.
- Berkeley Lab radiological work must comply with the requirements of the RPP, whether conducted on- or off-site, as long as Berkeley Lab has overall responsibility for the work.
- No one may act (or cause others to act) in a manner inconsistent with the Rule or any program, plan, schedule, or other process established by the Rule; however, nothing in the Rule shall be construed as limiting actions that may be necessary to protect health and safety.
- Failure to comply with RPP requirements could necessitate reporting to DOE under the provisions of DOE Order 231.1B, *Environment, Safety and Health Reporting*; 10 CFR 830 Subpart A, *Quality Assurance Requirements*; or the Price-Anderson Amendments Act (PAAA).

Berkeley Lab is required to accurately and completely characterize each Berkeley Lab facility containing radioactive and/or fissionable materials per 10 CFR 830, *Nuclear Safety Management*. This Nuclear Safety Program is planned, conducted, and documented in accordance with DOE Standard DOE-STD-1027-92 (Change Notice No. 1 [CN1]), *Hazard Categorization and Accident Analysis Techniques for Compliance with DOE Order 5480.23, Nuclear Safety Analysis Reports*. These management and inventory controls are implemented by the Radiation Protection Group (RPG) with management oversight by the Radiological Control Manager (RCM) and institutional oversight by the Radiation Safety Committee (RSC) and the Office of Contractor Assurance.

### D2. The As Low As Reasonably Achievable (ALARA) Program

Title 10 CFR 835 requires DOE activities to develop and implement plans and measures to maintain occupational radiation exposures as low as reasonably achievable (ALARA).

ALARA is integrated into all radiological work at Berkeley Lab. The extent and rigor of application of each ALARA Program element is driven by the potential worker exposure in each case.

Key components to the Berkeley Lab ALARA Program are the following:

- Commitment of all levels of management and the workforce at Berkeley Lab to the ALARA Program principles and processes
- Training, including testing of application and comprehension ALARA elements, for all personnel involved in radiological operations
- Integrating methods of maintaining ALARA occupational exposures into the plans, designs, and operations for new radiological facilities, new or revised work processes, or facility modifications
- Periodically conducting and reporting on comprehensive RPP compliance audits to senior management and
- Retention of ALARA documents and records to demonstrate compliance

Oversight of the ALARA Program is provided by formal scheduled RSC reviews, regular RCM monitoring, and periodic internal audits.

### D.3 Facility Modifications and Radiological Design Considerations



Radiological control performance is affected by human performance and engineered design features. General design criteria for new Berkeley Lab facilities and major modifications to existing facilities are provided in 10 CFR 835, and specific design criteria are provided in the Conduct of Radiological Work policy.

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Director	<ul style="list-style-type: none"> <li>Is responsible for Berkeley Lab's compliance with 10 CFR 835 by ensuring complete and comprehensive implementation of the RPP</li> <li>Appoints the Laboratory's Radiological Control Manager (RCM)</li> <li>Charters the Laboratory's Radiation Safety Committee</li> </ul>
Radiological Control Manager (RCM)	<ul style="list-style-type: none"> <li>Provides the technical expertise and management authority necessary for effective implementation of all program elements</li> <li>Ensures that RPP activities comply with applicable 10 CFR 835 regulations</li> <li>Maintains the RPP and ensures its effective promulgation and implementation</li> </ul>
Radiation Safety Committee (RSC)	<ul style="list-style-type: none"> <li>Advises and guides Laboratory managers and the RCM on all RPP-related matters</li> <li>Reviews and recommends approval of radiation safety policies</li> <li>Guides EHS Division and radiation user divisions in carrying out radiation safety programs</li> <li>Provides a forum to ensure that important radiation safety issues receive appropriate, balanced, and expert review before being acted upon</li> </ul>
Radiation Protection Group (RPG)	<ul style="list-style-type: none"> <li>Communicates to line management the radiological work requirements applicable to individual facilities and projects through work authorizations, training, and support service programs described in this document</li> <li>Supports radiological workers by performing appropriate hazard evaluations, developing applicable radiation safety authorization documents, and providing all necessary field support services, including assisting and guiding workers in the radiological aspects of the job</li> <li>Has the responsibility and authority to stop work or mitigate the effect of a deleterious activity</li> <li>Manages and monitors Berkeley Lab radiological inventories</li> <li>Manages the characterization of Berkeley Lab facilities containing radioactive and/or fissionable materials</li> </ul>
Line managers	<ul style="list-style-type: none"> <li>Are accountable for implementation and compliance with radiation safety requirements as they apply to their facilities and work</li> <li>Are responsible for training or arranging for training of radiological workers at least to the level that the worker can recognize questionable or deteriorating radiological conditions and seek advice from RPG staff</li> <li>Has the responsibility and authority to stop work or mitigate the effect of a deleterious activity</li> </ul>
Radiological workers (including all categories of workers, such as subcontractors, employees, affiliates, etc.)	<ul style="list-style-type: none"> <li>Are responsible for adhering to all policies and program procedures related to Berkeley Lab's RPP</li> <li>Have sufficient training to recognize questionable or deteriorating radiological conditions and seek advice from RPG staff</li> <li>Have the responsibility and authority to stop work or mitigate the effect of a deleterious activity. The actions or presence of RPG personnel does not absolve the workers of their responsibility for properly conducting radiological control aspects of the job.</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Background radiation	<ol style="list-style-type: none"> <li>Naturally occurring radioactive materials (NORM) that have not been technologically enhanced</li> <li>Cosmic sources</li> <li>Global fallout as it exists in the environment (such as from the testing of nuclear explosive devices)</li> <li>Radon and its progeny in concentrations or levels existing in buildings or the environment which have not been elevated as a result of current or prior activities and</li> <li>Consumer products containing nominal amounts of radioactive material or producing nominal amounts of radiation.</li> </ol>

## G. Recordkeeping Requirements

The care, maintenance, and disposition of RPG records will be done in accordance with Berkeley Lab records management policies and procedures, as listed in the *Requirements and Policies Manual* (PUB-201).

## H. Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
	<a href="#">Radiation Protection Group Web site</a>	Web site

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	D. Kestell	Rewrite for wiki (brief)	All	Minor
11/1/2013	1	Q. Le	Rewrite for wiki (policy)	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Radiological Control – Overview
Document number	07.08.001.000
Revision number	1
Publication date:	11/1/2013
Effective date:	3/29/2013
Next review date:	11/1/2016
Policy Area:	Radiation Protection
RPM Section (home)	Environment, Safety and Health
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000, Ch. 21

## Source Requirements Documents

- 10 CFR 830, *Nuclear Safety*
- DOE Order 460.1C, *Packaging and Transportation Safety*
- DOE Order 420.2C, *Safety of Accelerator Facilities*
- DOE Order 231.1B, *Environment, Safety and Health Reporting*
- DOE Order 474.2, *Nuclear Material Control and Accountability*
- 49 CFR Subtitle B, U.S. Department of Transportation (DOT) Rule, Other Regulations Relating to Transportation, Chapter 1
- International Air Transportation Association (IATA) Dangerous Goods Regulations

## Related Berkeley Lab Policies

07.08.002.000 Radiological Control Standards  
 07.08.003.000 Conduct of Radiological Work  
 07.08.004.000 Radioactive Materials  
 07.08.005.000 Radiological Health Support Operations  
 07.08.006.000 Radiological Training

## Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
N/A	<a href="#">Radiation Protection Group Web site</a>	Web site

# Radiological Control Standards

## Brief

Title:	Radiological Control Standards
Publication date:	11/4/2013
Effective date:	11/4/2013

## BRIEF

### Policy Summary

This policy describes Berkeley Lab's approach to ensuring personnel radiation exposures remain below the occupational dose limits set by 10 CFR 835, *Occupational Radiation Protection*.

### Who Should Read This Policy

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH21.html>

## Contact Information

David Kestell  
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## Policy

Title:	Radiological Control Standards
Publication date:	11/4/2013
Effective date:	11/4/2013

## POLICY

### A. Purpose

This policy describes Lawrence Berkeley National Laboratory's (Berkeley Lab's) approach to ensuring personnel radiation exposures remain below the occupational dose limits set by 10 CFR 835, *Occupational Radiation Protection*.

### B. Persons Affected

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### C. Exceptions

Not applicable

## D. Policy Statement

To accomplish DOE's objective of maintaining individual doses well below regulatory limits (see the REFERENCE TABLE tab on this wiki page), Berkeley Lab has established administrative control levels below the regulatory limits. These control levels are indicated in Table 1 below, and are multi-tiered with increasing levels of authority required to approve higher administrative control levels.

**Table 1. Summary of Berkeley Lab Administrative Control Levels**

Maximum Effective or Equivalent Dose (Annual), millirem				
Whole Body	Skin and Extremity	Lens of Eye	Any other Organ	Approval to Exceed This
500	5,000	1,500	5,000	Line manager, Radiological Manager (RCM)
1,000	10,000	3,000	10,000	RCM & Chief Operating Officer

RPG will investigate any abnormal or unanticipated personnel exposure exceeding any of the administrative control levels.

### D.1 Occupational Dose Limits

1. **Radiation Workers:** Radiation workers shall maintain their radiation exposures as low as reasonably achievable and within the administrative control levels described above. Dose limits are shown in Table R1, under the REFERENCE TABLE tab on this wiki page.
2. **Workers Under 18 Years Old:** No one under 18 years old should be employed in or allowed to enter any Radiological Area or work with radioactive material where he or she can receive a total of more than 0.1 rem (1 millisievert [mSv]) per year from both internal and external doses.
3. **Declared Pregnant Radiation Worker:** No declared pregnant radiation worker may receive more than 0.5 rem (5 mSv) during the nine-month gestation period.
4. **Non-Employees and Visitors**
  - a. The dose equivalent received by members of the public during direct on-site access shall not exceed 0.1 rem (1 mSv) per year based on the sum of both internal and external doses.
  - b. Contract personnel are the responsibility of their employers and are obligated by contract to comply with all pertinent DOE and Berkeley Lab safety and health regulations and requirements, including restrictions on personnel under 18 years of age.

## E. Roles and Responsibilities

Role	Responsibility
Chief Operating Officer	Reviews and approves (or denies) personnel requests to exceed administrative control levels
Line manager	Reviews and approves (or denies) personnel requests to exceed administrative control levels
Radiation Protection Group (RPG)	Investigates any abnormal or unanticipated personnel exposure exceeding any of the administrative control levels
Radiological Control Manager (RCM)	Reviews and approves (or denies) personnel requests to exceed administrative control levels
Supervisor, leads, managers	Frequently monitor their employees' radiation doses and working environment to establish good ALARA (as low as reasonably achievable) work practices
Workers	Monitor and minimize their own radiation exposure through good ALARA work practices

## F. Definitions/Acronyms

Term	Definition
As low as reasonably achievable (ALARA)	An approach to radiological management and control that aims to keep exposures (individual and collective) of the workforce and of the general public at levels as low as reasonably achievable, taking into account social, technical, economic, practical, and public policy considerations
Declared pregnant radiation worker	A female radiation worker who has voluntarily informed her employer in writing of her pregnancy and the estimated date of conception
Radiation worker	A worker whose job assignment requires work on, with, or in the proximity of radiation-producing machines or radioactive materials AND has the potential for being exposed to more than 0.1 rem (1 millisievert) per year, which is the sum of the dose equivalent from external irradiation and the committed effective dose equivalent from internal irradiation. A radiation worker may also be referred to as a "radiological worker" or a "rad worker."
Radiological Area	Any area within a Controlled Area that must be posted as a Radiation Area, High Radiation Area, Very High Radiation Area, Contamination Area, High Contamination Area, or Airborne Radioactivity Area

## G. Recordkeeping Requirements

The care, maintenance, and disposition of RPG records will be done in accordance with Berkeley Lab records management policies and procedures, as listed in the *Requirements and Policies Manual* (PUB-201).

## H. Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program

## I. Contact Information

David Kestell  
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Environment, Waste, and Radiation Protection Department  
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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/4/2013	0	Q. Le	Re-write for wiki	All	Major

### Federal Exposure Limits Table

# FEDERAL EXPOSURE LIMITS TABLE

The following table, which is taken from 10 CFR 835, lists the federal exposure limits for general employees, declared pregnant workers, minors, and visitors/the public. The reader may also wish to review the Radiation Protection Program details and the particular cited references.

**Table R1. Federal Exposure Limits**

TYPE OF EXPOSURE	LIMIT
General employee: Whole body (internal + external)	5 rem/year
General employee: Lens of the eye (external)	15 rem/year
General employee: Skin and extremities (external shallow dose plus internal dose resulting in dose to the skin)	50 rem/year
General employee: Any organ or tissue (other than lens of eye) (internal + external)	50 rem/year
Declared pregnant worker: Embryo/fetus (internal + external)	0.5 rem/gestation period
Minors: Whole body (internal + external)	0.1 rem/year
Visitors (not completed training) and public: Whole body (internal + external)	0.1 rem/year

## Document Information

## DOCUMENT INFORMATION

Title:	Radiological Control Standards
Document number	07.08.002.000
Revision number	0
Publication date:	11/4/2013
Effective date:	11/4/2013
Next review date:	11/4/2016
Policy Area:	Radiation Protection
RPM Section (home)	Environment, Safety and Health
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	

## Source Requirements Documents

- 10 CFR 835.202, *Occupational Dose Limits for General Employees*
- 10 CFR 835.203, *Combining Internal and External Equivalent Doses*
- 10 CFR 835.204, *Planned Special Exposures*
- 10 CFR 835.205, *Determination of Compliance for Non-uniform exposure of the Skin*
- 10 CFR 835.206, *Limits for the Embryo/Fetus*
- 10 CFR 835.207, *Occupational Dose Limits for Minors*
- 10 CFR 835.208, *Limits for Members of the Public Entering a Controlled Area*
- 10 CFR 835.209, *Concentrations of Radioactive Material in Air*

## Related Berkeley Lab Policies

07.08.001.000 Radiological Control – Overview  
 07.08.003.000 Conduct of Radiological Work  
 07.08.004.000 Radioactive Materials  
 07.08.005.000 Radiological Health Support Operations  
 07.08.006.000 Radiological Training

## Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program



# Radiological Health Support Operations

## Brief

Title:	Radiological Health Support Operations
Publication date:	11/4/2013
Effective date:	11/4/2013

## BRIEF

### Policy Summary

This policy describes Berkeley Lab's requirements for the monitoring of individuals and workspaces for radiation exposure levels, contamination, and airborne radioactivity.

### Who Should Read This Policy

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH21.html>

## Contact Information

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## Policy

Title:	Radiological Health Support Operations
Publication date:	11/4/2013
Effective date:	11/4/2013

## POLICY

### A. Purpose

This policy describes Berkeley Lab's requirements for the monitoring of individuals and workspaces for radiation exposure levels, contamination, and airborne radioactivity.

### B. Persons Affected

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### C. Exceptions

None

## D. Policy Statement

### D.1 Personnel Monitoring

1. **External Dosimetry:** Berkeley Lab's external dosimetry program is managed by the Radiation Protection Group (RPG). Elements of the program include, but are not limited to, the following:
  - a. Radiation workers exposed to external ionizing radiation will be issued a dosimeter as required by their work authorization.
  - b. RPG provides extremity dosimeters for personnel who have the potential to receive an extremity dose that is significantly higher than the whole-body dose.
  - c. RPG provides electronic personnel dosimeters (EPDs)
2. **Internal Dosimetry**
  - a. Berkeley Lab's internal dosimetry program is managed by the RPG and includes:
  - b. In vitro (body fluid) monitoring
  - c. In vivo (whole-body counting) analysis

### D.2 Workplace Monitoring

1. **General:** Workplace monitoring provides a basis for posting and labeling of areas and equipment, developing work authorizations, implementing as low as reasonably achievable (ALARA) measures, issuing individual monitoring devices, and verifying the efficacy of design measures and engineering controls.
2. **Passive Area Dosimetry:** To demonstrate that the doses outside Radiologically Controlled Areas are negligible, the RPG has established and maintains a comprehensive area dosimetry program (passive dosimeters). The measurements provide information that supports radiological safety decisions, particularly with regard to personnel doses and the requirement to monitor individual personnel doses.
3. **Active Area Monitoring:** To demonstrate that the doses outside Radiologically Controlled Areas are negligible, the RPG has established and maintains a comprehensive area monitoring program (telemetered instruments). The measurement results provide information that supports radiological safety decisions, particularly with regard to personnel doses and the requirement to monitor individual personnel doses.
4. **Surveys:** Routine and periodic radiation and/or contamination surveys look for changes in conditions, ensure that controls are adequate, decommission areas, or release equipment and materials. These surveys are performed by:
  - a. Radiation workers (users)
  - b. RPG staff
  - c. Specifically trained and authorized personnel
5. **Air Monitoring:** Based on an RPG assessment of the operation and in accordance with RPG procedures, air sampling will be performed within areas where there is the potential for airborne radioactive contamination.

### D.3 Instrumentation

RPG provides radiation workers with appropriate, calibrated radiation-detection equipment. The RPG provides guidance in the selection of instruments, in addition to instrument distribution, calibration, and maintenance.

## E. Roles and Responsibilities

Role	Responsibility
Radiation Protection Group (RPG)	<ul style="list-style-type: none"><li>• Provides appropriate external dosimetry to radiation workers</li><li>• Implements internal dosimetry measures, as required</li><li>• Assesses areas and operations for the potential of airborne radioactive contamination; establishes appropriate sampling</li><li>• Maintains and provides instrumentation to the radiation workers</li><li>• Establishes and maintains the passive area dosimetry program</li><li>• Establishes and maintains the active area monitoring program</li><li>• Performs routine and periodic radiation and contamination surveys</li></ul>
Radiation worker	<ul style="list-style-type: none"><li>• As authorized, performs routine and periodic radiation and contamination surveys</li><li>• Acquires external dosimetry, as required by the work authorization</li><li>• Participates in the internal dosimetry program, as required by the work authorization</li></ul>
Supervisor/manager	Verifies radiation workers have external dosimetry and participate in the internal dosimetry program, as required by the work authorization

## F. Definitions/Acronyms

Term	Definition
External dosimetry	Methods for measuring amount of energy deposited in body tissues from external sources
Internal dosimetry	Methods for measuring amount of energy deposited in body tissues from internal sources
As low as reasonably achievable (ALARA)	ALARA describes an approach to radiological management and control that aims to keep exposures (individual and collective) of the workforce and of the general public at levels as low as is reasonable, taking into account social, technical, economic, practical, and public-policy considerations.
Radiological Area	Any area within a Radiologically Controlled Area that must be posted as a Radiation Area, High Radiation Area, Very High Radiation Area, Contamination Area, High Contamination Area, or Airborne Radioactivity Area
Radiologically Controlled Area	Any area to which access is managed to protect individuals from exposure to radiation or radioactive materials. Individuals who enter Controlled Areas without entering Radiological Areas are not expected to receive a total effective dose equivalent of more than 0.1 rem (0.001 sievert) in a year.
Work authorization	An authorization for the use of radiation-producing machines and/or radioactive materials. Precautions, limits of use, and requirements are specified.

## G. Recordkeeping Requirements

The care, maintenance, and disposition of RPG records will be done in accordance with Berkeley Lab records management policies and procedures, as listed in the *Requirements and Policies Manual* (PUB-201).

## H. Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
N/A	<a href="#">Radiation Protection Group (RPG) Web site</a>	Web site
EHS 704	Establishing the Need for Personnel and Area Radiation Monitoring	Procedure
EHS 708	Survey of Potentially Contaminated Materials and Equipment for Unrestricted Release	Procedure
EHS 710	Radiological Survey Program	Procedure
EHS 713	Radiological Air Sampling Program	Procedure
EHS 723	Area Radiation Monitoring Program	Procedure
EHS 753	Operation and Use of Radiation Measurement Instrumentation	Procedure

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/4/2013	0	Q. Le	Re-write for wiki	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Radiological Health Support Operations
Document number	07.08.005.000
Revision number	0
Publication date:	11/4/2013
Effective date:	11/4/2013
Next review date:	11/4/2016
Policy Area:	Radiation Protection
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000, Ch. 21

## Source Requirements Documents

- 10 CFR 835.401, *General Requirements*
- 10 CFR 835.402, *Individual Monitoring*
- 10 CFR 835.403, *Air Monitoring*

## Related Berkeley Lab Policies

07.08.001.000 Radiological Control – Overview  
 07.08.002.000 Radiological Control Standards  
 07.08.003.000 Conduct of Radiological Work  
 07.08.004.000 Radioactive Materials  
 07.08.006.000 Radiological Training

## Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
N/A	<a href="#">Radiation Protection Group (RPG) Web site</a>	Web site
EHS 704	Establishing the Need for Personnel and Area Radiation Monitoring	Procedure
EHS 708	Survey of Potentially Contaminated Materials and Equipment for Unrestricted Release	Procedure
EHS 710	Radiological Survey Program	Procedure
EHS 713	Radiological Air Sampling Program	Procedure
EHS 723	Area Radiation Monitoring Program	Procedure
EHS 753	Operation and Use of Radiation Measurement Instrumentation	Procedure

# Radiological Training

## Brief

Title:	Radiological Training
Publication date:	11/4/2013
Effective date:	11/4/2013

## BRIEF

### Policy Summary

Berkeley Lab requires individuals to be appropriately trained to work safely in radiological areas, around radiological hazards, and to maintain their individual radiation exposure and the radiation exposures of others ALARA.

### Who Should Read This Policy

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation generating devices or radiological materials.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH21.html>

## Contact Information

David Kestell  
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## Policy

Title:	Radiological Training
Publication date:	11/4/2013
Effective date:	11/4/2013

## POLICY

### A. Purpose

This policy describes training standards for all individuals who enter Radiologically Controlled Areas, Radiological Areas, or work with radiological materials at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All persons who plan to work in or near an area controlled for radiological protection or who plan to work with or support work with radiation-generating devices or radiological materials

### C. Exceptions

Not applicable

## D. Policy Statement

Berkeley Lab requires all individuals to receive radiation safety training commensurate with area hazards and required controls before being allowed unescorted access to Radiologically Controlled Areas and before receiving occupational doses.

### D.1 General Training Requirements

1. Basic radiation safety training at Berkeley Lab consists of information appropriate for non-radiological worker access to Radiologically Controlled Areas. This training is known as General Employee Radiological Training (GERT). It consists of both general and site-specific information pertinent to maintaining a high level of radiation safety at Berkeley Lab. This information is distributed to all individuals when they receive their site-access badges. GERT meets the baseline criteria of 10 CFR 835 Subpart J, *Radiation Safety Training*, and must be conducted at intervals not exceeding 24 months or when there are significant changes to radiation safety procedures or practices that may affect the individual.
2. All individuals must complete radiological worker training before being permitted unescorted access to Radiological Areas and before performing unescorted assignments as radiological workers. The training must include a written examination. The training required depends on the nature of the radiological work and usually includes formal Berkeley Lab courses and on-the-job training by the supervisor or designated person. In addition, job-specific training is given for the type of radiation, the work-specific radiation-related operations, and the radiation safety measures pertinent to the work site.

## E. Roles and Responsibilities

Role	Responsibilities
Employees, affiliates, and subcontractors	Complete appropriate radiological training prior to entering Radiologically Controlled Areas, Radiological Areas, or working with radiological materials  Ensure that their required training qualifications are maintained as current
Supervisors and managers	Ensure employees complete appropriate training prior to entering Radiologically Controlled Areas, Radiological Areas, or working with radiological materials

## F. Definitions/Acronyms

Term	Definition
GERT	General Employee Radiological Training
Radiologically Controlled Area	Any area to which access is managed to protect individuals from exposure to radiation or radioactive materials. Individuals who enter Radiologically Controlled Areas without entering Radiological Areas are not expected to receive a total effective dose equivalent of more than 0.1 rem (0.001 sievert) in a year.
Radiological Area	Any area within a Radiologically Controlled Area that must be posted as a Radiation Area, High Radiation Area, Very High Radiation Area, Contamination Area, High Contamination Area, or Airborne Radioactivity Area
Radiological worker	A worker whose job assignment requires work on, with, or in the proximity of radiation-producing machines or radioactive materials AND has the potential of being exposed to more than 0.1 rem (1 millisievert) per year, which is the sum of the dose equivalent from external irradiation and the committed effective dose equivalent from internal irradiation

## G. Recordkeeping Requirements

The care, maintenance, and disposition of RPG records will be done in accordance with Berkeley Lab records management policies and procedures, as listed in the *Requirements and Policies Manual* (PUB-201).

## H. Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
N/A	<a href="#">Radiation Protection Group (RPG) Web site</a>	Web site
EHS 790	<a href="#">Radiation Safety Training Program</a>	Procedure

## I. Contact Information

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## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/4/2013	0	Q. Le	Re-write for wiki	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Radiological Training
Document number	07.08.006.000
Revision number	0
Publication date:	11/4/2013
Effective date:	11/4/2013
Next review date:	11/4/2016
Policy Area:	Radiation Protection
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	

## Source Requirements Documents

- 10 CFR 835.901, *Radiation Safety Training*

## Related Berkeley Lab Policies

07.08.001.000 Radiological Control – Overview  
07.08.002.000 Radiological Control Standards  
07.08.003.000 Conduct of Radiological Work  
07.08.004.000 Radioactive Materials  
07.08.005.000 Radiological Health Support Operations

## Implementing Documents

Document number	Title	Type
07.08.001.001	Radiation Protection Program	Program
N/A	<a href="#">Radiation Protection Group (RPG) Web site</a>	Web site
EHS 790	<a href="#">Radiation Safety Training Program</a>	Procedure



# Real Property Asset Management

## Brief

Title:	Real Property Asset Management Program
Publication date:	12/21/2012
Effective date:	6/1/2005

## BRIEF

### Policy Summary

The Real Property Asset Management program at Berkeley Lab uses a performance-based approach that integrates planning, acquisition, utilization, maintenance, recapitalization, disposition, and long-term stewardship of real property assets to ensure that current and future mission needs are met for the U.S. Department of Energy.

### Who Should Read This Policy

- Facilities Division employees who are responsible for planning, capital projects, the Facilities Information Management System (FIMS), and maintenance and recapitalization
- Office of the Chief Financial Officer employees who are responsible for acquisition of real property assets and the Integrated Facilities and Infrastructure Crosscut Budget

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Facilities Business Center Department Head](#)  
Facilities Division

## Policy

Title:	Real Property Asset Management
Publication date:	12/21/2012
Effective date:	6/1/2005

## POLICY

### A. Purpose

This policy describes the Real Property Asset Management program at Berkeley Lab. The program uses a performance-based approach that integrates planning, acquisition, utilization, maintenance, recapitalization, disposition, and long-term stewardship of real property assets to ensure that current and future mission needs are met for the U.S. Department of Energy.

### B. Persons Affected

- Facilities Division employees who are responsible for planning, capital projects, the Facilities Information Management System (FIMS), and maintenance and recapitalization
- Office of the Chief Financial Officer employees who are responsible for acquisition of real property assets and the Integrated Facilities and Infrastructure Crosscut Budget

### C. Exceptions

Not applicable

## D. Policy Statement

Berkeley Lab adheres to DOE Order 430.1B, *Real Property Asset Management*. This order covers:

- Planning and real estate, which is accomplished through the Berkeley Lab [Annual Lab Plan](#)
- Acquisition, which is covered in the Laboratory [Capital Assets – Acquisition and Project Management](#) policy
- Maintenance and recapitalization, which are managed via the Berkeley Lab Maintenance Plan, FIMS reporting, and the Condition Assessment program

## E. Roles and Responsibilities

Role	Responsibility
Facilities Managers	Maintenance and recapitalization, FIMS, acquisitions
Procurement Managers	Acquisition, leases

## F. Definitions/Acronyms

Term	Definition
FIMS	Facilities Information Management System

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
PUB-3193	<a href="#">Capital Projects Procedures Manual</a>	Manual
n/a	<a href="#">Berkeley Lab Annual Plan</a>	Plan
n/a	<a href="#">Facilities Maintenance Plan</a>	Plan

## I. Contact Information

[Facilities Business Center Department Head](#)  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Chen	Rewrite for wiki	All	Minor
12/21/2012	1	J. Dahlgard	Full policy	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Real Property Asset Management
Document number	09.01.002.000
Revision number	1
Publication date:	12/21/2012
Effective date:	6/1/2005
Next review date:	12/21/2015
Policy Area:	Major Construction
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	
Functional Division	Facilities
Prior reference information (optional)	RPM Section 1.27

## Source Requirements Documents

- DOE Order 430.1B, [Real Property Asset Management](#)

## Implementing Documents

Document number	Title	Type
PUB-3193	<a href="#">Capital Projects Procedures Manual</a>	Manual
n/a	<a href="#">Berkeley Lab Annual Plan</a>	Plan
n/a	<a href="#">Facilities Maintenance Plan</a>	Plan

# Recall and Preferential Rehire

## Brief

Title:	Recall and Preferential Rehire
Publication date:	9/25/2014
Effective date:	9/25/2014

## BRIEF

### Policy Summary

Berkeley Lab Career employees who have been involuntarily laid off may be eligible to elect either:

- The right to be recalled to the department from which the employee was laid off or the right for preference for re-employment at the Laboratory or
- Severance pay in accordance with the [Severance](#) policy

For information about layoffs, read the [Reduction in Force](#) policy.

### Who Should Read This Policy

- This policy applies to nonprobationary Career employees who have been involuntarily laid off and have elected the right to recall or preference for re-employment (instead of severance pay) or have been involuntarily reduced in time.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).
- This policy does not apply to Career employees in the Upper Laboratory Management Appointment. Those employees should consult the [Upper Laboratory Management Appointments](#) policy. For a list of Upper Laboratory Management positions, go [here](#).
- This policy does not apply to employees on Temporary Work Deferment status (See the [Work Deferment Policy](#)).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your division's [Division's HR Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## Policy

Title:	Recall and Preferential Rehire
Publication date:	9/25/2014
Effective date:	9/25/2014

## POLICY

### A. Purpose

Berkeley Lab Career employees who have been involuntarily laid off may be eligible to elect either:

- The right to be recalled to the department from which the employee was laid off or the right for preference for re-employment at the Laboratory or
- Severance pay in accordance with the [Severance](#) policy

For information about layoffs, read the [Reduction in Force](#) policy.

## B. Persons Affected

- This policy applies to nonprobationary Career employees who have been involuntarily laid off and have elected the right to recall or preference for re-employment (instead of severance pay) or have been involuntarily reduced in time.
- This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).
- This policy does not apply to Career employees in the Upper Laboratory Management Appointment. Those employees should consult the [Upper Laboratory Management Appointments](#) policy. For a list of Upper Laboratory Management positions, go [here](#).
- This policy does not apply to employees on Temporary Work Deferment status (See the [Work Deferment Policy](#)).

## C. Exceptions

Requests for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, Chief Human Resources and Diversity Officer (CHRO) approval. Depending on the circumstances, some exceptions may require University of California Office of the President (UCOP) and/or Department of Energy (DOE) approval.

## D. Policy Statement

1. **Reemployment Consideration.** The hiring division may take an employee's relevant skills, knowledge and abilities, documented performance, and length of service into consideration when recalling an employee or providing preferential reemployment consideration to an employee.
2. **Right to Be Recalled to Layoff Division**
  - a. Only Career employees (i) who have passed probation and (ii) who do not volunteer to be laid off in lieu of another employee and (iii) who did not elect **Severance** pay are eligible for the right to recall.
  - b. An employee has the right to recall for one year from the date of layoff.
  - c. A Career employee who has been involuntarily laid off or whose time has been reduced may be recalled into any active and vacant career position for which the employee is qualified when the position is in the same classification, in the same salary grade (in the event of the classification assigned to different salary grades), and in the same division at the same or lesser percentage of time as the position held at the time of layoff.
  - d. **Trial Employment.** A Career employee who is recalled or rehired under preference for employment may, upon prior written notification, be required to serve a trial employment period of up to six months upon recall or rehire. An employee who is required to serve a trial employment may at any time during the trial employment return to layoff status at the employee's or at the division's discretion. Time spent in trial employment will not count against the period of eligibility for recall or preferential rehire. Time on leave with or without pay is not qualifying service for the completion of the trial employment period.
  - e. Right to recall terminates if an employee:
    - i. Refuses an offer to return to the layoff-unit division and job title/code from which he or she was laid off at the same or greater percentage of time or
    - ii. Refuses two offers of re-employment for Career positions at the same or higher salary level and the same or greater percentage of time as the position held at the time of layoff or
    - iii. Accepts a Career position at the same or higher salary level and the same or greater percentage of time as the position held at the time of layoff or
    - iv. Retires
  - f. Right to recall continues during, but is not extended by, periods of temporary, non-Career Laboratory employment.
  - g. Right to recall is suspended if an employee does not respond to written notice of an employment opportunity or if the employee does not respond in the affirmative to periodic inquiries about continuing his/her right(s).

### 3. Preference for Re-employment (Preferential Rehire)

- a. Only Career employees (i) who have passed probation and (ii) who did not volunteer to be laid off in lieu of another employee and (iii) who did not elect **Severance** pay are eligible for the right to preference for re-employment.
  - b. An employee has the right to preferential rehire for one year from the date of layoff.
  - c. An employee who separated or whose time is reduced because of layoff or who has received written notice of layoff or reduction in time within the two calendar months before the layoff date will be granted preference for re-employment or transfer to any active and vacant Career position at the Laboratory for which he or she is qualified when the position is (1) at the same salary level or lower (as determined by the salary-range maximum) and (2) at the same or lesser percentage of time as the position held by the employee at the time of layoff.
    - i. The Layoff Coordinator will give employees, who self-identify their preferential-rehire status, consideration for a Laboratory Career position in the same job code and at the same or lesser percentage of time as the job from which the employee was laid off. In addition, during the preference eligibility period, preference will be given for any job that meets the requirements as noted in the above paragraph for which the employee requests to be considered within two weeks of the posting date of the position.
    - ii. An employee terminated due to indefinite layoff will be given preference for employment in active and vacant Career positions, as described above, for which he/she has applied.
    - iii. If a layoff unit manager does not select an employee with preference for re-employment, reasons for non-selection will be provided by the layoff-unit manager in writing to the CHRO for review and approval.
    - iv. **Trial Employment.** A Career employee who is recalled or rehired under preference for re-employment may, upon prior written notification, be required to serve a trial employment period of up to six months upon recall or rehire. An employee who is required to serve a trial employment period may at any time during the trial employment period return to layoff status at the employee's or at the division's discretion. Time spent in trial employment will not count against the period of eligibility for recall or preferential rehire. Time on leave with or without pay is not qualifying service for completion of the trial employment period.
  - d. Right to preference for re-employment terminates if an employee:
    - i. Refuses an offer to return to the layoff unit and job title/code from which he or she was laid off at the same or greater percentage of time or
    - ii. Refuses two offers of re-employment for Career positions at the same or higher salary level in the same or greater percentage of time as the position he or she held at the time of layoff or
    - iii. Accepts any Career position or
    - iv. Retires
  - e. Right to preference for re-employment continues during, but is not extended by, periods of temporary Laboratory employment.
  - f. Right to preference for re-employment is suspended when an employee does not respond to written notice of an employment opportunity or if the employee does not respond to periodic inquiries about continuing his or her right(s).
4. **Re-employment at Another University Location.** If an employee who was laid off from the Laboratory is hired into a Career position at a UC location and passes the trial employment period, if required, his/her rights to recall and preference for rehire at the Laboratory terminates.

#### Benefits Office

The Benefits Office is located in the 90P Trailer.

Benefits phone: (510) 486-6403 (internally x6403)

Benefits fax: (510) 486-6009

Benefits email: [Benefits@lbl.gov](mailto:Benefits@lbl.gov)

Mailing Address:

HR Benefits Group  
One Cyclotron Road  
MS 90P  
Berkeley, CA 94720

5. **Benefits on Re-employment.** When a person is re-employed within the period of right to recall and/or preference for re-employment, the periods before and after layoff are considered as continuous service for the limited purpose of applying University policies concerning sick leave, vacation, holidays, probationary period, reduced-fee enrollment, seniority points for layoff, military leave, and merit salary increases. All prior sick-leave credit will be reinstated during the period of eligibility up to a period of one year. Benefits and credits for service, including those relating to retirement systems, do not accrue for periods on recall and/or preferential rehire status. The employee should contact the Benefits Office immediately upon re-employment for assistance.
6. **Records and Reports.** The Layoff Coordinator will maintain a current roster of all persons on recall and preferential-rehire status and will record all refusals, offers of employment, rejections of persons by layoff-unit managers, and refusals of employment offers by individuals on the preferential rehire list.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy and process
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Layoff Coordinator	Is responsible for: <ul style="list-style-type: none"> <li>Assisting employees who have received a reduction-in-force notice or who have been terminated as a result of a reduction-in-force (during the period of recall and preference for re-employment eligibility)</li> <li>All applicable records and reports</li> </ul>
Layoff Unit Manager	Has the responsibility to adhere to the provisions of this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures in Section H, *Implementing Documents*, below.

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources and Diversity Officer
HRCM	Human Resources Center Manager
Layoff Unit Manager	The manager with the ultimate organizational responsibility for each of the layoff units (e.g., division director, department head, etc.)
Probationary period	A period of time when new Career- or Term-appointment employees' work performance and general suitability for Laboratory employment are carefully evaluated. While the employee is serving a probationary period, he or she is considered to be an at-will employee.

## G. Recordkeeping Requirements

Role	Responsibility
Human Resources Department	Is responsible for maintaining all employee records
Layoff Coordinator	Is responsible for maintaining the recall and preferential-rehire roster and related records

## H. Implementing Documents

Audience	Document Number	Document Title
Managers and Supervisors	02.86.001.001	<i>Supervisor Responsibilities at Berkeley Lab</i> (BLI0117) (mandatory for new supervisors)

## I. Contact Information

For information regarding this policy contact your *Division's HR Center*.

Do you have feedback regarding this policy? Contact the HR Policies Analyst, HR Department, [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/25/2014	2	M. Bello/L Westphal	<ul style="list-style-type: none"> <li>Right to recall and preferential rehire right for one year</li> <li>Employee elects either severance or write to recall/preferential rehire</li> </ul>	All	Major +30
9/21/2012	1	M. Bello	Recall and Preferential Rehire policy was archived	All	Major +30
1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Recall and Preferential Rehire
Document number	02.12.006.000
Revision number	2
Publication date:	9/25/2014
Effective date:	9/25/2014
Next review date:	9/25/2017
Policy Area:	Separation
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2. 21(B)(9)

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 60, [Layoff and Reduction in Time from Professional and Support Staff Career Positions](#)
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Audience	Document Number	Document Title	Type
	02.12.006.003	Managers and Supervisors Responsibilities under the Recall and Preferential Rehire Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab</a> (BLI0117) (mandatory for new supervisors)	Training
	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues</a> (BLI0122) (mandatory for new supervisors)	Training
	02.12.006.001	Recalled Employees Skills Assessment (formerly known as Skills Assessment Form)	Form



# Receiving Materials

## Brief

Title:	Receiving Materials
Publication date:	8/19/2014
Effective date:	8/19/2014

## BRIEF

### Policy Summary

This policy describes the requirement that all materials arriving at Berkeley Lab must be received, inspected, documented, and manifested by Central Receiving prior to delivery by Berkeley Lab Transportation to the end user.

### Who Should Read This Policy

Berkeley Lab employees who receive goods requested through the procurement process, including Procurement, Transportation, Property Management, and EHS Division staff

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Transportation and Receiving](#)  
Facilities Division

## Policy

Title:	Receiving Materials
Publication date:	8/19/2014
Effective date:	8/19/2014

## POLICY

### A. Purpose

This policy describes the requirement that all materials arriving at Lawrence Berkeley National Laboratory (Berkeley Lab) must be received, inspected, documented, and manifested by Central Receiving (at Building 69) prior to delivery by Berkeley Lab Transportation to the end user.

### B. Persons Affected

Berkeley Lab employees who receive goods requested through the procurement process, including Procurement, Transportation, Property Management, and Environment/Health/Safety (EHS) Division staff

### C. Exceptions

Satellite Receiving Stations include Building 79 (Stores) and the Joint Genome Institute (JGI). Materials arriving directly to these locations are accepted and received by their receiving personnel. In some cases, such as purchases for large pieces of equipment and certain gases, the order may reflect that the item is to be delivered directly to the customer. Orders that specify direct shipment from vendors to the Berkeley Lab customer must be received and reconciled by e-mailing [receiving@lbl.gov](mailto:receiving@lbl.gov) to confirm receipt and acceptance of the material per the purchase order (PO).

## D. Policy Statement

The U.S. Department of Transportation (DOT) governs the staging, manifesting, and delivery of material received at Berkeley Lab. All processes for the procurement and receipt of material at Berkeley Lab are performed according to U.S. Department of Energy and Berkeley Lab Property Management guidelines. Berkeley Lab Transportation, Procurement, Property Management, and the EHS Division work together to ensure the proper disposition of material being purchased and used by Berkeley Lab.

1. **General.** All items purchased through purchase orders, subcontracts, eBuy, or B2B contracts must be received and processed in Central Receiving prior to delivery. Central Receiving ensures that:
  - a. All boxes are externally inspected for damage upon arrival
  - b. All quantities and descriptions listed on the vendor packing list are matched to the PO
  - c. All material is scanned and sorted into the iBox receiving program
  - d. Materials identified as "sensitive" or "controlled" are received appropriately (see LOGIS-003 Tagging Procedure) and entered into the Berkeley Lab Procurement PeopleSoft FMS System
  - e. All hazardous material(s) are processed per U.S. Department of Transportation requirements
2. **Receipt of Material through Receiving**
  - a. Signs into iBox with the screen name and password
  - b. Identifies the ordering method (eBuy, Pcard, Purchase Order, B2B)
  - c. Scans the external carrier bar code
  - d. Selects the "sort status"
  - e. Populates the External Carrier field
  - f. Enters required information into the Receipt field
  - g. Tabs out of Order field to populate the Deliver To field
  - h. Generates and affixes bar code to package
  - i. Verifies material cost to determine if a DOE property tag is required (see LOGIS-003, *Tagging Procedure*)
  - j. Selects "signature required" in the Receipt field if the item:
    - i. Requires a DOE property tag
    - ii. Is a computer or software
    - iii. Is a high-value item (\$10,000 or more)
  - k. Places documentation in PO receipt file
  - l. Stages material for delivery
    - i. Places large items on pallets
    - ii. Places small packages (each weighing less than 25 pounds) on the designated Transportation delivery cart
    - iii. Affixes the iBox-generated address label to the package (see LOGIS-008 Exhibits, Exhibit A)
3. **Receipt of Hazardous Material (HAZMAT)**
  - a. Inspects for damage and/or leakage
  - b. Ensures a Material Safety Data Sheet is included with the package (see LOGIS-008 Exhibits, Exhibit B)
  - c. Manifests material per DOE 49 CFR guidelines (see LOGIS-008 Exhibits, Exhibit C)
  - d. Places material in designated HAZMAT area
  - e. Completes receipt in PeopleSoft
4. **Receipt of Radioactive Material (RAM)**
  - a. Places radioactive material container in hazardous-materials cage
  - b. Notifies the EHS Radiation Protection Group (RPG) at ext. 6228
  - c. At time of pickup by RPG, scans the delivery into iBox
  - d. Completes receipt in PeopleSoft per RPG e-mail notification
5. **Receipt of Inhalation Hazards & Poisonous Gas**
  - a. Receives and scans the purchase-order information into the iBox tracking database
  - b. Tags the material with the bar-code tracking label
  - c. Completes HAZMAT Shipping Manifest per DOT 49 CFR 172.0 and the Berkeley Lab *ES&H Manual* (PUB-3000)
  - d. Places the material in the designated chemical segregation area
  - e. Completes receipt in PeopleSoft
6. **Receipt of Select Agents (Regulated Microbial Agents)**
  - a. Receives e-mail from the requester regarding the order and expected arrival date
  - b. Sends confirmation e-mail back to the requester
  - c. Informs the Material Specialist of the pending receipt of agent
  - d. Reviews the work instructions for the select agent package
  - e. Contacts the authorized person to sign for the package
  - f. Ensures that the courier is present when the authorized person signs for the package
  - g. Completes the receipt in PeopleSoft
7. **Receipt of Precious Metals (Purchased by Way of a "One-Time Buy" Purchase Order)**
  - a. Material Handler queries PO and follows instructions from buyer to give to Receiving Lead for processing
  - b. Receiving Lead receives PO and notifies requester via email template (with copy to Property Management) that order is ready for pick up in Central Receiving
8. **Reported Missing Packages**
  - a. Missing packages are reported to Central Receiving. Central Receiving staff queries the tracking number of the package in question through the iBox receiving program.
  - b. Central Receiving staff provides the status of the package, including time of delivery, delivery location, and name of the person who signed for the package if signature is required.
  - c. If package is still not located, Central Receiving Staff directs customer to contact Berkeley Lab Site Security to report material in question as missing.

## E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab Staff/Requester	<ul style="list-style-type: none"> <li>• Uses the Laboratory's eBuy desktop ordering system for vendor contracted suppliers</li> <li>• Uses ePro/Pcard for low-value purchases for items not available from eBuy</li> <li>• Reviews the Laboratory's <a href="#">Restricted Items List</a> prior to ordering</li> <li>• Accesses the Procurement Web site for detailed information at: <a href="http://procurement.lbl.gov/">http://procurement.lbl.gov/</a></li> </ul>
Berkeley Lab Procurement Buyer	<ul style="list-style-type: none"> <li>• Processes E-Pro and P-Card Requisitions for Berkeley Lab requesters</li> <li>• Annotates any instructions for direct shipments from vendors to Berkeley Lab customers on purchase orders</li> </ul>
Central Receiving Material Handle	<ul style="list-style-type: none"> <li>• Receives eBuy purchases and verifies that freight bill and shipping label reflect Berkeley Lab address</li> <li>• Off-loads courier and freight deliveries, and stages material prior to receipt on pallets or on conveyor line in designated Receiving area</li> <li>• Performs external visual inspection for damage; annotates on freight bill if damage is observed</li> <li>• Verifies material description and match quantity to driver's manifest for box count</li> <li>• If package contains hazardous material, follows Hazardous Material Procedure</li> <li>• Notifies Receiving supervisor if damage is observed and/or discrepancies exist</li> <li>• Enters receipt data into iBox</li> <li>• Enters receipt of controlled and high-value items</li> <li>• Ensures that a DOE property tag is affixed to all controlled and/or high-value items</li> <li>• Enters all required property information into PeopleSoft</li> <li>• Creates and maintains hard files</li> </ul>
Central Receiving Material Specialist	<ul style="list-style-type: none"> <li>• Serves as the prime point of contact for Central Receiving</li> <li>• Determines the disposition of material and paperwork if an error or damage is observed</li> <li>• Provides guidance and direction to material handlers</li> <li>• Coordinates nonroutine deliveries with Transportation personnel</li> <li>• Performs all duties of Central Receiving material handlers</li> </ul>
Technical Supervisor	<ul style="list-style-type: none"> <li>• Manages Berkeley Lab Receiving and Transportation staff</li> <li>• Provides line management to the Receiving, Transportation, and Shipping functions</li> <li>• Ensures staff compliance with all Berkeley Lab, DOE, and DOT requirements</li> <li>• Conducts safety meetings and coordinates training for material handlers and drivers</li> </ul>

## F. Definitions/Acronyms

Term	Definition
eBuy	The Laboratory's electronic commerce ordering system for purchasing low-value catalog items. eBuy allows Laboratory personnel to purchase items directly from a supplier's Web catalog.
B2B (Business to Business)	Electronic commerce allowing direct purchasing via a catalog through a designated Web site, filling in an online order form, or by sending the supplier a standard fax form without going through the Procurement Department
iBox Tracking System	The bar-code scanning program used by Berkeley Lab Receiving personnel to document the receipt of all material arriving at the Berkeley Lab Receiving dock. This receipt process is called "sorting."

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
LOGIS-001	<a href="#">Receiving Procedure – E-Pro/P-Card Purchase Order Receiving</a>	Procedure
LOGIS-003	<a href="#">Central Receiving Property Tagging</a>	Procedure

## I. Contact Information

Transportation and Receiving  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Chen	Rewrite for wiki (brief)	All	Minor
12/4/2012	1	L. Chen	Rewrite for wiki (policy)	All	Minor
8/19/2014	1.1	K. Porter	Added exceptions, Section D.8, and administrative changes to Sections D.1 and D.2	C, D, E	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Receiving Materials
Document number	09.03.006.000
Revision number	1.1
Publication date:	8/19/2014
Effective date:	8/19/2014
Next review date:	8/19/2016
Policy Area:	Shipping and Receiving
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- Code of Federal Regulations, Title 49, *Transportation*, Part 100-1699, *Other Regulations Relating to Transportation*

## Other Driving Requirements

- *Berkeley Laboratory Procurement Standard Practices Manual*
- PUB-3032, *Berkeley Lab Property Manual*
- Biosafety Policy, 07.07.004.000
- Biosafety Program
- Chemical Safety Hazards and Controls Policy, 07.07.005.000
- Chemical Safety Hazards and Controls Program
- Radiation Protection Policy, 07.08.001.000
- Radiation Protection Program

## Implementing Documents

Document number	Title	Type
LOGIS-001	<a href="#">Receiving Procedure – E-Pro/P-Card Purchase Order Receiving</a>	Procedure
LOGIS-003	<a href="#">Central Receiving Property Tagging</a>	Procedure

# Recruitment and Hiring - B

Title:	Recruitment and Hiring
Publication date:	1/2/2012
Effective date:	6/30/2011

## BRIEF

### Policy Summary

Berkeley Lab will recruit from within and outside its workforce to obtain qualified applicants. Every good-faith effort is made to inform and recruit qualified applicants in conformance with the objectives set forth by the Laboratory Affirmative Action Compliance Plan. The duties and responsibilities of the vacant position and the qualifications necessary to perform those duties and responsibilities are identified before recruitment begins.

It is the goal of the Laboratory to maximize the opportunity for the promotion of qualified [Career](#) employees to positions either in their current divisions or elsewhere in the Laboratory and to encourage Career employees to apply for open positions that would further their career development. It is important that each supervisor emphasize the right of the employee to apply for promotion opportunities; however, the employee is responsible for doing so.

### Who Should Read This Policy

All employment applicants and Career employees

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#sece>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Recruitment and Hiring
Publication date:	1/2/2012
Effective date:	6/30/2011

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#sece>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Recruitment and Hiring
Document number	02.04.001.000
Revision number	0
Publication date:	1/2/2012
Effective date:	6/30/2011
Next review date:	6/30/2014
Policy Area:	Recruitment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(E)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- California Online Privacy Protection Act (COPPA)
- California [Fair Employment and Housing Act \(FEHA\)](#)
- California Labor Code Section 432.7, prohibit asking about arrests
- California Labor Code Section 432.8, prohibits asking about minor marijuana offenses more than 2 years old
- DOE FAR 31.205-34, Recruitment Costs
- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- DOE Contract 31, Clause I.26, FAR 52.222-35 EQUAL OPPORTUNITY FOR VETERANS (SEP 2010)
- DOE Contract 31, Clause I.73, DEAR 952.226-74 DISPLACED EMPLOYEE HIRING PREFERENCE (JUN 1997)
- (Federal) Uniform Guidelines of Employee Selection Procedures (1978)
- University of California Personnel Policies for Staff Members (PPSM) 20, [Recruitment](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure



# Recycling and Solid Waste Collection

## Brief

Title:	Recycling and Solid Waste Collection
Publication date:	9/20/2012
Effective date:	6/1/2012

## BRIEF

### Policy Summary

Berkeley Lab is committed to environmental stewardship by minimizing the amount of waste sent to landfills and increasing the use of recyclable materials.

### Who Should Read This Policy

This policy applies to Berkeley Lab employees, affiliates, and visitors using Berkeley Lab facilities.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## Policy

Title:	Recycling and Solid Waste Collection
Publication date:	9/20/2012
Effective date:	6/1/2012

## POLICY

### A. Purpose

Berkeley Lab is committed to environmental stewardship by minimizing the amount of waste sent to landfills and increasing the use of recyclable materials.

Sustainability at Lawrence Berkeley National Laboratory (Berkeley Lab) translates into sound environmental stewardship. Berkeley Lab's Environmental Management System underscores sustainability principles in its efforts to lessen the Laboratory site's environmental impact in areas such as energy, water, and transportation. Solid waste reduction and recycling is a critical part of our sustainability efforts.

### B. Persons Affected

All employees or affiliates who work at or visit Berkeley Lab.

### C. Exceptions

Not applicable

### D. Policy Statement

Berkeley Lab encourages all Laboratory employees and affiliates to use and properly dispose of recyclable products. Berkeley Lab will work with its suppliers to incorporate effective end-of-life recycling programs into each commodity as applicable. Berkeley Lab encourages the cafeteria operator to use third party Green Business operators and to operate the cafeteria in a manner that will sustain a Green Business Certification.

## E. Roles and Responsibilities

Managers, supervisor's employees, affiliates, and suppliers have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Sustainable	<ol style="list-style-type: none"> <li>1. Capable of being sustained</li> <li>2. Capable of being continued with minimal long-term effect on the environment</li> </ol>

## G. Recordkeeping Requirements

Berkeley Lab's solid waste and recyclable service provider is required to provide the total tons per month of solid waste and recycled materials removed from the Berkeley Lab site.

## H. Implementing Documents

Document Number	Other Reference Number	Title	Type
07.09.002.002	ESG Procedure 271	<a href="#">Establishing the EMS Implementation (Core) Team</a>	Procedure
07.09.002.003	ESG Procedure 272	<a href="#">Identification of Significant Environmental Aspects and Impacts for the EMS</a>	Procedure
07.09.002.004	ESG Procedure 273	<a href="#">Environmental Management Programs of the EMS</a>	Procedure

## I. Contact Information

[Contracts and Fleet Manager](#)  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	B. Llewellyn	Re-write for wiki (brief)	All	Minor
9/20/2012	1	K. Porter	Re-write for wiki (policy)	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Recycling and Solid Waste Collection
Document number	09.06.007.000
Revision number	1
Publication date:	9/20/2012
Effective date:	6/1/2012
Next review date:	6/1/2014
Policy Area:	Contracting Services
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- Executive Order 13423, *Strengthening Federal Environmental, Energy, and Transportation Management*
- DOE Order 436.1, *Sustainability*, Attachment 1, *Contractor Requirements Document*

## Other Driving Requirements

- PUB-3180, *Environmental Management System Plan*
- [Environmental Management System](#) Policy, 07.09.002.000
- [Environmental Management System](#) Program, 07.09.002.001
- [LBNL Site Sustainability Plan for FY 2011](#), 07.09.002.006

## Implementing Documents

Document Number	Other Reference Number	Title	Type
07.09.002.002	ESG Procedure 271	<a href="#">Establishing the EMS Implementation (Core) Team</a>	Procedure
07.09.002.003	ESG Procedure 272	<a href="#">Identification of Significant Environmental Aspects and Impacts for the EMS</a>	Procedure
07.09.002.004	ESG Procedure 273	<a href="#">Environmental Management Programs of the EMS</a>	Procedure

# Regulations Implementing UC Policies Applying to Campus Activities, Organizations, and Students - B

Title:	Regulations Implementing UC Policies Applying to Campus Activities, Organizations, and Students
Publication date:	1/2/2012
Effective date:	6/18/2008

## BRIEF

### Policy Summary

Certain general policies of the University of California governing the use of University properties are set forth in University of California Policies Applying to Campus Activities, Organizations, and Students, issued by the President of the University on July 21, 1978. These policies state in general terms the rights and obligations of students, standards of conduct, requirements applying to student organizations, and regulations governing the use of University properties by students, faculty, administrative staff, and other University employees for activities within the University.

### Who Should Read This Policy

All employees are impacted by this policy. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.18.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Regulations Implementing UC Policies Applying to Campus Activities, Organizations, and Students
Publication date:	1/2/2012
Effective date:	6/18/2008

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.18.html>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2011	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Regulations Implementing UC Policies Applying to Campus Activities, Organizations, and Students
Document number	02.09.002.000
Revision number	0
Publication date:	1/2/2012
Effective date:	6/18/2008
Next review date:	1/2/2015
Policy Area:	Relations with Employee Organizations
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.18
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.18

## Source Requirements Documents

- University of California [Policies Applying to Campus Activities, Organizations, and Students](#)

## Implementing Documents

Document number	Title	Type
		Process

		Form
		Procedure

# Relations with Employee Organizations - B

Title:	Relations with Employee Organizations
Publication date:	1/2/2012
Effective date:	6/7/1999

## BRIEF

### Policy Summary

Subject to rules and regulations, Berkeley Lab employees have the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation. Laboratory employees also have the right to refuse to join or participate in the activities of employee organizations and have the right to represent themselves individually in their employment relations with the Laboratory.

Berkeley Lab provides rules and regulations for implementation of Laboratory employee rights in accordance with University of California Guidelines for Relations with Employee Organizations. These rules and regulations, and amendments of or modifications to them, are not subject to Berkeley Lab grievance or appeal policies.

### Who Should Read This Policy

All employees. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.19.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Relations with Employee Organizations
Publication date:	1/2/2012
Effective date:	6/7/1999

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.19.html>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Relations with Employee Organizations
Document number	02.09.001.000
Revision number	0
Publication date:	1/2/2012
Effective date:	6/7/1999
Next review date:	1/2/2015
Policy Area:	Relations with Employee Organizations
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Sections 2.18 and 2.19

## Source Requirements Documents

- University of California Office of the President [Policy on Relations with Employee Organizations](#)

## Implementing Documents

Document number	Title	Type
		Process



		Form
		Procedure

# Release of Non-Career Employees

## Brief

Title:	Release of Non-Career Appointment Employees
Publication date:	12/23/2013
Effective date:	12/23/2013

## BRIEF

### Policy Summary

Employees serving a probationary period or holding a Visiting Researcher, Limited, Rehired Retiree, Graduate Student Research Assistant (GSRA), or Student Assistant appointment may be released at any time, at the discretion of Berkeley Lab. Employees in Term appointments are automatically terminated as of the last day of their appointment.

### Who Should Read This Policy

- This policy applies to employees in the following employee classifications: Term, Visiting Researcher, Postdoctoral Fellow, Faculty, Limited, Rehired Retiree, GSRA, and Student Assistant.
- This policy does not apply to employees in Career appointments
- This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Release of Non-Career Appointment Employees
Publication date:	12/23/2013
Effective date:	12/23/2013

## POLICY

### A. Purpose

Employees serving a probationary period or holding a Visiting Researcher, Limited, Rehired Retiree, Graduate Student Research Assistant (GSRA), or Student Assistant appointment may be released at any time, at the discretion of Lawrence Berkeley National Laboratory (Berkeley Lab). Employees in Term appointments are automatically terminated as of the last day of their appointment.

### B. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO).

### For Career appointment employees, refer to the following policies:

- Separation from Employment Policy
- Medical Separation Policy
- Pay at Separation
- Reduction in Force
- Unauthorized Absences & Job Abandonment Policy

## C. Persons Affected

This policy applies to employees who work in the following employee appointments: Term, Visiting Researcher, Postdoctoral Fellow, Faculty, Limited, Rehired Retiree, GSRA, and Student Assistant.

## D. Policy Statement

- 1. Release of Term Appointment Employees**
  - a. Employees in Term appointments are automatically terminated as of the last day of their appointment unless there is a written notice of extension of the appointment.
  - b. Employees in Term appointments may be terminated before the end of their appointment for disciplinary reasons or substandard performance of which the employee has been advised, as provided in the [Corrective Action & Discipline policy](#). The appointment may also be terminated early due to lack of funds, lack of work, or changes in operational/business needs in which case, whenever possible, an employee should be given at least 30 days' advance written notice that his/her appointment will be terminated.
  - c. For information regarding scientific Term appointments, see the [Scientist & Engineer Appointment policy](#).
- 2. Release of Limited, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant Appointment Employees; and Probationary Appointees**
  - a. **General.** Employees serving a probationary period or holding limited, rehired retiree, GSRA, or student assistant appointments may be released at any time at the discretion of the Laboratory. The employee shall be notified of the release in writing.
  - b. **Automatic Termination.** An employee holding a limited, rehired retiree, GSRA, or student assistant appointment is automatically terminated as of the last day of the appointment unless there is an earlier separation or formal extension of the appointment in writing.
- 3. Release of Postdoctoral Appointment Employees.** See [Postdoctoral Fellow Appointment policy](#).

### Other policies of interest:

- Separation from Employment Policy
- Medical Separation Policy
- Pay at Separation
- Post-Employment Restrictions
- Unauthorized Absences & Job Abandonment Policy

- 4. Release of Scientist & Engineer Appointments.** See [Scientist & Engineer Appointments policy](#).
- 5. Release of UC Faculty.** See [Faculty Appointments policy](#).
- 6. Release of Upper Laboratory Management.** See [Upper Laboratory Management Appointments policy](#).
- 7. Release of Visiting Faculty.** See [Visiting Faculty Appointments policy](#).
- 8. Release of Visiting Researcher.** See [Visiting Researcher Appointments policy](#).

## E. Roles and Responsibilities

Role	Responsibility
Managers	Have the responsibility to adhere to the provisions of this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy and process
Human Resources Department	Has the responsibility to advise management and employees on how to comply with this policy

## F. Definitions/Acronyms

Term	Definition
CHRO	Chief Human Resources and Diversity Officer

## G. Recordkeeping Requirements

The Human Resources Department is responsible for maintaining all employee records.

## H. Implementing Documents

Audience	Document number	Title	Type
All Laboratory Staff	02.12.001.001	Exit Checkout Sheet	Form
All Laboratory Staff	02.12.001.002	Termination Confirmation to Employee and Supervisor from HR	Form
All Laboratory Staff	02.12.001.003	Termination Process Guide	Process
All Laboratory Staff	N/A	Retirement Plaques	Website
Managers and Supervisors	02.86.001.001	Supervisor responsibilities at Berkeley Lab (BLI 0117) (mandatory for new supervisors)	Training
For HR Staff	02.12.001.004	Emeritus Status Guidelines	Process
For HR Staff	02.12.001.005	End of Term/Limited Appointment	Process
For HR Staff	02.12.001.010	Medical Termination Questionnaire	Form
For HR Staff	02.12.001.006	Notice to Absent Employee/Affiliate	Form

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki (brief)	All	Minor
12/23/2013	1	M. Bello	Reformat into Lab's new policy format.	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Release of Non-Career Employees
Document number	02.12.005.000
Revision number	1
Publication date:	12/23/2013
Effective date:	12/23/2013
Next review date:	12/23/2016
Policy Area:	Separation from Employment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.21

## Source Requirements Documents

- UCOP, PPSM 61: [Released during the Probationary Period or from Limited Casual/Restricted, and Floater Positions](#)

## Implementing Documents

Audience	Document number	Title	Type
All Laboratory Staff	02.12.001.001	<a href="#">Exit Checkout Sheet</a>	Form
All Laboratory Staff	02.12.001.002	<a href="#">Termination Confirmation to Employee and Supervisor from HR</a>	Form
All Laboratory Staff	02.12.001.003	<a href="#">Termination Process Guide</a>	Process
All Laboratory Staff	N/A	<a href="#">Retirement Plaques</a>	Website
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor scenario workshop-HR issues (BL I 0122) (mandatory for new supervisors)</a>	Training
For HR Staff	02.12.001.004	<a href="#">Emeritus Status Guidelines</a>	Process
For HR Staff	02.12.001.005	<a href="#">End of Term/Limited Appointment</a>	Process
For HR Staff	02.12.001.010	<a href="#">Medical Termination Questionnaire</a>	Form
For HR Staff	02.12.001.006	<a href="#">Notice to Absent Employee/Affiliate</a>	Form

# Relocation Assistance

## Brief

Title:	Relocation Assistance
Publication date:	6/20/2013
Effective date:	6/24/2013

## BRIEF

### Policy Summary

Berkeley Lab may provide relocation assistance by reimbursing the relocation expenses of eligible employees for their permanent relocation to a new work location. A permanent relocation is when an employee is assigned to a new work location for a minimum of 12 months. This policy defines the types of domestic and international relocation expenses that are reimbursable.

Employees assigned to a temporary work location (for a period between six months and three years) should read the [Change-of-Status Policy](#).

### Who Should Read This Policy

- This policy applies to employees in the following classifications: [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [Graduate Student Research Assistant \(GSRA\)](#) who are offered relocation assistance for their permanent move to a new work location.
- The following employee appointments are not eligible for relocation assistance: Limited, Rehired Retiree, Student Assistant.
- Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Relocation Assistance
Publication date:	6/20/2013
Effective date:	6/24/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) may provide relocation assistance by reimbursing the relocation expenses of eligible employees for their permanent relocation to a new work location. A permanent relocation is when an employee is assigned to a new work location for a minimum of 12 months. The policy defines the types of domestic and international relocation expenses that are reimbursable.

Employees assigned to a temporary work location (for a period between six months and three years) should read the [Change-of-Status Policy](#).

### B. Exceptions

Requests for relocation reimbursements that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO).

## C. Persons Affected

- At the discretion of Berkeley Lab management, Berkeley Lab may provide relocation assistance by reimbursing eligible employees for reasonable relocation expenses. Permanent relocation is a period of 12 months or longer. Permanent relocation reimbursement may be made available to the following employee classifications: [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [Graduate Student Research Assistant \(GSRA\)](#).
- This policy applies to nonrepresented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).
- The following employee classifications are not eligible for relocation reimbursement: Limited, Rehired Retiree, and Student Assistant.

## D. Policy Statement

### 1. Change-of-Station Policy

Current employees who are transferred at the request of Berkeley Lab and are offered relocation assistance should read the [Change-of-Station Policy](#).

**General.** At the discretion of Berkeley Lab management, Berkeley Lab may provide relocation assistance to eligible employees. Relocations must be for a period of 12 months or longer. The employee must reside outside reasonable commuting distance of the Berkeley Lab work location to which he or she has been assigned. A reasonable commuting distance is 50 miles or less from the new employee's current home to his/her new work location.

2. **Relocation Program.** The Laboratory offers a tiered relocation program with both program counseling and reimbursement auditing services provided by a third-party vendor. The current program allows flexibility for managers to determine costs within each tier; however, the program is not a cafeteria-style program, so selections are limited to the benefits outlined in each tier:

Tier	Relocation Benefits
0	<ul style="list-style-type: none"> <li>• Miscellaneous allowance</li> </ul>
1	<ul style="list-style-type: none"> <li>• Miscellaneous allowance</li> <li>• Airfare to the destination location/final trip</li> </ul>
2	<ul style="list-style-type: none"> <li>• Miscellaneous allowance</li> <li>• Airfare to the destination location/final trip</li> <li>• Household-goods move</li> </ul>
3	<ul style="list-style-type: none"> <li>• Final trip</li> <li>• Household-goods move</li> <li>• Home-finding assistance and house-hunting trip</li> <li>• Temporary housing</li> </ul>

Additional add-ons available at the Tier 3 levels include:

Tier	Relocation Benefits
3	<ul style="list-style-type: none"> <li>• Extended temporary housing</li> <li>• Home sale assistance</li> <li>• Miscellaneous allowance</li> <li>• New home purchase assistance</li> <li>• Rental assistance</li> <li>• Shipment of automobiles</li> <li>• Spouse/domestic partner employment support</li> <li>• Storage of household goods</li> </ul>

More information on the tiers, limitations within the tiers, payment mechanisms, and tax implications can be found in this policy's [Implementing Documents](#).

### 3. Eligibility

- a. To be eligible for relocation assistance, the employee must establish residence in the destination location, and the move must be completed within 12 months of the effective date of the relocation. The effective date is defined as the official start date for new hire employees or assignment to the new work location.
  - b. When family members are relocating with the employee, the following definition of family will apply: "The employee's spouse/domestic partner and dependent(s) who reside with the employee at the time of acceptance of a job offer or reassignment to a new work location, and who will reside with the employee at the destination location."
  - c. If Berkeley Lab employs both the employee and spouse/domestic partner, only one set of coordinated relocation assistance will apply.
4. **Relocation Reimbursement Limits.** The maximum dollar amount Berkeley Lab will reimburse for relocation expenses is enumerated in the program tiers. Divisions have the ability to set certain maximum thresholds below the tier-element limits.
  5. **Reimbursement Authorization Requirements.** Relocation benefits are approved by the division and authorized by an appropriate HR contact. Authorization is given to a third-party relocation vendor to provide program counseling and reimbursement auditing services. Once the third-party relocation vendor has received authorization, employees work directly with the third-party relocation vendor on the specific benefits of the relocation.
  6. **Reimbursement Preapproval Requirement.** Employees must consult with the third-party relocation vendor regarding reimbursable costs prior to committing any relocation expenditures.
  7. **Repayment Agreement.** Relocating employees must sign a repayment agreement, which states that employees who voluntarily terminate employment prior to completing one year of credited service from the start of employment for new hires, or date of transfer for transferred staff, must refund Berkeley Lab the full amount of all relocation benefits previously reimbursed or paid on the employee's behalf by Berkeley Lab.
    - a. Time spent in an unpaid leave of absence does not count toward the one year of credited service.
  8. **Claims for Reimbursement.** Claims for reimbursement should be submitted to Berkeley Lab via the third-party relocation vendor as soon as possible after the transactions have occurred. Relocation assistance is valid for 12 months from the employee's effective date of the relocation. The effective date is defined as the official start date for new hire employees.

### Receipts

Original receipts must be in the name of the employee or the employee's spouse/domestic partner. Receipts in the name of anyone else are not reimbursable.

- a. Berkeley Lab will process payments related to appropriate relocation expenses using the following methods:
    - i. Pay service providers directly for the relocation assistance that an employee receives.
    - ii. Reimburse employees for acceptable expenses that they have previously paid.
    - iii. Provide a lump sum allowance for certain categories of relocation expenses.
  - b. Eligible expense reimbursements must be submitted through the third-party vendor's Web site. Original receipts should be provided to the third-party vendor within a reasonable time of incurring the expense. It is important to remember:
    - i. Relocation expenses must be separate and distinct from business expenses. During the period in which relocation expenses are incurred, regular business (travel and entertainment) must not be reported with relocation expenses.
    - ii. The employee cannot use the Berkeley Lab credit card or other Berkeley Lab funds for relocation expenses.
    - iii. Credit card statements cannot be used in lieu of receipts.
    - iv. The employee should keep records and receipts of all their expenses, whether or not they are reimbursable under this policy, as this will assist in the completion of federal and state tax returns at year-end.
9. **Separation of Employment.** If an employee voluntarily terminates employment, eligibility for relocation benefits will cease immediately and all relocation benefits that are under way will be concluded. Any eligible relocation benefits, which have not been utilized or received by the employee as of the termination date, will be forfeited, including tax gross-up.
  10. **Tax Implications.** Most relocation payments made to an employee or on the employee's behalf that are directly related to relocation are considered taxable income. More information on tax implications can be found in the implementing documents.

## E. Roles and Responsibilities



Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy and overall administration of the relocation program
Employees	Have the responsibility to adhere to the provisions of this policy and its implementing procedures
HR Department	<ul style="list-style-type: none"> <li>Has the responsibility to advise management and employees on the elements of the relocation program</li> <li>Provides authorization to the third-party relocation vendor to commence relocation benefits for an employee</li> </ul>
Managers and supervisors	<ul style="list-style-type: none"> <li>Have the responsibility to authorize relocation assistance based on the determination of the employee's assignment. If the employee's assignment is a minimum of 12 months and is either (a) expected to reside at the new location indefinitely or (b) is expected to reside at the new location for more than three years, the employee is eligible for relocation assistance. <ul style="list-style-type: none"> <li>If the employee's assignment is less than six months, managers should review the <a href="#">Travel Policy</a>.</li> <li>If the employee's assignment is greater than six months and ends within three years, managers should review the Change-of-Station Policy.</li> </ul> </li> <li>Have the responsibility to adhere to the provisions of this policy and its implementing procedures</li> </ul>
Office of the Chief Financial Officer (OCFO)	<ul style="list-style-type: none"> <li>Serves as a resource for cost-allowability considerations related to the relocation program</li> <li>Processes payments to the employee or vendors, based on information provided from the third-party relocation vendor</li> </ul>
Third-party relocation vendor	<ul style="list-style-type: none"> <li>Provides general advice to prospective employees of eligible relocation expenses during the offer process</li> <li>Assists and counsels relocating employees on the elements of the relocation program</li> <li>Processes requests for relocation payments and reimbursement</li> <li>Advises Berkeley Lab on allowable reimbursable relocation costs</li> </ul>

## F. Definitions/Acronyms

Term	Definition
CBA	Collective bargaining agreement
Change-of-station (COS)	An employee who is temporarily assigned to work a minimum of six months but no greater than three years at a new work location
COS	Change-of-station
Effective employment date	As applicable under the Relocation Assistance policy, the effective employment date is defined as the official start date for new hire employees.
Family	As applicable under the Relocation Assistance and Change-of-Station (COS) policies, family refers to the employee's spouse/domestic partner and dependent(s) who reside with the employee at the time of acceptance of a job offer or reassignment to a new work location, and who will reside with the employee at the destination location.
Permanent relocation	Permanent relocation is a period of 12 months or longer when an employee is assigned to a new work location and is expected to reside there for a minimum of 12 months.

## G. Recordkeeping Requirements

Role	Responsibility
Controller's Office	Maintains documentation to support payments made through the Accounts Payable and Payroll payment processes
HR Department	Maintains offers for relocation, repayment agreements, and authorizations to the third-party relocation vendor

## H. Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory staff	02.04.004.012	<a href="#">Relocation Assistance – Frequently Asked Questions (FAQs)</a>	Information
All Laboratory staff	02.04.004.013	<a href="#">Relocation Assistance Presentation</a>	Information
All Laboratory staff	02.04.004.022	Relocation Assistance Tiers	Information
HR and Controller's Office staff	02.04.004.008	<a href="#">Access to SIRVA Relocation Database</a>	Information
HR and Controller's Office staff	02.04.004.011	Relocation Program Rollout – Training	Training
HR and Controller's Office staff	02.04.004.015	<a href="#">Domestic Relocation Guidelines</a> <ul style="list-style-type: none"> <li>• Tier 0</li> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 3 Add-ons</li> </ul>	Guideline
HR and Controller's Office staff	02.04.004.016	<a href="#">International Relocation Guidelines</a> <ul style="list-style-type: none"> <li>• Tier 0</li> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 3 Add-ons</li> </ul>	Guideline
HR and Controller's Office staff	02.04.004.021	<a href="#">International to United States Relocation Guidelines</a> <ul style="list-style-type: none"> <li>• Tier 0</li> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 3 Add-ons</li> </ul>	Guideline
HR and Controller's Office staff	SIRVA	<a href="#">SIRVA Client Connection</a>	Database
HR and Controller's Office staff	SIRVA	<a href="#">SIRVA Client Connection Quick Start</a>	Process
HR staff	02.04.004.005	<a href="#">Relocation Repayment Agreement</a>	Form
HR staff	02.04.004.014	<a href="#">How to Send the Relocation Authorization in PDF to SIRVA</a>	Procedure
HR staff		<a href="#">Offer Letter Template</a>	Template
HR staff	02.04.004.006	<a href="#">Relocation Authorization Form (Bristol)</a>	Form
HR staff	02.04.004.010	<a href="#">LBNL Relocation Contact List for SIRVA</a>	Information
HR staff	02.04.004.017	<a href="#">Relocation Procedure Flowchart</a>	Flowcharts
HR staff	02.04.004.018	<a href="#">Modifying an Offer to Include Relocation</a>	Procedure
HR staff	02.04.004.019	<a href="#">Completing the Bristol Authorization form (HRSC)</a>	Procedure
HR staff	02.04.004.020	<a href="#">Using Comments to Provide Information to the HR Service Center (HRSC)</a>	Procedure

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor
6/24/2013	2	M. Bello	Rewrite policy adding or revising the following sections: Relocation Program, Eligibility, Reimbursement Authorization Requirements, Claims for Reimbursement, Tax Implications	All	Major +30 days

#### Document Information

## DOCUMENT INFORMATION

Title:	Relocation Assistance
Document number	02.04.004.000
Revision number	2
Publication date:	6/20/2013
Effective date:	6/24/2013
Next review date:	6/24/2016
Policy Area:	Recruitment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 4.01
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 4.01

## Source Requirements Documents

- DOE Contract No. DE-AC02-05CH11231, Federal Acquisition Regulation (FAR) 31.205-35, [Relocation Costs](#)
- DOE Contract No. DE-AC02-05CH11231, Federal Acquisition Regulation (FAR) 31.205-46, [Travel Costs](#)
- DOE Contract No. DE-AC02-05CH11231, Mod No. M046, Section J, Appendix A, [Advanced Understandings on Human Resources](#)
- DEAR 970.3102-05-46, [Travel Costs](#)

## Other Driving Requirements

Document number	Document Title	Type
11.06.001.000	<a href="#">Travel Policy</a>	Policy

## Implementing Documents

<b>Audience</b>	<b>Document Number</b>	<b>Document Title</b>	<b>Type</b>
All Laboratory staff	02.04.004.012	<a href="#">Relocation Assistance – Frequently Asked Questions (FAQs)</a>	Information
All Laboratory staff	02.04.004.013	<a href="#">Relocation Assistance Presentation</a>	Information
All Laboratory staff	02.04.004.022	Relocation Assistance Tiers	Information
HR and Controller's Office staff	02.04.004.008	<a href="#">Access to SIRVA Relocation Database</a>	Information
HR and Controller's Office staff	02.04.004.011	Relocation Program Rollout – Training	Training
HR and Controller's Office staff	02.04.004.015	<a href="#">Domestic Relocation Guidelines</a> <ul style="list-style-type: none"> <li>• Tier 0</li> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 3 Add-ons</li> </ul>	Guideline
HR and Controller's Office staff	02.04.004.016	<a href="#">International Relocation Guidelines</a> <ul style="list-style-type: none"> <li>• Tier 0</li> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 3 Add-ons</li> </ul>	Guideline
HR and Controller's Office staff	02.04.004.021	<a href="#">International to United States Relocation Guidelines</a> <ul style="list-style-type: none"> <li>• Tier 0</li> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 3 Add-ons</li> </ul>	Guideline
HR and Controller's Office staff	SIRVA	<a href="#">SIRVA Client Connection</a>	Database
HR and Controller's Office staff	SIRVA	<a href="#">SIRVA Client Connection Quick Start</a>	Process
HR staff	02.04.004.005	<a href="#">Relocation Repayment Agreement</a>	Form
HR staff	02.04.004.014	<a href="#">How to Send the Relocation Authorization in PDF to SIRVA</a>	Procedure
HR staff		<a href="#">Offer Letter Template</a>	Template
HR staff	02.04.004.006	<a href="#">Relocation Authorization Form (Bristol)</a>	Form
HR staff	02.04.004.010	<a href="#">LBNL Relocation Contact List for SIRVA</a>	Information
HR staff	02.04.004.017	<a href="#">Relocation Procedure Flowchart</a>	Flowcharts
HR staff	02.04.004.018	<a href="#">Modifying an Offer to Include Relocation</a>	Procedure
HR staff	02.04.004.019	<a href="#">Completing the Bristol Authorization form (HRSC)</a>	Procedure
HR staff	02.04.004.020	<a href="#">Using Comments to Provide Information to the HR Service Center (HRSC)</a>	Procedure

## Other References

<b>Source</b>	<b>Document number</b>	<b>Document title</b>
Federal Regulations	Federal Travel Regulations (FTR) 302	<a href="#">Relocation Allowances</a>
Federal Regulations	Federal Travel Regulations (FTR) 302	<a href="#">Temporary Duty (TDY) Travel</a>

# Reporting Inventions and Electing Title

## Brief

Title:	Reporting Inventions and Electing Title
Publication date:	11/27/2012
Effective date:	3/12/2007

## BRIEF

### Policy Summary

Technology Transfer and Intellectual Property Management (TTIPM) is required to report all Berkeley Lab inventions to the Department of Energy (DOE). Berkeley Lab may elect title to each invention in order to commercialize/license the technology.

### Who Should Read This Policy

- TTIPM staff
- Berkeley Lab employees who have reported an invention to TTIPM

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## Policy

Title:	Reporting Inventions and Electing Title
Publication date:	11/27/2012
Effective date:	3/12/2007

## POLICY

### A. Purpose

Technology Transfer and Intellectual Property Management (TTIPM) is required to report all new inventions to DOE. Lawrence Berkeley National Laboratory (Berkeley Lab) may elect title to each invention in order to commercialize/license the technology, and protect DOE interest in the inventions.

### B. Persons Affected

- TTIPM staff
- Berkeley Lab employees who have reported an invention to TTIPM

### C. Exceptions

Inventions that are not conceived or first reduced to practice in the performance of Berkeley Lab work do not need to be reported to DOE (although Berkeley Lab employees and affiliates must still report those inventions to TTIPM).

### D. Policy Statement

1. TTIPM must report each new invention or software to DOE within two months of the receipt of the Record of Invention (ROI) form submitted by an inventor.
2. TTIPM has two years, from the date a new invention was reported to DOE, to elect title to the invention in writing from DOE.
3. If TTIPM elects title to an invention, TTIPM has one year, from the date title was elected for the invention, to file an initial patent application with the U.S. Patent and Trademark Office. However, in any case where publication, sale, or offer for sale or public use has initiated the one-year statutory period wherein valid patent protection can still be obtained in the U.S. (i.e., the one-year bar date), the period for election of title may be shortened by DOE to a date that is no more than 60 days prior to the one-year bar date.
4. Berkeley Lab may issue a request to DOE for an extension of any the above-mentioned time limits. DOE has discretion whether to grant an extension.

## E. Roles and Responsibilities

Role	Responsibility
TTIPM Patent Assistant	<ul style="list-style-type: none"> <li>• Sends a written report of a new invention to DOE</li> <li>• Sends a written election of title</li> </ul>
TTIPM Licensing Staff	Decides whether to elect title to an invention
TTIPM Patent Attorney	Prepares and files the patent application for an invention, or engages an outside patent attorney or agent to do so

## F. Definitions/Acronyms

Term	Definition
Invention	A new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement that is patentable under the laws of the U.S. or a foreign country. Certain software may be a patentable invention.
Patent	A property right to an invention granted by the U.S. government or a foreign government to an inventor or the inventor's assignee (typically, the inventor's employer) upon the successful application to the appropriate government patent office. The patent gives the owner of the patent the right, during the term of the patent, to exclude others from making, using, offering for sale, or selling the invention throughout the country where property rights are protected or importing the invention into that country.
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

TTIPM keeps a record of all ROIs and copies of DOE notifications.

## H. Implementing Documents

Document number	Title	Type
N/A	Record of Invention (ROI) Form	Form

## I. Contact Information

Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H.Clark	Re-write for wiki (brief)	All	Minor
11/27/2012	1	R.Chiang and V. Wolinsky	Re-write for wiki (policy)	All	Major

#### Document Information

## DOCUMENT INFORMATION

Title:	Reporting Inventions and Electing Title
Document number	10.05.005.000
Revision number	1
Publication date:	11/27/2012
Effective date:	3/12/2007
Next review date:	11/27/2015
Policy area:	Licensing
RPM Section (home)	Information Management
RPM Section (Cross reference)	None
Functional area	Technology Transfer
Prior reference information (optional)	

## Source Requirements Documents

U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Clause I.97(c), DEAR 970.5227 – 10 Patent Rights – Management and Operating Contracts, Nonprofit Organization or Small Business Firm Contractor (Aug 2002)

## Implementing Documents

Document number	Title	Type
N/A	Record of Invention (ROI) Form	Form

# Request for Issuance of Check (RFIC)

Title:	Request for Issuance of Check (RFIC)
Publication date:	4/16/2013
Effective date:	3/23/2011

## BRIEF

### Policy Summary

This policy provides guidelines for payments or reimbursements to Berkeley Lab employees and/or payments to third parties for allowable goods and services using the Request for Issuance of Check (RFIC) process.

### Who Should Read This Policy

Any Berkeley Lab employee seeking payment or reimbursement through the RFIC process

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Accounts Payable Manager](#)

Title:	Request for Issuance of Check (RFIC)
Publication date:	3/1/2013
Effective date:	3/23/2011

## POLICY

### A. Purpose

This policy provides guidelines for payments or reimbursements to Lawrence Berkeley National Laboratory (Berkeley Lab) employees and/or payments to third parties for allowable goods and services using the Request for Issuance of Check (RFIC) process.

### B. Persons Affected

Any Berkeley Lab employee seeking payment or reimbursement through the RFIC process

### C. Exceptions



The RFIC process may not be appropriate in all circumstances.

## D. Policy Statement

1. This policy applies to requests for payments of allowable goods and services that meet the requirements of the [Federal Acquisition Regulation \(FAR\)](#), Subpart 31.201-2, *Determining Allowability*, as supplemented by specific clauses in the Department of Energy (DOE) [Acquisition Regulation \(DEAR\)](#) Subpart 970.31, *Contract Cost Principles and Procedures*:
2. Prior to making any purchase, refer to the Procurement Department's Step-by-Step Buying Guide, which outlines the Laboratory mechanism for procuring goods and services, including:
  - a. eBuy
  - b. B2B
  - c. Division PCard
  - d. ePro
3. If an item is available through any of these mechanisms, the purchase should be made using that method. In addition, the following lists provide further information on the Laboratory Procurement process:
  - a. [Employee-Vendor Conflict of Interest](#)
  - b. [Restricted Items](#)
  - c. [Sensitive Items](#)
4. RFIC purchases that could have been made using one of the methods in the Step-by-Step Buying Guide may be considered an unauthorized commitment (see Procurement Standard Practices Policy 1.3, Ratification of Unauthorized Commitments).
5. If the following conditions are met, the use of an RFIC form to request payment for goods and services is appropriate and reimbursable:
  - a. Goods or services not directly billable to the Laboratory on a purchase order, or obtainable through eBuy, B2B, or the Division PCard programs
  - b. Purchase is consistent with Berkeley Lab's [Cost Allowability](#) policy requirements, which require that costs incurred be both reasonable and allocable
6. The following are examples of purchases for which the use of the RFIC form is generally appropriate; it is not intended to be a comprehensive list.
  - a. Annuitant/workers' compensation payments to the University of California (UC) via the Office of the Chief Financial Officer (OCFO)
  - b. Books/journals/subscriptions
  - c. Food service (Laboratory-hosted meetings or conferences)
  - d. Legal/attorney fees (via the Berkeley Lab Office of Laboratory Counsel)
  - e. Local lodging (direct bill) for affiliates, including Travel approval
  - f. Meetings or conferences registration fees (include trip number)
  - g. Memberships/dues/licenses
  - h. Passport and visa fees (backup documentation maintained via the Berkeley Lab International Researchers and Scholars (IRSO) Office)
  - i. Phone charges, Internet service
  - j. Publishing charges
  - k. Supplies
7. Completion of the RFIC Request
  - a. Use the most current version of the [RFIC](#) form
  - b. Do not place Personally Identifiable Information (PII) on the form. PII includes:
    - i. Social Security numbers
    - ii. Financial account numbers
    - iii. Driver's license numbers
  - c. Sufficient documentation must be submitted to support the request. Documentation is considered sufficient when it includes vendor name, item description, price, quantity, sales tax (if applicable), payment method, and delivery address.
  - d. For event-related costs (e.g., food service, transportation services, or room rentals), an event ID must also be provided.
  - e. Incomplete RFICs or the use of an outdated form will result in the RFIC being returned to the requestor.
8. Approvals
  - a. An RFIC must include the appropriate approval from the issuing division/department. The RFIC approver must be included in the Laboratory's [Signature Authorization System \(SAS\)](#) and cannot be the same individual as the payee.
  - b. Payments related to joint arrangements/multi-participant projects that exceed \$25,000 require the Purchasing Manager and the Controller's approval.
9. Required IRS and State Forms
  - a. Prior to issuing RFIC payments, the Accounts Payable Department must have up-to-date tax reporting information on file. The

following forms are required and payment can be delayed until they are received:

- i. LBNL W-8 Substitute Foreign Vendor Registration **or** LBNL W-9 Substitute Domestic Vendor Registration
  - ii. California State Withholding Exemption Certificate Form 590 (California resident) **or** Form 587 (California nonresident)
- b. Contact the Accounts Payable vendor desk ([vendordesk@lbl.gov](mailto:vendordesk@lbl.gov)) to determine if the required forms from the Internal Revenue Service (IRS) and state are already on file for a specific vendor.

## E. Roles and Responsibilities

Role	Responsibility
Division Staff	<p>Review the RFIC policy to determine if the item qualifies for payment using an RFIC form</p> <p>Complete the RFIC form, including the appropriate approvals. The approver must be granted an appropriate level of signature authority in the Laboratory's <a href="#">Signature Authorization System (SAS)</a>.</p> <p>Submit the RFIC form, with appropriate documentation for payment (e.g., original itemized receipts or itemized invoices that include vendor name, item description, price, quantity, sales tax [if applicable], payment method, and delivery address). Summarized receipts or invoices are not acceptable.</p>
Accounts Payable	<p>Reviews the RFIC form and supporting documentation</p> <p>Obtains vendor payee tax information from the payee, if warranted</p> <p>Obtains OCFO approvals, as appropriate</p> <p>Prepares payment</p>

## F. Definitions/Acronyms

Term	Definition
eBuy	The Laboratory's electronic commerce ordering system for purchasing low-value catalog items. eBuy allows Laboratory personnel to purchase items directly from a supplier's Web catalog.
B2B	Business-to-business electronic commerce that allows direct purchasing via a catalog through a designated Web site, filling in an online order form, or by sending the supplier a standard fax form without going through the Procurement Department.
Conflict of Interest	Contract 31, Clause I.66, <i>Organizational Conflicts of Interest</i> , ensures that the UC Regents (and employees) are not biased because of financial, contractual, organizational, or other interests that relate to the work under the Contract, and that there is no unfair competitive advantage over other parties due to the performance under the Contract.
Division Pcard	A Berkeley Lab-issued credit card used by division representatives to make low-value purchases as allowed by Procurement policy.
ePro (eProcurement)	An online ordering source that is part of the PeopleSoft/Oracle Financial Management System (FMS) and is used for processing the Laboratory's purchases via the Procurement Department.
Restricted Item	An item that has been prohibited for purchase per contract with DOE. Such items require additional justification and are only authorized through procurement.

Sensitive Item	An item that requires special control and accountability, regardless of value, due to susceptibility of unusual rates of loss, theft, misuse, national security, and export control considerations. These items include, but are not limited to, weapons, ammunition, explosives, classified property, laptops, computers, personal digital assistants, other information technology equipment, and removable components with memory capability.
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## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.01.019.001	<a href="#">Employee-Vendor Conflict of Interest List</a>	Guidance List
11.01.019.002	<a href="#">Off-Site Training Request Form</a>	Form
11.01.019.003	<a href="#">Restricted Items List</a>	Guidance List
11.01.019.004	<a href="#">Sensitive Items List</a>	Guidance List
11.01.019.005	<a href="#">Request for Issuance of Check Form</a>	Form
11.01.019.006	<a href="#">Procurement Standard Practices 1.3, Ratification of Unauthorized Commitments</a>	Procedure

## I. Contact Information

[Accounts Payable Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/16/2013	1.1	Bothe	Review completed 3/1/13, no changes	Pub & Next Review dates	Minor
1/2/2012	1	Jeppson	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Request for Issuance of Check (RFIC)
Document number	11.01.019.000

Revision number	1.1
Publication date:	4/16/2013
Effective date:	3/23/2011
Next review date:	3/1/2015
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.50
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.50

## Source Requirements Documents

- [FAR 31.2012, Determining Allowability, Subpart 31.2 — Contracts with Commercial Organizations](#)
- [DOE Acquisition Regulation \(DEAR\) Subpart 970.31, Contract Cost Principles and Procedures](#)

## Other Driving Requirements

Document Number	Title	Type
11.07.004.000	<a href="#">Cost Allowability Policy</a>	Policy
11.03.002.000	<a href="#">Event Policy</a>	Policy

## Implementing Documents

Document Number	Title	Type
11.01.019.001	<a href="#">Employee-Vendor Conflict of Interest List</a>	Guidance List
11.01.019.002	<a href="#">Off-Site Training Request Form</a>	Form
11.01.019.003	<a href="#">Restricted Items List</a>	Guidance List
11.01.019.004	<a href="#">Sensitive Items List</a>	Guidance List

11.01.019.005	<a href="#">Request for Issuance of Check Form</a>	Form
11.01.019.006	<a href="#">Procurement Standard Practices 1.3, Ratification of Unauthorized Commitments</a>	Procedure

## Other References

Document Number	Title	Type
05.07.000.000	<a href="#">Conflict of Interest – General</a>	Policy

# Requirements Management Policy

Title:	Requirements Management Policy
Publication date:	7/18/2014
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab must establish and maintain a system for managing its U.S. Department of Energy Contract 31 requirements and their flow-down into Laboratory policies and procedures.

### Who Should Read This Policy

- The Laboratory Director and the Chief Operating Officer and their direct reports
- Persons specifically assigned by their Senior Line Managers to monitor, interpret, and/or determine detailed implementation of the portions of Contract 31 applicable to the respective Senior Line Manager's responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page.

### Related Policy:

[Document Management Policy](#)

### Contact Information

Requirements Management Program Manager  
Office of Contractor Assurance  
[requirementsmgmt@lbl.gov](mailto:requirementsmgmt@lbl.gov)

Title:	Requirements Management Policy
Publication date:	7/18/2014
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy calls for the establishment and maintenance of a system for managing Lawrence Berkeley National Laboratory's U.S. Department of Energy (DOE) Contract 31 requirements and their flow-down into Laboratory policies and procedures.

## B. Persons Affected

The results of this policy directly affect all members of the Berkeley Lab community. However, a far smaller set of persons drive implementation of this policy, including the Laboratory Director and the Chief Operating Officer and their direct reports; and persons (Subject Matter Experts) specifically assigned by their Senior Line Managers to monitor, interpret, and/or determine detailed implementation of requirements applicable to the respective Senior Line Manager's responsibilities.

## C. Exceptions

Not applicable

## D. Policy Statement

Berkeley Lab must establish and maintain a system for managing the requirements set forth in U.S. DOE Contract No. DE-AC02-05CH11231 (Contract 31); the requirements specified by its contracting manager, the University of California; and any Laboratory-generated requirements and policies. The system for managing requirements must include at least controls for:

1. Defining information that flows from requirements through to Laboratory policies and supporting documents
2. Finding information
3. Ensuring that information is accurate and current
4. Ensuring that information is easy to read

The Requirements Management Committee (RMC) is comprised of representatives from at least each of the Laboratory Operations functions, Engineering, the Technology Transfer Office, the Research and Institutional Integrity Office, and the Office of Institutional Assurance. The RMC has been chartered by the Laboratory's Chief Operating Officer to provide centralized coordination and communications on Contract 31 requirements and related Laboratory policy matters. (See documents 04.04.001.002, *LBNL Requirements Management Governance*; and 04.04.001.003, *LBNL Requirements Management Process*, for more information.)

## E. Roles and Responsibilities

The Laboratory Director and the Chief Operating Officer and their direct reports are expected to provide financial and resource support for the establishment and maintenance of a Requirements Management (RM) System.

The RMC provides centralized coordination and communication on Contract 31 requirements and related Laboratory policy matters. Persons (Subject Matter Experts) specifically assigned by their Senior Line Managers to monitor, interpret, and/or determine detailed implementation of the portions of Contract 31 applicable to the respective Senior Line Manager's responsibilities are expected to follow the RM Program process and procedures.

## F. Definitions/Acronyms

Term	Definition
Contract 31	"Contract 31" is short for Contract No. DE-AC02-05CH11231 between the U.S. Department of Energy and the University of California describing the terms for management of Berkeley Lab. The contract includes a statement of work (SOW) for the science missions and details the requirements for managing the operations and business of Berkeley Lab.
Document	Written, visual, audio-, or video-recorded information stored in the form of hard copy, film, magnetic tape, electronic data, or in an online, Web-based format

Implementing Document	A document required to carry out a policy, process, procedure, system, or work instruction Examples: Expense form, Corrective Action Tracking System (CATS) Database User Manual, Environment, Health & Safety (EH&S) Division Chemical Storage Guidelines
Institutional Document	A publication authorized by Laboratory management that delineates Laboratory-wide or multifunctional policy, procedures, regulations, or plans. A subset of authoritative documents. Scientific and technical publications and reports are not included in this definition. Examples: Procurement policy, Radiation Protection Program
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles Example: Berkeley Lab Site Access
Requirement	A specific obligation to perform an action mandated by Berkeley Lab senior management or the University of California or the federal, state, or local government; or an obligation to comply with the Laboratory's contract with the U.S. Department of Energy
Senior Line Manager	The highest level or most senior level of authority within a division or office Examples: The EH&S Division Director, the Chief of Human Resources Officer, Chief Financial Officer, or Public Affairs Department Head

## G. Recordkeeping Requirements

Not applicable

## H. Implementing Documents

Document Number	Title
04.04.001.002	<i>LBNL Requirements Management Governance</i>
n/a	Requirements Management Committee Charter
04.04.001.003	<i>LBNL Requirements Management Process</i>
04.04.001.004	<i>Requirements Management Database Requirements Specification</i>
04.04.001.101	<i>Analyzing Requirements, Risk and Impact Procedure</i>
04.04.001.102	<i>Developing, Reviewing, Approving an Implementation Plan</i>
04.04.001.201	<i>Analyzing Requirements, Risk and Impact Form</i>
04.04.001.202	<i>Implementation Plan Form</i>
04.04.001.203	<i>Parsing Requirements Form (tbd)</i>



04.04.001.206	Determining Significance Rating
04.04.001.208	Record of Decision(ROD) form
10.06.001.000	Document Management Policy

## I. Contact Information

Questions on this policy should be directed to:  
Requirements Management Program Manager  
Office of Contractor Assurance  
[requirementsmgmt@lbl.gov](mailto:requirementsmgmt@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
7/18/2014	0.1	L.Young	Reviewed 7/18. Minor clarifications. Add link to RMC Charter.	Section D, H	Minor
1/2/2012	0	L.Young	Release for publication in wiki	all	Major

## DOCUMENT INFORMATION

Title:	Requirements Management Policy
Document number	04.04.001.000
Revision number	0.1
Publication date:	7/18/2014
Effective date:	1/2/2012
Next review date:	7/18/2017
Policy Area:	Requirements Management
RPM Section (home)	Contractor Performance Management
RPM Section (cross-reference)	none
Functional Division	OCA

Prior reference information (optional)	none
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## Source Requirements Documents

- DOE Order 414.1D, *Quality Assurance*, Attachment 2, CRD, Criteria 1, 4, 5
- Contract 31, Section I.76 (DEAR 970.5203-1), *Management Controls*
- PUB-3111, *Quality Assurance Program Description(QAPD)*

## Implementing Documents

Document Number	Title	Type
04.04.001.002	<i>LBNL Requirements Management Governance</i>	System
n/a	Requirements Management Committee Charter	Charter
04.04.001.003	<i>LBNL Requirements Management Process</i>	Process
04.04.001.004	<i>Requirements Management Database Requirements Specification</i>	Specification
04.04.001.101	<i>Analyzing Requirements, Risk and Impact Procedure</i>	Procedure
04.04.001.102	<i>Developing, Reviewing, Approving an Implementation Plan</i>	Procedure
04.04.001.201	<i>Analyzing Requirements, Risk and Impact Form</i>	Form
04.04.001.202	<i>Implementation Plan Form</i>	Form
04.04.001.203	<i>Parsing Requirements Form (tbd)</i>	Form
04.04.001.206	<i>Determining Significance Rating</i>	Form
04.04.001.208	<i>Record of Decision(ROD) form</i>	Form
10.06.001.000	<i>Document Management Policy</i>	Policy

# Research Misconduct

## Brief

Title:	Research Misconduct
Publication date:	7/25/2014
Effective date:	2/28/2008

## BRIEF

### Policy Summary

As an institution engaged in research, Berkeley Lab has a responsibility to investigate allegations of research misconduct fairly, effectively, and expeditiously. This policy sets forth the principles and methods for assessing allegations of research misconduct, conducting inquiries and investigations related to possible research misconduct, and reporting the results to responsible federal and nonfederal funding agencies. Research misconduct is defined as fabrication (making up data or results and recording or reporting them), falsification (manipulating research materials, equipment, or processes; or changing or omitting data or results such that the research is not accurately represented in the research record), or plagiarism (appropriation of another person's ideas, processes, results, or words without giving appropriate credit) in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include authorship disputes or honest differences of opinion.

### Who Should Read This Policy

This policy applies to all employees.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Research and Institutional Integrity Office](#)  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## Policy

Title:	Research Misconduct
Publication date:	7/25/2014
Effective date:	2/28/2008

## POLICY

- D. Policy Statement
  - D.1 Introduction
  - D.2 Scope
  - D.3 General Policies and Principles
  - D.4 Conducting the Assessment and Inquiry
  - D.5 The Inquiry Report
  - D.6 Laboratory Decision and Notification
  - D.7 Conducting the Investigation
  - D.8 The Investigation Report
  - D.9 Laboratory Decision and Notification
  - D.10 Completion of Cases: Reporting Premature Closure to the Funding Agency
  - D.11 Laboratory Actions, Including Employee Corrective (Disciplinary) Actions
  - D.12 Other Considerations

### A. Purpose

As an institution engaged in research, the Laboratory has a responsibility for investigating allegations of research misconduct fairly, effectively, and expeditiously. This policy sets forth the principles and methods for assessing allegations of research misconduct, conducting inquiries and investigations related to possible research misconduct, and reporting the results to responsible federal and non-federal funding agencies.

## B. Persons Affected

This policy applies to all employees.

## C. Exceptions

This policy does not apply to authorship or collaboration disputes and applies only to allegations of research misconduct that occurred within six years of the date the Laboratory received the allegation, subject to the following exceptions:

1. **Subsequent use.** The respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the citation, republication or other use for the potential benefit of the respondent of the research record that is alleged to have been fabricated, falsified, or plagiarized (See [Section D.1.1, Introduction](#)).
2. **Health or safety of the public exception.** If the funding agency or Laboratory, following consultation with the funding agency, determines that the alleged misconduct, if it occurred, would possibly have a substantial adverse effect of the health or safety of the public.
3. **"Grandfather" exception.** If the funding agency or the Laboratory received the allegation or research misconduct before May 17, 2005.

## D. Policy Statement

### D.1 Introduction

1. All persons engaged in research at the Laboratory are responsible for adhering to the highest standards of research integrity. Activities that fall short of the basic ethical principles inherent in the research process undermine the scientific enterprise. As an institution engaged in research, the Laboratory has a responsibility for investigating allegations of research misconduct fairly, effectively, and expeditiously. This policy sets forth the principles and methods for assessing allegations of research misconduct, conducting inquiries and investigations related to possible research misconduct, and reporting the results to responsible federal and non-federal funding agencies.
2. "Research misconduct" means:
  - a. Fabrication (making up data or results and recording or reporting them)
  - b. Falsification (manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record) or
  - c. Plagiarism (appropriation of another person's ideas, processes, results, or words without giving appropriate credit) in proposing, performing, or reviewing research, or in reporting research results.
3. Honest error or differences of opinion do not constitute research misconduct.
4. Under this policy, a finding of research misconduct requires that:
  - a. There has been a significant departure from accepted practices of the relevant research community, involving fabrication, falsification, or plagiarism
  - b. The misconduct was committed intentionally, knowingly, or recklessly and
  - c. The allegation has been proven by a preponderance of the evidence
5. The Laboratory Director has delegated authority and responsibility for decisions made under this policy to the Deputy Director (Deciding Official or DO). The head of the Research and Institutional Integrity Office serves as the Research Integrity Officer (RIO) and is responsible for implementing the procedures described in this policy.

### D.2 Scope

1. While this policy is intended to carry out the Laboratory's responsibilities under the rules of several federal agencies, it applies to all research conducted at the Laboratory regardless of funding source.
2. This policy applies to allegations of research misconduct (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or in reporting research results) (See [Section D.1.1, Introduction](#)) involving:
  - a. A person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with the Laboratory; i.e., employees, affiliates, collaborators, students, consultants, and subcontractors (collectively referred to as Laboratory members for purposes of this policy)
  - b. Any research proposed, performed, reviewed, or reported, or any research record generated from the research, regardless of whether an application or proposal for funds resulted in a grant, contract, cooperative agreement, or other form of support
  - c. With regard to Public Health Service (PHS)–funded research, this policy specifically includes:
    - i. Applications or proposals for support for biomedical or behavioral extramural or intramural research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information
    - ii. PHS-supported biomedical or behavioral extramural or intramural research
    - iii. PHS-supported biomedical or behavioral extramural or intramural research training programs
    - iv. PHS-supported extramural or intramural biomedical or behavioral activities that are related to biomedical or behavioral research or research training, such as the operation of tissue and data banks and the dissemination of research information and
    - v. Plagiarism of research records produced in the course of research, research training, or activities related to that research or research training

### D.3 General Policies and Principles

1. **Responsibility to Report Misconduct.** Laboratory members should report observed, suspected, or apparent research misconduct (See [Section D.1.1, Introduction](#)) to the RIO or other appropriate Laboratory official.
  - a. If the Laboratory member makes his/her report to a Laboratory official other than the RIO, the report must be forwarded to the RIO.
  - b. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he/she may meet with or contact the RIO at [RIO@lbl.gov](mailto:RIO@lbl.gov) to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.
  - c. At any time, a Laboratory member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations. The RIO will not be able to agree to a confidential discussion if the subject of the misconduct involves any of the conditions or special circumstances set forth in [Section D.3.6, Interim Actions and Notifying the Funding Agency of Special Circumstances](#).
2. **Cooperation with Research Misconduct Proceedings.** Laboratory members are required to cooperate with the RIO and other Laboratory officials in the review of allegations and the conduct of inquiries and investigations. Laboratory members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other Laboratory officials.
3. **Confidentiality.** The RIO will:
  - a. Limit disclosure of the identity of respondents and complainants to those who need to know in order to carry out a thorough, competent, objective, and fair research misconduct proceeding
  - b. Except as otherwise prescribed by applicable law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding
4. **Protecting Complainants, Witnesses, and Committee Members.** Laboratory members may not retaliate in any way against complainants, witnesses, or committee members. Laboratory members should immediately report any alleged or apparent retaliation against complainants, witnesses, or committee members to the RIO, who will review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.
5. **Protecting the Respondent**
  - a. As requested and as appropriate, the RIO and other Laboratory officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.
  - b. During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all notices and opportunities provided for in this policy. Respondents may consult with personal legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the legal counsel or personal adviser to interviews or meetings on the case. The role of legal counsel in such meetings or interviews is limited to providing advice, not representation, to the respondent.
6. **Interim Actions and Notifying the Funding Agency of Special Circumstances.** Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal or state funds, and equipment, or the integrity of the funding agency's supported research process. In the event of such a threat, the RIO will, in consultation with other Laboratory officials and the funding agency, take appropriate interim action to protect against any such threat. Such action might include additional monitoring of the research process and the handling of research funds and equipment, reassignment of personnel or of the responsibility for the handling of research funds and equipment, additional review of research data and results, or delaying publication. The RIO will, at any time during a research misconduct proceeding, notify the funding agency immediately if he/she has reason to believe that any of the following conditions exist:
  - a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
  - b. Funding agency resources or interests are threatened;
  - c. Research activities should be suspended;
  - d. There is a reasonable indication of possible violations of civil or criminal law;
  - e. Funding agency action is required to protect the interests of those involved in the research misconduct proceeding;
  - f. The research misconduct proceeding may be made public prematurely and funding agency action may be necessary to safeguard evidence and protect the rights of those involved; or
  - g. The research community or public should be informed.

## D.4 Conducting the Assessment and Inquiry

1. **Assessment of Allegations**
  - a. Upon receiving an allegation of research misconduct, the RIO will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of [Section D.2.1](#) of this policy, and whether the allegation falls within the definition of research misconduct in [Section D.1.1, Introduction](#). An inquiry must be conducted if these criteria are met.
  - b. The assessment period should be brief, preferably concluded within a week. In conducting the assessment, the RIO need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO will, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in [Section D.4.3, Notice to Respondent: Sequestration of Research Records](#).
2. **Initiation and Purpose of the Inquiry.** If the RIO determines that the criteria for an inquiry are met, he/she will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.
3. **Notice to Respondent: Sequestration of Research Records.** At the time of or before beginning an inquiry, the RIO must make a good-faith effort to notify the respondent in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The RIO may consult with the funding agency for advice and assistance in this regard.
4. **Appointment of an Individual (Appointee) or Committee to Conduct an Inquiry.** The RIO, in consultation with other Laboratory officials as appropriate, will appoint an individual or committee (and committee chair) to conduct an inquiry as soon after the initiation of the inquiry as is practical. The appointee or committee members must not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.
5. **Charge to the Appointee or Committee and First Meeting**
  - a. The RIO will prepare a charge for the appointee or committee that:
    - i. Sets forth the time for completion of the inquiry
    - ii. Describes the allegations and any related issues identified during the allegation assessment
    - iii. States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible ([See Section D.6.1](#))
    - iv. States that an investigation is warranted if it is determined that:
      1. There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of [Section D.2.2](#) of this policy; and
      2. The allegation may have substance, based on the committee's review during the inquiry.
    - v. Informs the appointee or inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of [Section D.5.1, Elements of the Investigation Report](#)
  - b. At the first meeting with the appointee or committee, the RIO will review the charge, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist with organizing plans for the inquiry, and answer any questions raised. The RIO will be present or available throughout the inquiry to advise as needed.
6. **Inquiry Process.** The inquiry process will normally include interviews of the complainant, the respondent and key witnesses as well as examining relevant research records and materials. The evidence, including the testimony obtained during the inquiry will be evaluated. After consultation with the RIO, the appointee or committee members will decide whether an investigation is warranted based on the criteria in [Section D.4.5.iv](#) of this policy. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the RIO will promptly consult with the funding agency to determine the next steps that should be taken. [See Section D.10, Completion of Cases: Reporting Premature Closure to the Funding Agency.](#)
7. **Time for Completion.** The inquiry, including preparation of the final inquiry report and the decision of the DO ([See Section D.6.1](#)) on whether an investigation is warranted, must be completed within 60 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry records must include documentation of the reasons for exceeding the 60-calendar-day period. The respondent will be notified, in writing, of the extension.

## D.5 The Inquiry Report

## 1. Elements of the Inquiry Report

- a. A written inquiry report must be prepared that includes the following information:
  - i. The name and position of the respondent
  - ii. Names and titles of the appointee or committee members who conducted the inquiry
  - iii. A summary of the inquiry process used
  - iv. A list of the research records reviewed
  - v. Summaries of any interviews
  - vi. A description of the allegations of research misconduct
  - vii. The funding agency support, including, for example, grant numbers, grant applications, contracts and publications listing that support
  - viii. Any comments on the draft report by the respondent
  - ix. The basis for recommending or not recommending that the allegations warrant an investigation and
  - x. Whether any actions should be taken if an investigation is not recommended
- b. Laboratory Counsel should review the inquiry report for legal sufficiency. Modifications should be made, as appropriate, in consultation with the RIO and the appointee or committee.

## 2. Notification to the Respondent and Opportunity to Comment

- a. The RIO will notify the respondent as to whether the inquiry found an investigation to be warranted and will include a copy of the draft inquiry report for comment within 10 calendar days of such notification. The notification must include a copy of the Laboratory's policies and procedures on research misconduct. If the alleged misconduct involves research supported by PHS, the notification must include a copy of, or refer, to 42 CFR Part 93.
- b. Based on any comments that are timely submitted, the appointee or inquiry committee may revise the draft report as appropriate and prepare it in final form. The appointee or committee will transmit the final report, including any timely submitted comments by the respondent, to the RIO.

## D.6 Laboratory Decision and Notification

1. **Decision by Deciding Official (DO).** The RIO will transmit the final inquiry report to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination. An investigation is warranted if:
  - a. There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct under [Section D.1.1, \*Introduction\*](#), and within the scope of this policy under [Section D.2, \*Scope\*](#) and
  - b. Preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance
2. **Notification to the Complainant of the Results of the Inquiry.** The RIO shall notify the complainant whether the inquiry found an investigation to be warranted.
3. **Notification to the DOE Contracting Officer.** If the Contractor determines that there is sufficient evidence to proceed to an investigation, it must notify the Contracting Officer.
4. **Notification to the Funding Agency.** Within 30 calendar days of the DO's decision that an investigation is warranted, the RIO will provide the funding agency with the DO's written decision and a copy of the inquiry report. The RIO will also notify Laboratory or other officials who need to know of the DO's decision. The RIO must provide the following information to the funding agency upon request:
  - a. The Laboratory policies and procedures under which the inquiry was conducted
  - b. The research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents and
  - c. The charges to be considered in the investigation
5. **Documentation of Decision Not to Investigate.** If the DO decides that an investigation is not warranted, the RIO will secure and maintain for seven years after termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by the funding agency of the reasons why an investigation was not conducted. These documents must be provided to the funding agency upon request.

## D.7 Conducting the Investigation

1. **Initiation and Purpose.** The investigation must begin within 30 calendar days after the DO has determined that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation must be set forth in an investigation report (See [Section D.8, \*The Investigation Report\*](#)).



2. **Notifying the Funding Agency and Respondent: Sequestration of Research Records**
  - a. On or before the date on which the investigation begins, the RIO must:
    - i. Inform the Contracting Officer if an initial inquiry supports a formal investigation and, if requested by the Contracting Officer thereafter, keep the Contracting Officer informed of the results of the investigation and any subsequent adjudication and
    - ii. Notify the funding agency of the decision to begin the investigation and provide a copy of the inquiry report and
    - iii. Notify the respondent in writing of the allegations to be investigated. The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.
  - b. The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of, and sequester in a secure manner, all research records and evidence needed to conduct the research misconduct proceeding and that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the Laboratory's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry (See [Section D.4.3, Notice to Respondent: Sequestration of Research Records](#)).
3. **Appointment of the Investigation Committee.** The RIO, in consultation with other Laboratory officials as appropriate, will appoint an investigation committee and the committee chair as soon after the beginning of the investigation as is practical. The investigation committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the respondent and complainant, and conduct the investigation. Individuals who are not Laboratory members but who have specialized expertise germane to the research involved may be appointed to the committee. Individuals appointed to the investigation committee may also have served on the inquiry committee.
4. **Charge to the Committee and the First Meeting**
  - a. **Charge to the Committee.** The RIO will define the subject matter of the investigation in a written charge to the committee that:
    - i. Describes the allegations and related issues identified during the inquiry
    - ii. Identifies the respondent
    - iii. Informs the committee that it must conduct the investigation as prescribed in [Section D.7.5, Investigation Process](#)
    - iv. Defines research misconduct
    - v. Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible
    - vi. Informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that:
      1. Research misconduct, as defined in this policy occurred (See [Section D.1.1, Introduction](#); respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion);
      2. The research misconduct is a significant departure from accepted practices of the relevant research community;
      3. The respondent committed the research misconduct intentionally, knowingly, or recklessly; and
      4. Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy (See [Section D.5.1, Elements of the Investigation Report](#)).
  - b. **First Meeting.** The RIO will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this policy. If the research is supported by the PHS, the committee will be provided with a copy of 42 CFR Part 93. The RIO will be present or available throughout the investigation to advise the committee as needed.
5. **Investigation Process.** The investigation committee and the RIO must:
  - a. Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
  - b. Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
  - c. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
  - d. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

6. **Time for Completion.** The investigation is to be completed within 120 calendar days of its beginning, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to the funding agency. However, if the RIO determines that the investigation will not be completed within this 120-day period, he/she will submit to the funding agency a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with the funding agency if the funding agency grants the request for an extension and directs the filing of such reports.

## D.8 The Investigation Report

### 1. Elements of the Investigation Report

- a. The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that:
  - i. Describes the nature of the allegation of research misconduct, including identification of the respondent
  - ii. Describes and documents the funding agency support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing funding agency support
  - iii. Describes the specific allegations of research misconduct considered in the investigation
  - iv. Includes the Laboratory policy under which the investigation was conducted
  - v. Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed and
  - vi. Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must:
    1. Identify whether the research misconduct was falsification, fabrication, or plagiarism and whether it was committed intentionally, knowingly, or recklessly (See [Section D.1.1, Introduction](#))
    2. Summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by the respondent to establish by preponderance of the evidence that he/she did not engage in research misconduct because of honest error or a difference of opinion
    3. Identify the specific funding agency support
    4. Identify whether any publications need correction or retraction
    5. Identify the person(s) responsible for the misconduct and
    6. List any current support or known applications or proposals for support that the respondent has pending with any other funding agencies
- b. Laboratory Counsel should review the investigation report for legal sufficiency. Modifications should be made, as appropriate, in consultation with the RIO and investigative committee.

### 2. Comments on the Draft Report and Access to Evidence

- a. **Respondent.** The RIO must give the respondent a copy of the draft investigation report for comment and, concurrently, if requested, a copy of, or supervised access to the evidence on which the report is based. The respondent will be allowed 30 calendar days from the date he/she received the draft report to submit comments to the RIO. The respondent's comments must be included and considered in the final report.
- b. **Complainant.** At the discretion of the committee, in consultation with the RIO, the complainant may be provided with a copy of the draft investigative report, or relevant portions of it, for comment. Any comments must be submitted within 30 days of the date of receipt of the draft report and any comments received must be included and considered in the final investigation report.
- c. **Confidentiality.** In distributing the draft report, or portions thereof, to the respondent, or to the complainant, the RIO will inform the recipient of the confidentiality under which the draft report or portion of the report, is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

## D.9 Laboratory Decision and Notification

#### 1. **Decision by Deciding Official**

- a. The RIO will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments or complainants comments, if any, are included and considered, and transmit the final investigation report to the DO, who will determine in writing:
    - i. Whether he/she accepts the investigation report, its findings, and
    - ii. The appropriate Laboratory actions in response to the accepted findings of research misconduct
  - b. If this determination varies from the findings of the investigation committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.
  - c. When the DO reaches a decision on the case, generally within 60 days of receipt of the record of investigation, the RIO will normally notify both the respondent and the complainant in writing. The DO's decision represents the final decision of the Laboratory with respect to the issue of research misconduct. There is no right, under Laboratory policy, to appeal this decision. Any disciplinary action which may be imposed as a result of a finding of research misconduct will be handled in accordance with the [Corrective Action and Dismissal policy \(RPM Section 2.05\[C\]\)](#) or the applicable collective bargaining agreement. After informing the funding agency of the final decision, the DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding agencies.
2. **Notification to the DOE Contracting Officer.** When an investigation is complete, the Contractor will forward to the Contracting Officer a copy of the evidentiary record, the investigative report, any recommendations made to the Contractor's adjudicating official, the adjudicating official's decision and notification of any corrective action taken or planned, and the subject's written response (if any).
3. **Notification to Funding Agency of Laboratory Findings and Actions.** Unless an extension has been granted, the RIO must, within the 120-calendar-day period for completing the investigation, submit the following to the funding agency:
- a. A copy of the final investigation report with all attachments
  - b. A statement of whether the Laboratory accepts the findings of the investigation report
  - c. A statement of whether the Laboratory found misconduct and
  - d. A description of any pending or completed actions against the respondent
4. **Maintaining Records for Review by the Funding Agency**
- a. The RIO must maintain and provide to the funding agency upon request the records of research misconduct proceedings defined as:
    - i. Records the RIO secures for the proceeding pursuant to this policy, except to the extent the Laboratory subsequently determines and documents that those records are not relevant to the proceeding or that the records duplicate other records being retained
    - ii. Documentation of the determination of irrelevant or duplicate records
    - iii. The inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate as required by [Section D.6.4, Documentation of Decision Not to Investigate](#)
    - iv. The investigation report and all records (other than drafts of the report) in support of that report, including any required recordings or transcriptions of interviews
  - b. Unless custody has been transferred to the funding agency or the funding agency has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for seven years after completion of the proceeding or the completion of any funding agency proceeding involving the research misconduct allegation, whichever is later. The RIO is also responsible for providing any information, documentation, research records, evidence, or clarification requested by the funding agency to carry out its review of an allegation of research misconduct or of the Laboratory's handling of such an allegation.

### D.10 Completion of Cases: Reporting Premature Closure to the Funding Agency

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify the funding agency in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that the respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except:

1. Closing of a case at the inquiry stage on the basis that an investigation is not warranted or
2. A finding of no misconduct at the investigation stage, which must be reported to the funding agency as prescribed in [Section D.9.4, Maintaining Records for Review by the Funding Agency](#)

### D.11 Laboratory Actions, Including Employee Corrective (Disciplinary) Actions

If the DO determines that research misconduct is substantiated by the findings, he/she will decide on the appropriate actions to be taken, after consultation with the RIO.

1. **Actions may include:**
  - a. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found
  - b. Special monitoring of future work
  - c. Restitution of funds to the funding agency as appropriate
  - d. In the case of Laboratory members who are not employees, notification of the member's home institution of the results of the investigation and
  - e. Other action appropriate to the research misconduct
2. **Employee Corrective (Disciplinary) Actions.** The matter will be referred to the respective division director/department head and Human Resources for consideration of possible corrective (disciplinary) action under applicable Laboratory RPM policies and/or collective bargaining agreements.

## D.12 Other Considerations

1. **Termination or Resignation Prior to Completing Inquiry or Investigation**
  - a. The termination of the respondent's Laboratory employment or a non-employee member's Laboratory association, by resignation or otherwise before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the Laboratory's responsibilities under this policy.
  - b. If the respondent, without admitting to the misconduct, elects to resign his or her position after the Laboratory receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.
2. **Restoration of the Respondent's Reputation.** Following a final decision of no research misconduct, including funding agency concurrence where required by federal regulations or funding agency contracts or grants, the RIO must, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the RIO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any Laboratory actions to restore respondent's reputation should first be approved by the DO.
3. **Protection of the Complainant, Witnesses, and Committee Members.** During the research misconduct proceeding and upon its completion, regardless of whether the Laboratory or the funding agency determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO is responsible for implementing any steps approved by the DO.
4. If relevant, the DO, in consultation with the RIO, will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness, appointee, or committee member failed to act in good faith. If the DO determines that there was an absence of good faith, he/she will determine whether any action should be taken against the person who failed to act in good faith and forward any such recommendation for consideration by Human Resources and the appropriate Laboratory official.

## E. Roles and Responsibilities

Role	Responsibility
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Laboratory	<ol style="list-style-type: none"> <li>1. The Laboratory will respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner, including taking precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional, or financial conflicts of interest with the complainant, respondent, or witnesses.</li> <li>2. The Laboratory will take all reasonable and practical steps to ensure the cooperation of complainants, respondents, and other Laboratory members with research misconduct proceedings, including, but not limited to, their providing information, research records, and evidence.</li> <li>3. The Laboratory will report to the DOE Contracting Officer, and to the appropriate office/official(s) of the <b>fundin g agency</b> sponsoring the research involved as required in this policy. Reports will be made to the DOE Contracting Officer and: <ol style="list-style-type: none"> <li>a. The appropriate contracting officer for Department of Energy (DOE) supported activities</li> <li>b. The Office of Research Integrity (ORI) of the Department of Health and Human Services (HHS) for PHS-supported activities</li> <li>c. The appropriate contracting officer or contracting officer's technical representative for Environmental Protection Agency supported activities</li> <li>d. The Office of the Inspector General (OIG) for National Aeronautics and Space Administration (NASA)–supported activities and</li> <li>e. The authority identified in the specific grant or contract for agencies not listed above</li> </ol> <p>In cases where the research is supported by multiple agencies, the Laboratory will report to each agency.</p> </li> </ol>
Research Integrity Officer	<p>The Research Integrity Officer (RIO) has primary responsibility for implementing the Laboratory's policies and procedures on research misconduct. When performing any of the duties required in this policy, the RIO will consult with the responsible Laboratory division director and other Laboratory scientific and/or institutional officials, as appropriate, or when specific expertise or assistance is needed. The responsibilities of the RIO include the following duties related to research misconduct proceedings:</p> <ol style="list-style-type: none"> <li>1. Be available to consult with persons uncertain about whether to submit an allegation of research misconduct.</li> <li>2. Receive allegations of research misconduct.</li> <li>3. Assessing each allegation of research misconduct in accordance with <a href="#">Section D.4.1, Assessment of Allegations</a>, to determine whether it falls within the definition of research misconduct and warrants an inquiry (See <a href="#">Section D.1.1, Introduction</a>).</li> <li>4. As necessary, take interim action and notify the funding agency (see <a href="#">Laboratory</a> under Section E, <i>Roles and Responsibilities</i>, of this policy) of special circumstances, in accordance with <a href="#">Section D.3.6, Interim Actions and Notifying the Funding Agency of Special Circumstances</a>.</li> <li>5. Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with <a href="#">Section D.4.3, Notice to Respondent: Sequestration of Research Records</a>, of this policy and maintain it securely in accordance with this policy and applicable law and regulation.</li> <li>6. Provide confidentiality to those involved in the research misconduct proceedings as required by <a href="#">Section D.3.3, Confidentiality</a>, of this policy.</li> <li>7. Notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with this policy.</li> <li>8. As appropriate or required by this policy, inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding.</li> <li>9. Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed, and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence.</li> <li>10. Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest; and take appropriate actions, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding.</li> <li>11. In cooperation with other Laboratory officials, take all reasonable and practical steps to protect or restore the positions and reputations of good-faith complainants, witnesses, and committee members; and counter potential or actual retaliation against them by respondents or other Laboratory members.</li> <li>12. Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct.</li> <li>13. Notify, and make reports to, the DOE Contracting Officer as required by this policy (See <a href="#">Laboratory</a> under Section E, <i>Roles and Responsibilities</i>).</li> <li>14. Notify, and make reports, to the funding agency as required by this policy (See <a href="#">Laboratory</a> under Section E, <i>Roles and Responsibilities</i>).</li> <li>15. Ensure that actions taken by the Laboratory and the funding agency are enforced; and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, and professional societies, and licensing boards of those actions.</li> <li>16. Maintain records of the research misconduct proceeding, and provide those records to the DOE Contracting Officer in accordance with <a href="#">Section D.9.2, Notification to the DOE Contracting Officer</a>, and <a href="#">Section D.9.4, Maintaining Records for Review by the Funding Agency</a>, of this policy.</li> <li>17. Maintain records of the research misconduct proceeding, and make those records available to the funding agency in accordance with <a href="#">Section D.9.2, Notification to the DOE Contracting Officer</a>, and <a href="#">Section D.9.4, Maintaining Records for Review by the Funding Agency</a>, of this policy.</li> </ol>

Complainant	The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. If the matter proceeds to an investigation, the complainant must be interviewed, and be given the transcript or recording of the interview for review and correction. Individuals whose allegations of research misconduct are not made in good faith may be subject to Laboratory corrective (disciplinary) action up to and including dismissal from employment.
Respondent	<p>The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent is entitled to:</p> <ol style="list-style-type: none"> <li>1. A good-faith effort from the RIO to notify the respondent in writing at the time of or before beginning the inquiry</li> <li>2. An opportunity to comment on the draft inquiry report and have his/her comments attached to the inquiry report</li> <li>3. Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to, the Laboratory's policies and procedures on research misconduct. In the case of an allegation of misconduct in research supported by PHS, the inquiry report must also include a copy of, or refer to, 42 CFR Part 93.</li> <li>4. Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins; and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations</li> <li>5. Be interviewed during the investigation; have the opportunity to review and correct the recording or transcript of the interview; and have the corrected recording or transcript included in the record of the investigation</li> <li>6. Have interviewed during the investigation any witness who has been reasonably identified by the respondent as having information on relevant aspects of the investigation; have the recording or transcript of the interview provided to the witness for review and correction; and have the corrected recording or transcript included in the record of investigation and</li> <li>7. Receive a copy of the draft investigation report and, concurrently if requested, a copy of or supervised access to the evidence on which the report is based; and be notified that any comments must be submitted within 30 calendar days of the date on which the copy was received, and that the comments will be considered by the institution and addressed in the final report</li> </ol> <p>The respondent must be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and/or other Laboratory officials, the Deciding Official may terminate the Laboratory's review of an allegation that has been admitted if the Laboratory's acceptance of the admission and any proposed settlement is approved by the funding agency.</p>
Deciding Official	<p>The DO will receive the inquiry report and, after consulting with the RIO and/or other Laboratory officials, decide whether an investigation is warranted under the criteria set forth in this policy (see <a href="#">Section D.6.1, Decision by Deciding Official</a>). Any finding that an investigation is warranted must be made in writing by the DO and must be provided to the funding agency, together with a copy of the inquiry report, within 30 calendar days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least seven years after termination of the inquiry, so that the funding agency may assess the reasons why the Laboratory decided not to conduct an investigation.</p> <p>The DO will receive the investigation report and, after consulting with the RIO and/or other Laboratory officials, decide the extent to which the Laboratory accepts the findings of the investigation and, if research misconduct is found, decide what, if any, Laboratory actions are appropriate. The DO will ensure that the final investigation report, the findings of the DO, and a description of any pending or completed actions are provided to the funding agency, as required by <a href="#">Section D.9.2, Notification to Funding Agency of Laboratory Findings and Actions</a>.</p>

## F. Definitions/Acronyms

<b>Terms</b>	<b>Definition</b>
Allegation	A disclosure of possible research misconduct through any means of communication. This disclosure may be by written or oral statement or other communication to the Laboratory or a funding official.
Complainant	A person who in good faith makes an allegation of research misconduct
Conflict of interest	The real or apparent potential bias that may occur due to prior or existing personal, financial, or professional relationships
Deciding Official (DO)	The Laboratory official who makes final determinations on allegations of scientific misconduct and any responsive Laboratory actions. The Laboratory's Deputy Director is the Deciding Official.
Evidence	Any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact
Funding agency / sponsoring agency	The source(s) of the funds under which the research was conducted
Good faith	Having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means impartially and honestly carrying out the duties assigned under this policy. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceedings.
Inquiry	Gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation
Investigation	The formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct
Preponderance of the evidence	Proof by information that, compared with information opposing it, leads to the conclusion that the fact at issue is more probably true than not
Research Integrity Officer (RIO)	The Laboratory official responsible for implementing the procedures described in this policy. The Laboratory's RIO is the Research and Institutional Integrity Manager.
Research	A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) in all fields of science, medicine, engineering, and mathematics, including but not limited to research in economics, education, linguistics, medicine (relating broadly to public health by establishing, discovering, developing, elucidating, or confirming information about; or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied), psychology, social science statistics, and research involving human subjects or animals
Research record	The record of data or results that embody the facts resulting from scientific inquiry, including but not limited to research proposals, laboratory records (both physical and electronic), progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to the funding agency or Laboratory official by a respondent in the course of the research misconduct proceeding
Respondent	The person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding
Retaliation	An adverse action taken against a complainant, witness, or inquiry appointee or committee member, or investigation committee member by the Laboratory or one of its members in response to: <ul style="list-style-type: none"> <li>• A good-faith allegation of research misconduct or</li> <li>• Good-faith cooperation with or participation in a research misconduct proceeding</li> </ul>

## G. Recordkeeping Requirements

See above

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Stoufer	Rewrite for the wiki (brief)	All	Minor
2/27/2013	1	Stoufer	Rewrite for wiki (policy)	All	Minor
7/25/2014	1.1	Stoufer	Minor clarifications (periodic review)	D.6, D.7, D.9, E. Roles and Responsibilities	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Research Misconduct
Document number	03.01.001.000
Revision number	1.1
Publication date:	7/25/2014
Effective date:	2/28/2008
Next review date:	8/1/2017
Policy Area:	Research Integrity
RPM Section (home)	Conduct of Research and Development
RPM Section (cross-reference)	Section 2.05(I)
Functional Division	Directorate
Prior reference information (optional)	Section 2.05(I)

## Source Requirements Documents

- Contract 31 Clause I.125 – DEAR 952.235-71, *Research Misconduct*
- 10 CFR 733, *Allegations of Research Misconduct*

## Other Driving Requirements

- 42 CFR 93, *Public Health Service Policies on Research Misconduct*

## Implementing Documents

None



# Research with Radioactive Drugs in Human Subjects

## Brief

Title:	Research with Radioactive Drugs in Human Subjects
Publication date:	3/21/2014
Effective date:	3/21/2014

## BRIEF

### Policy Summary

All Berkeley Lab research involving human participants must safeguard participants' welfare, privacy, and rights as specified under the guiding federal regulation, 45 CFR 46, the Common Rule. Research involving experimental radioactive drugs in humans must additionally follow the guiding regulations laid out at 21 CFR 361.1, *Radioactive Drugs for Certain Research Uses*.

### Who Should Read This Policy

- Employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves the use of applicable experimental radioactive drugs in human participants
- The Institutional Official for human research, members of the Radioactive Drug Research Committee (RDRC), and the staff of the Human and Animal Regulatory Committees (HARC) Office

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Radioactive Drug Research Committee  
Human and Animal Regulatory Committees Office  
[HARC@lbl.gov](mailto:HARC@lbl.gov)  
(510) 486-5399

## Policy

Title:	Research with Radioactive Drugs in Human Subjects
Publication date:	3/21/2014
Effective date:	3/21/2014

## POLICY

### A. Purpose

All Lawrence Berkeley National Laboratory (Berkeley Lab) research involving human participants must safeguard participants' welfare, privacy, and rights as specified under the guiding federal regulation, 45 CFR 46, the Common Rule. Research involving experimental radioactive drugs in humans must additionally follow the guiding regulations laid out at 21 CFR 361.1, *Radioactive Drugs for Certain Research Uses*.

### B. Persons Affected

- Employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves the use of experimental radioactive drugs in human participants
- The Institutional Official for human research, members of the Radioactive Drug Research Committee (RDRC), and the staff of the Human and Animal Regulatory Committees (HARC) Office, which supports the RDRC and the Human Subjects Protection Program as a whole

## C. Exceptions

Research involving experimental radioactive drugs in human subjects where all the drugs used in the research are either approved by the Food and Drug Administration (FDA), or listed in the current *United States Pharmacopeia*, or are covered by an FDA-approved Investigational New Drug (IND) exemption

## D. Policy Statement

All Berkeley Lab research involving human participants must safeguard participants' welfare, privacy, and rights as specified under the guiding federal regulation, 45 CFR 46, the Common Rule. Research including the administration to humans of experimental radioactive drugs not subject to the exception noted above in Section C, *Exceptions*, must additionally follow the guiding regulations laid out in 21 CFR 361.1. These requirements derive from a Department of Energy (DOE) order and Department of Health and Human Services regulations. To ensure that these requirements are met:

1. All protocols for research involving human participants performed at or funded through Berkeley Lab must be submitted to and formally approved by the Human Subjects Committee (HSC) and, when applicable, the RDRC prior to initiation; and
2. All work with human participants must follow the approved protocol.

The Laboratory can terminate research that is not conducted in accordance with HSC and RDRC decisions, conditions, and requirements, or that has been associated with unexpected serious harm to subjects.

## E. Roles and Responsibilities

Role	Responsibility
Human subjects researcher, including employees, affiliates (formerly known as "guests"), visitors, and subcontractors who propose or conduct research that includes the use of experimental radioactive drugs in human participants	<ul style="list-style-type: none"> <li>• Safeguards the welfare, privacy, and rights of human subjects who take part in the research experiment</li> <li>• Completes required training: EHS0740, <i>Human Subjects Research Training</i></li> <li>• Develops protocols for and obtains HSC and RDRC approval</li> <li>• Ensures that staff working under the protocol(s) are trained</li> <li>• Follows approved protocols, files quarterly reports and renewals in a timely fashion, and promptly reports adverse/unexpected/reportable events to the HSC and RDRC</li> </ul>
Human Subjects Committee (HSC)	<ul style="list-style-type: none"> <li>• In addition to their responsibilities under the Human Subjects Research policy, verifies that RDRC approval has been obtained for studies involving the administration of radioactive drugs to human participants</li> </ul>
Institutional Official for Human Subjects Protection	<ul style="list-style-type: none"> <li>• Appoints members to the RDRC</li> <li>• Suspends or terminates research that is not conducted in accordance with RDRC decisions, conditions, and requirements, or that has been associated with unexpected serious harm to subjects</li> <li>• Approves changes in Laboratory policy relevant to research involving the use of experimental radioactive drugs in human participants</li> <li>• Ensures support to the RDRC and HARC Office sufficient to carry out their responsibilities</li> </ul>
Radioactive Drug Research Committee	<ul style="list-style-type: none"> <li>• Determines whether a given project falls within the purview of the RDRC</li> <li>• Reviews protocols for research with radioactive drugs in human participants</li> <li>• Ensures compliance with 21 CFR 361.1</li> <li>• Reviews the quarterly dose summaries for individual subject-studies</li> <li>• Reports annually and more often when needed to the Food and Drug Administration about activities carried out under the authority of 21 CFR 361.1</li> </ul>
RDRC Chair	<ul style="list-style-type: none"> <li>• Signs annual and special reports to the FDA on behalf of the RDRC</li> </ul>
Human and Animal Regulatory Committees (HARC) Staff	<ul style="list-style-type: none"> <li>• Facilitates and supports the RDRC, researchers, and the Institutional Official in carrying out their responsibilities</li> <li>• Oversees the Human/Animal Research Protocol Management System (HARP) database</li> <li>• Maintains physical files of RDRC records</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Human subject	A living person about whom a researcher obtains (1) data through intervention or interaction or (2) identifiable private information
Common Rule	45 CFR 46, the section of the Code of Federal Regulations that lays out the federal policy for the protection of human subjects
Institutional Review Board	A board or committee authorized by a federal assurance to review research with human participants. The Human Subjects Committee (HSC) is the Berkeley Lab Institutional Review Board.
Radioactive Drug Research Committee	A board or committee authorized by the Food and Drug Administration responsible for the review and approval of research protocols involving the administration or use of radioactive drugs in human subjects
Institutional Official for human subjects research	The Berkeley Lab official who signs the Federal-wide Assurance of Compliance committing the institution to following the regulations laid out in 45 CFR 46 (known as the Common Rule) and Subparts B, C, and D
Federal-wide Assurance of Compliance	The written, binding agreement submitted to the Department of Health and Human Services in which the institution commits to complying with regulations governing research with human subjects and stipulates the procedures through which compliance will be achieved
Human/Animal Research Protocol Management System (HARP)	The Berkeley Lab system housing online "smart" forms that lead researchers through protocol application, renewal, amendment, and adverse/unexpected event reporting processes
Drug	(1) Articles recognized in the <i>United States Pharmacopoeia</i> , <i>Homoeopathic Pharmacopoeia of the United States</i> , or the <i>National Formulary</i> , or any supplement to any of them; and (2) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease
Radioactive drug or radiotracer	Radioactive drugs or biological products labeled with a radionuclide
Experimental radioactive drug	A radioactive drug not listed in the <i>United States Pharmacopoeia</i> , <i>Homoeopathic Pharmacopoeia of the United States</i> , or the <i>National Formulary</i> , or any supplement to any of them
Subject-study	An instance of a radioactive drug being administered to a subject under an approved protocol

## G. Recordkeeping Requirements

FDA Form 2914	Radioactive Drug Research Committee Membership Summary: Prepared by the HARC staff and filed by the RDRC Chair annually (as part of the Annual Report) and whenever there is a membership change on the Committee
FDA Form 2915	Radioactive Drug Research Committee Report on the Research Use of Radioactive Drugs Study Summary: Filed quarterly by investigators with the RDRC to detail the actual subject-studies conducted during the previous quarter under each protocol approved for the use of experimental drugs. Filed by the RDRC with the FDA whenever the RDRC approves a research protocol meeting certain conditions established in 21 CFR 361.1.
Annual Report	An annual summary filed with the FDA by the RDRC Chair, containing a written summary of approved protocols, Form 2914, and Form(s) 2915 detailing the subject-studies conducted under each protocol approved for the use of experimental drugs at any time during the calendar year of the report

## H. Implementing Documents

- Protocols for research with experimental radioactive drugs in human subjects are submitted through the Human and Animal Research Protocol (HARP) on-line 'smart' protocol form that leads researchers through the application process. Details on getting started in HARP, including the initial step of establishing an account, can be found on the Human Subjects Committee website at [http://www.lbl.gov/ehs/health\\_services/harc/hsc.shtml](http://www.lbl.gov/ehs/health_services/harc/hsc.shtml)
- ES&H Manual *Research with Human and Animal Subjects program*
- Human Subjects Committee (HSC) Guidelines — Reviewing Protocols Involving the Use of Ionizing Radiation
- Assurance of Compliance
- [The Radioactive Drug Research Committee: Human Research Without an Investigational New Drug Application \(Nonbinding Guidance for Industry and Researchers\)](#)

## I. Contact Information

Radioactive Drug Research Committee  
Human and Animal Regulatory Committee Office  
[HARC@lbl.gov](mailto:HARC@lbl.gov)  
(510) 486-5399

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	C. Byrne	Brief for wiki	All	Minor
3/21/2014	1	C. Byrne	Full policy reformatted	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Research with Radioactive Drugs in Human Subjects
Document number	03.02.001.000
Revision number	1
Publication date:	3/21/2014
Effective date:	12/2001
Next review date:	3/21/2017
Policy Area:	Human and Animal Subjects Research
RPM Section (home)	Conduct of R&D
RPM Section (cross-reference)	None
Functional Division	Office of Institutional Assurance
Prior reference information (optional)	PUB 3000, Sec 22.1

### Source Requirements Documents

- [21 CFR 361.1](#), *Radioactive Drugs for Certain Research Uses*
- [45 CFR Part 46](#), *Federal Policy for the Protection of Human Subjects (The Common Rule)*

### Other Driving Requirements

None

### Implementing Documents

Document Number	Other Reference Number	Title	Document Type
03.02.002.001	PUB-3000 Chapter 22	<a href="#">Research with Human and Animal Subjects</a>	Program
n/a		<a href="#">Human Subjects Committee (HSC) Guidelines Reviewing Protocols Involving the Use of Ionizing Radiation</a>	Procedure
n/a		<a href="#">Human and Animal Research Protocol (HARP) system online "smart" protocol form</a>	Website
FDA Form 2914		<a href="#">Radioactive Drug Research Committee (RDRC) Report on Research Use of Radioactive Drugs — Membership Summary</a>	Form
FDA Form 2915		<a href="#">Radioactive Drug Research Committee (RDRC) Report on Research Use of Radioactive Drugs — Study Summary</a>	Form

### Other References

- Assurance of Compliance
- [The Radioactive Drug Research Committee: Human Research Without an Investigational New Drug Application \(Nonbinding Guidance for Industry and Researchers\)](#)

# Research with Vertebrate Animals

## Brief

Title:	Research with Vertebrate Animals
Publication date:	10/3/2013
Effective date:	10/3/2013

## BRIEF

### Policy Summary

All Berkeley Lab research involving vertebrate animals must be conducted in accordance with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the *Guide for the Care and Use of Laboratory Animals*, and the Animal Welfare Act.

### Who Should Read This Policy

- Employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves vertebrate animals (or vertebrate-animal-derived materials such as antibodies or tissues)
- The Institutional Official for animal welfare, members of the Institutional Animal Care and Use Committee (IACUC) known at Berkeley Lab as the Animal Welfare and Research Committee (AWRC), and the staff of the Human and Animal Regulatory Committees (HARC) Office

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Animal Welfare and Research Committee  
Human and Animal Regulatory Committees Office  
[HARC@lbl.gov](mailto:HARC@lbl.gov)  
(510) 486-5399

## Policy

Title:	Research with Vertebrate Animals
Publication date:	10/3/2013
Effective date:	10/3/2013

## POLICY

### A. Purpose

All Berkeley Lab research involving vertebrate animals must be conducted in accordance with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the *Guide for the Care and Use of Laboratory Animals*, and the Animal Welfare Act.

### B. Persons Affected

- Berkeley Lab employees, affiliates (formerly known as "guests"), visitors, and subcontractors whenever they propose or conduct research that involves vertebrate animals (or vertebrate-animal-derived materials such as antibodies or tissues)
- The Institutional Official for animal welfare; members of the Institutional Animal Care and Use Committee (IACUC) known at Berkeley Lab as the Animal Welfare and Research Committee (AWRC); and the staff of the Human and Animal Regulatory Committees (HARC) Office, which supports the AWRC

### C. Exceptions

Not applicable

## **D. Policy Statement**

All Berkeley Lab research involving vertebrate animals must be conducted in accordance with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy), the *Guide for the Care and Use of Laboratory Animals*, and the Animal Welfare Act. This requirement derives from Department of Health and Human Services policy and federal law.

To ensure that this requirement is met:

1. All protocols for research involving vertebrate animals performed at or funded through Berkeley Lab must be submitted to and formally approved by the Animal Welfare and Research Committee prior to initiation and
2. All work with vertebrate animals must follow the approved protocol

The Laboratory can terminate research that is not conducted in accordance with AWRC decisions, conditions, and requirements, or that has been associated with pain or distress beyond the level anticipated in the protocol and/or unanticipated experimental outcomes.

## **E. Roles and Responsibilities**



Role	Responsibility
<p>Researchers using animals (including employees, affiliates (formerly known as "guests"), visitors, and subcontractors who propose or conduct research that involves animals or animal-derived material such as antibodies or tissues)</p>	<ul style="list-style-type: none"> <li>• Safeguard the welfare of animals used in their research</li> <li>• Complete required <a href="#">Ethical Training for researchers at LBNL</a></li> <li>• Develop protocols for and obtain AWRC approval</li> <li>• Ensure that staff working under the protocol(s) are trained</li> <li>• Follow approved protocols, file renewals in a timely fashion, and promptly report problems to the AWRC</li> </ul>
<p>Animal Welfare and Research Committee (AWRC)</p>	<ul style="list-style-type: none"> <li>• Establishes and maintains an Animal Welfare Assurance with the U.S. Department of Health and Human Services Office of Laboratory Animal Welfare</li> <li>• Conducts a semiannual facility inspection and animal welfare program review</li> <li>• Reviews research proposals to ensure the protection of animals used in research</li> <li>• Monitors ongoing animal research</li> <li>• Educates Berkeley Lab researchers using animals as needed</li> <li>• Reports unanticipated problems and adverse events to the Institutional Official and Laboratory Director</li> <li>• Recommends changes in Laboratory policy relevant to research-animal welfare to the Institutional Official</li> <li>• Certifies to funding agencies and/or the Office of Sponsored Partnerships &amp; Industry Partnerships that research has been reviewed and approved by the Institutional Animal Care and Use Committee</li> </ul>
<p>Attending Veterinarian</p>	<ul style="list-style-type: none"> <li>• Oversees all activities involving animals at Berkeley Lab</li> <li>• Conducts routine inspections and monitors ongoing animal research</li> <li>• Consults with and provides training for animal care and research staff as needed</li> <li>• Serves as a member of the IACUC</li> <li>• Temporarily suspends or interrupts research that is not conducted in accordance with AWRC decisions, conditions, and requirements or that has been associated with unexpected experimental failure or suffering to animals</li> <li>• Recommends changes in Laboratory policy relevant to research animal welfare to the AWRC and/or the Institutional Official</li> </ul>
<p>Institutional Official for animal welfare</p>	<ul style="list-style-type: none"> <li>• Signs the Animal Welfare Assurance on behalf of the Laboratory</li> <li>• Receives the semiannual inspection and program review report from the AWRC</li> <li>• With the AWRC Chair, signs the annual report to the Office of Laboratory Animal Welfare</li> <li>• Appoints members to the AWRC</li> <li>• Suspends or terminates research that is not conducted in accordance with AWRC decisions, conditions, and requirements or that has been associated with unexpected failure or suffering to animals</li> <li>• Approves changes in Laboratory policy relevant to research involving animals</li> <li>• Ensures support to the AWRC, the Attending Veterinarian and the HARC Office sufficient to carry out their responsibilities</li> </ul>
<p>Human and Animal Regulatory Committees (HARC) Staff</p>	<ul style="list-style-type: none"> <li>• Facilitate and support the AWRC, researchers, and the Institutional Official in carrying out their responsibilities</li> <li>• Oversees the Human/Animal Research Protocol Management System (HARP)</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Animal	Any live, vertebrate animal used or intended for use in research, research training, experimentation, or biological testing or for related purposes.
PHS Policy	Public Health Service Policy on Humane Care and Use of Laboratory Animals; the implementing guidance for federally funded research involving animals
<i>Guide for the Care and Use of Laboratory Animals</i>	The <i>Guide</i> is published by the National Research Council of the National Academies and defines the framework for a compliant animal care and use program.
Animal Welfare Act	Public Law 89-544, 1966, as amended, (P.L. 91-579, P.L. 94-279, and P.L. 99-198) 7 U.S.C. 2131 et seq.; the federal law regulating the treatment of animals in research, exhibition, transport, and by dealers
Institutional Animal Care and Use Committee (IACUC)	A board or committee authorized by a federal assurance to review research involving animals. The AWRC is the Berkeley Lab Institutional Animal Care and Use Committee.
Institutional Official for animal welfare	The Berkeley Lab official who signs the Animal Welfare Assurance, committing the institution to following the Public Health Service (PHS) Policy on Humane Care and Use of Animals
Animal Welfare Assurance	The written, binding agreement submitted to the Department of Health and Human Services in which the institution commits to complying with regulations governing the use of animals in research and stipulates the procedures through which compliance will be achieved
Human/Animal Research Protocol Management System (HARP)	The system housing online "smart" forms that lead researchers through protocol application, renewal, modification, and adverse/unexpected event reporting processes

## G. Recordkeeping Requirements

<b>Responsible Party</b>	<b>Record</b>
Animal Welfare and Research Committee (AWRC)	Conducts a semiannual facility inspection and animal welfare program review, and reports the outcome to the Institutional Official
Institutional Official and AWRC Chair	Reports annually to the PHS Office of Laboratory Animal Welfare on the status of the animal welfare program

## H. Implementing Documents

<b>Document Number</b>	<b>Document Title</b>	<b>Type</b>
n/a	<a href="#">Human/Animal Research Protocol Management System (HARP)</a>	Web site
n/a	Animal Welfare and Research Committee <a href="#">Short Renewal Form</a>	Form
n/a	Animal Welfare and Research Committee <a href="#">Protocol Personnel Form (PPF)</a>	Form
03.02.002.001	<a href="#">Research with Human and Animal Subjects</a>	Program
n/a	<a href="#">Animal Welfare and Research Committee Charter</a>	Charter
n/a	<a href="#">Animal Welfare Assurance</a>	Compliance document

## I. Contact Information

Animal Welfare and Research Committee  
 Human and Animal Regulatory Committees Office  
[HARC@lbl.gov](mailto:HARC@lbl.gov)  
 (510) 486-5399

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	C. Byrne	Brief for wiki	All	Minor
10/3/2013	1	C. Byrne	Policy for wiki	All	Minor

## Document Information

### DOCUMENT INFORMATION

Title:	Research with Vertebrate Animals
Document number	03.02.003.000
Revision number	1
Publication date:	10/3/2013
Effective date:	10/3/2013
Next review date:	10/3/2013
Policy Area:	Human and Animal Subjects Research
RPM Section (home)	Conduct of R&D
RPM Section (cross-reference)	none
Functional Division	OIA
Prior reference information (optional)	PUB-3000, Chapter 22, Section 22.3

### Source Requirements Documents

- Title 7 U.S.Code, Chapter 54, Transportation, Sale and Handling of Certain Animals, [The Animal Welfare Act](#)

### Other Driving Requirements

- [Public Health Service Policy on Humane Care and Use of Laboratory Animals](#), 2002
- [Guide for the Care and Use of Laboratory Animals](#), Eighth Edition

### Implementing Documents

Document Number	Document Title	Type
n/a	<a href="#">Human/Animal Research Protocol Management System (HARP)</a>	Web site
n/a	<a href="#">Animal Welfare and Research Committee Short Renewal Form</a>	Form
n/a	<a href="#">Animal Welfare and Research Committee Protocol Personnel Form (PPF)</a>	Form
03.02.002.001	<a href="#">Research with Human and Animal Subjects</a>	Program
n/a	<a href="#">Animal Welfare and Research Committee Charter</a>	Charter
n/a	<a href="#">Animal Welfare Assurance</a>	Compliance document

# Resource Adjustments - Cost Transfers

Title:	Resource Adjustments – Cost Transfers
Publication date:	1/2/2012
Effective date:	12/12/2011

## BRIEF

### Policy Summary

This policy defines the requirements and procedures for preparing, approving, and processing resource adjustments at Berkeley Lab. A resource adjustment is an online process to transfer both labor and nonlabor costs from one Berkeley Lab project or account to another.

### Who Should Read This Policy

Any Berkeley Lab employee responsible for preparing, approving, or processing resource adjustments

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager](#)

Title:	Resource Adjustments – Cost Transfers
Publication date:	1/2/2012
Effective date:	12/12/2011

#### [D. Policy Statement](#)

[D.1 General](#)

[D.2 Criteria Definitions](#)

[D.3 Examples of Justifications for Resource Adjustments](#)

[D.4 Journal Entry Input](#)

[D.5 Approval Process](#)

## POLICY

### A. Purpose

The purpose of this policy is to define the requirements and procedures to be followed for preparing, approving, and processing resource adjustments at Lawrence Berkeley National Laboratory (Berkeley Lab).

## B. Persons Affected

Any Berkeley Lab employee responsible for preparing, approving, or processing resource adjustments

## C. Exceptions

Not applicable

## D. Policy Statement

### D.1 General

1. A resource adjustment is an online process to transfer both labor and nonlabor costs from one Berkeley Lab project or account to another.
2. Labor adjustments must be made in the Labor Distribution Reporting System (LDRS) and nonlabor adjustments and accruals are made in the Financial Management System (FMS). The only exception to this requirement is the National Institutes of Health labor adjustment over the cap or limit. Labor adjustments are subject to the same requirements set forth in this policy.
3. An online [Resource Adjustment training module](#) is available and is a prerequisite for any employee who prepares resource adjustments.
4. A resource adjustment must meet the following criteria:
  - a. Necessary
  - b. Appropriate
  - c. Timely
  - d. Fully documented and justified

### D.2 Criteria Definitions

**Necessary:** A resource adjustment is necessary when any of the following circumstances apply to the original charge:

- Charged to an intermediate cost objective and needs to be re-allocated to a final cost objective (e.g., distribution of recharges)
- Coded improperly, thereby charging an incorrect project, suspense/dropout project, or an incorrect or inappropriate resource category
- A justifiable, documented, and appropriate decision was made to change the project for which a resource was to be allocated because the resource has a more appropriate causal or beneficial relationship to another project(s)

**Appropriate:** A resource adjustment is appropriate when effort and/or costs are reasonable (using prudent business judgment), allocable to the receiving project (i.e., project receives benefit), and are not expressly unallowable costs as defined in Contract 31, sponsor agreements, the Federal Acquisition Regulation (FAR), and the Department of Energy (DOE) Acquisition Regulation (DEAR).

**Timely:** Resource adjustments made in either FMS or LDRS should be completed within three months of the original entry. Supporting documentation for resource adjustments that exceed three months to complete must explicitly include the reason(s) for exceeding this time period.

**Documentation and Justification:** Appropriate justification and documentation is required for each resource adjustment. A specific explanation and rationale for the purpose of the resource adjustment must be included.

- A **single** resource adjustment journal or LDRS key number is not to be used for **multiple** purposes. For example, one resource adjustment should not encompass several entries on several journal lines for a different reason or rationale. A separate resource adjustment with a separate General Ledger (GL) journal ID or LDRS key number should be entered for each distinct reason.
- Documentation for each resource adjustment is to be maintained by the originating division.
- Detailed justification should be attached to all resource adjustments prior to approval. The documentation should clearly :
  - Provide support for computations on each entry (amount) listed on the resource adjustment
  - Display all of the project ID numbers involved
  - Adequately explain why an adjustment is necessary and/or appropriate, including why the original entry was incorrect and no longer appropriate and why the adjustment is more appropriate
  - Display all necessary division and cross-division approvals as necessary (see [D.5 Approval Process](#), below)

### D.3 Examples of Justifications for Resource Adjustments

Necessary and Appropriate	Inappropriate
<ul style="list-style-type: none"> <li>• Clearing charges to dropout projects to the benefiting project</li> <li>• Changes in the use of goods/services</li> <li>• Recharges or other periodic redistribution of shared costs</li> <li>• Redistributing shared costs to benefiting projects using a more appropriate allocation base</li> <li>• Accommodating a sponsor-initiated change in funding specifications such as a B&amp;R recast or a new Work for Others (WFO) contract number or desire by a sponsor for a more detailed breakout of expenditures among subprojects</li> <li>• DOE-mandated adjustments</li> </ul>	<ul style="list-style-type: none"> <li>• Transferring costs to a nonbenefiting project</li> <li>• An adjustment that misclassifies costs in the receiving project. Example: Charges to an inappropriate resource category.</li> <li>• Transferring costs from an overcosted project to another unrelated project/funding source, which received no benefit from the effort or costs</li> </ul>

### D.4 Journal Entry Input

1. When entering resource adjustments in FMS, a GL journal ID should not be used more than once in the same accounting period. It can, however, be used again in subsequent months (e.g., monthly recharges).
2. Appropriate resource categories are to be used to make any necessary resource adjustments, regardless of the amount.
3. Appropriate Journal Source Codes should be used when preparing nonlabor journals (see *Journal Source Codes in Implementing Documents*)

### D.5 Approval Process

1. Resource adjustments of **\$5,000** or more **require approval** from a designated approver. The approver of a resource adjustment exceeding the approval threshold cannot also be the preparer. Threshold limits are located in the [Signature Authority System \(SAS\)](#).
2. The designated approver must ensure the resource adjustment meets the criteria as stated in this policy, i.e., it is necessary, appropriate, timely, and the documentation is adequate.
3. Where practical, an original approval signature is needed for any resource adjustment for which the value meets or exceeds the approval threshold. However, if sufficient information on the adjustment can be made available to the reviewer, approval by e-mail is acceptable.
4. An e-mail alert will automatically be generated by LDRS for all labor adjustments. This notification will be sent to the individual whose time was adjusted, as well as to his or her manager, indicating the details of the adjustment. This notification will serve as a negative confirmation for intra-division adjustments which only requires a response within five days should the individual or their supervisor not agree with the adjustment that was made. However, if the adjustment is \$5,000 or more, an approval from someone having signature authority in SAS is also required. If the corrected timesheet is questioned either by the employee or his or her supervisor, the Controller's Office can assist in the determination.
5. Interdivision resource adjustments between one or more divisions require notification to and approvals from all divisions affected **prior to initiating the adjustment**. If the adjustment meets or exceeds the amount of the *approval threshold*, approval must be obtained from designated approvers in all divisions affected *prior* to recording the transaction.
6. Supervisory approval is not required for month-end reversing entry/accrual adjustments made by the Controller's Office and/or Budget Office.
7. A single annual approval is appropriate for recurring resource adjustments, such as those supporting periodic service-center recharges. Subsequent approvals during the fiscal year are not required.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition

Final Cost Objective	A cost objective that has allocated or assigned to it both direct and indirect costs and is one of the final accumulation points. Examples of final cost objectives are grants and contracts
Intermediate Cost Objective	A cost objective that is used to accumulate indirect costs or service-center costs that are subsequently allocated to one or more indirect cost pools and/or final cost objectives
Journal ID	A transaction identification number in FMS
Journal Source Code	A three-character value used to identify the division making the resource adjustment. This source code is also identified in automated feeders in FMS.
Project ID	A project identification number used to accumulate, manage, and report costs associated with individually funded activities at the Laboratory
Resource Adjustment	An online process in which to transfer costs or labor effort from one Berkeley Lab project or account to another

## G. Recordkeeping Requirements

All documentation is subject to audit and must be retained for **six years** from the end of the fiscal year in which it was processed, in accordance with Berkeley Lab archiving policies, the National Archives and Records Administration, and Contract 31.

## H. Implementing Documents

Document Number	Title	Type
11.01.016.001	<a href="#">Journal Source Codes</a>	Source Codes

## I. Contact Information

[General Accounting Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Resource Adjustments – Cost Transfers
Document number	11.01.016.000

Revision number	1
Publication date:	1/2/2012
Effective date:	12/12/2011
Next review date:	12/31/2013
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.42
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.42

## Source Requirements Documents

DOE Order 534.1B, *Accounting*

## Other Driving Requirements

Document Number	Title	Type
11.07.001.000	<a href="#">Financial Management - General Guidelines</a>	Table

## Implementing Documents

Document Number	Title	Type
11.01.016.001	<a href="#">Journal Source Codes</a>	Table



# Respiratory Protection

## Brief

Title:	Respiratory Protection
Publication date:	11/16/2012
Effective date:	9/29/2010

## BRIEF

### Policy Summary

The Respiratory Protection Program (RPP) ensures that Berkeley Lab employees and subcontractors are not exposed to respiratory hazards by:

- Reducing or eliminating hazards via engineering and administrative controls
- Dictating personal protective equipment (PPE) when engineering controls are not adequate
- Ensuring that respiratory protection users are using the correct respirator
- Ensuring that respiratory protection users are trained and medically cleared
- Periodically reviewing the RPP for effectiveness

### Who Should Read This Policy

All persons who will be using respiratory protection while performing work

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Respiratory Protection SME](#)  
EHSS Division

## Policy

Title:	Respiratory Protection
Publication date:	11/16/2012
Effective date:	9/29/2010

## POLICY

### A. Purpose

The Respiratory Protection Program (RPP) ensures that Berkeley Lab employees and subcontractors are not exposed to respiratory hazards by:

- Reducing or eliminating hazards via engineering and administrative controls
- Dictating personal protective equipment (PPE) when engineering controls are not adequate
- Ensuring that respiratory protection users are using the correct respirator
- Ensuring that respiratory protection users are trained and medically cleared
- Periodically reviewing the RPP for effectiveness

### B. Persons Affected

All persons who will be using respiratory protection while performing work.

## C. Exceptions

None

## D. Policy Statement

Based on identified hazards, the Respiratory Protection Program Administrator maintains and issues respiratory protective equipment when required by Berkeley Lab or used voluntarily. Filtering facepieces (dust masks) and PAPRS, however, are issued by the divisions. ([Work Process A](#))

If radiation hazards are present, a Hazard Evaluation is performed by an Industrial Hygienist and/or a Health Physicist before respiratory protective equipment is issued. ([Work Process B](#))

Prior to being fitted and trained for respirator use, employees required to wear a respirator and voluntary users must be medically evaluated to ensure they are capable of wearing the respirators. No medical evaluations are required for optional filtering facepiece respirators. ([Work Process C](#))

The safe and effective use of respirators with tight-fitting facepieces requires that the respirator be properly fitted to the employee. ([Work Process D](#))

If use of a respirator is required by Berkeley Lab, affected employees will be enrolled in the Respiratory Protection Program and will be subject to all programmatic requirements for respirator issuance, including hazard evaluation, exposure monitoring, applicable cartridge change schedules, medical evaluation, fit testing (for tight-fitting facepieces), training, and annual re-training. ([Work Process E](#) and [Work Process H](#))

If use of a respirator is not required by Berkeley Lab, employees may nevertheless choose voluntarily to use a respirator for an extra measure of protection or for personal comfort. ([Work Process E](#))

Employees must follow the requirements listed in the [Appendix I, Training Review Guidelines](#), for use and care of respirators. ([Work Process F](#))

When not in use, respirators must be stored to protect against dust, sunlight, extremes of temperature, excessive moisture, or damaging chemicals. ([Work Process F](#))

In addition to receiving an employee's inspection prior to each use, every respirator must be routinely inspected by the EHSS Industrial Hygiene Group when it is returned to the Industrial Hygiene Lab. Inspections involve examining the straps, hoses, valves, gaskets, mask body, and filters/cartridges, as required.

Defective or worn parts will be replaced.

Parts will not be interchanged between different brands of respirators, as this would void their NIOSH approval.

Field cleaning of respirators is performed by the user by washing the entire respirator (after removing cartridges and filters) with soap and warm water in a clean area on a regular basis. ([Work Process G](#))

Respirator Training, EHS0310, is provided on an as-needed basis, following completion of a Hazard Evaluation by an Industrial Hygienist or a Health Physicist, and successful completion of the Respirator Medical Evaluation by the employee. ([Work Process H](#))

## E. Roles and Responsibilities

Role	Responsibility
------	----------------

EHSS Health Services	<ul style="list-style-type: none"> <li>• Follows guidance in the most current version of the Health Services Respirator Medical Approval Program</li> <li>• Establishes health standards that must be met by all prospective respirator users, as required by 29 CFR 1910.134, ANSI Z88.2, and ANSI Z88.6</li> <li>• Requires that respirator users complete a Medical Questionnaire Form, or obtain equivalent information (See <a href="#">Appendix D, Medical Questionnaire for Respirator Users</a>)</li> <li>• Performs initial medical examinations on all personnel who will wear respirators, with the exception of employees whose only use of respirators is voluntary use of filtering facepieces (dust masks)</li> <li>• Performs follow-up medical examinations, as needed, if: <ul style="list-style-type: none"> <li>• An employee reports medical signs or symptoms related to his or her ability to wear a respirator</li> <li>• An employee is referred by the EHSS Respiratory Protection Program Administrator, a supervisor, or health-care professional for re-evaluation</li> <li>• Information from the Respiratory Protection Program, including observations made during fit testing and program evaluation, indicates a need for employee re-evaluation</li> <li>• Changes in workplace conditions (e.g., physical work effort, protective clothing, temperature) may result in a substantial increase in the physiological burden placed on the employee</li> </ul> </li> <li>• Performs annual medical examinations on all SCBA users</li> <li>• Provides a signed approval for those individuals found to be capable of wearing a respirator</li> <li>• Notifies the Program Administrator of any restrictions on employee respirator use</li> <li>• Maintains records of all required tests and medical history questionnaires</li> <li>• Uses only NIOSH-approved respirators, in accordance with the Respiratory Protection Program, in cases when respiratory protection is required to protect health care</li> </ul>
EHSS Radiation Protection Group	<ul style="list-style-type: none"> <li>• Performs appropriate hazard evaluations</li> <li>• Provides radiation safety training</li> <li>• Develops applicable radiation safety authorization documents</li> <li>• Provides all necessary field support services</li> </ul>
EHSS Industrial Hygiene Group	<ul style="list-style-type: none"> <li>• Designates a Program Administrator who is qualified by training or experience to oversee the Respiratory Protection Program</li> <li>• Stocks and issues respiratory protective equipment and supplies approved by NIOSH</li> <li>• Maintains equipment for respirator maintenance, fit testing, and cleaning</li> <li>• Assures that the Respiratory Protection Program is reviewed by the RPPA</li> <li>• Assures that the Respiratory Protection Program is audited by a knowledgeable person not directly associated with the program</li> <li>• Reviews contractor submittals, which are submitted to the IH Group, as specified in <a href="#">Appendix A</a></li> </ul>
Respiratory Protection Program Administrator and Program Staff	<ul style="list-style-type: none"> <li>• Perform or review hazard assessments for respirator users</li> <li>• Identify respiratory protection options</li> <li>• Provide respirator and expected-work information to Health Services to support their medical evaluation of respirator users</li> <li>• Conduct respirator training. This includes fit testing, respirator use, storage, and maintenance. Respirator training is required before an employee uses a respirator, and is repeated annually.</li> <li>• Maintain records of respirator training</li> <li>• Inform Health Services of the need to medically re-evaluate employees based on reports from employees, observations during fit testing or program evaluation, or changes in workplace conditions</li> <li>• Regularly evaluate the effectiveness of the Respiratory Protection Program</li> <li>• Follow current version of LBNL/PUB-913E, <i>Environment, Safety, and Health Technical Assurance Program Manual</i></li> <li>• Investigate instances of respiratory protective equipment malfunction to determine the cause and to identify the appropriate corrective action</li> <li>• Report suspected respiratory protective equipment defects to manufacturer and certifying agency</li> </ul>

Supervisors/Work Leads	<ul style="list-style-type: none"> <li>• Complete EHS0318, <i>Respirator Supervisor Training</i> (not required, but recommended for supervisors of filtering facepiece respirators)</li> <li>• Ensure that employees assigned to wear respirators for a given task or job are clean-shaven before respirators are worn</li> <li>• Identify, with the assistance of the EHSS Industrial Hygiene and Radiation Protection Groups, those employees who may need respiratory protective equipment</li> <li>• Ensure that employees required to wear respiratory protective equipment receive the initial and subsequent medical evaluation, fit testing, and training required by the Respiratory Protection Program</li> <li>• Ensure that employees maintain respiratory equipment in a clean and sanitary condition</li> <li>• Ensure that respirators are returned to the Respiratory Protection Program Administrator when employees no longer need the respirator or leave the Laboratory</li> <li>• Ensure that employees receive medical re-evaluations if they report medical signs or symptoms that are related to their ability to use a respirator</li> <li>• Ensure that an employee receives medical re-evaluations if the supervisor or principal investigator feels that the employee needs to be re-evaluated</li> <li>• Ensure that employees receive medical re-evaluations if a change in workplace conditions such as physical work effort, protective clothing, or temperature may result in a substantial increase in the physiological burden placed on them</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Maintain as close a shave as necessary to ensure the proper fit of the respirator for health and safety purposes</li> <li>• Use the issued respirator in accordance with this document, the Respirator Training provided by EHSS, and the Training Review Guidelines (<a href="#">Appendix I</a>) provided at each respirator training</li> <li>• Inform his or her supervisor, Industrial Hygiene, or Health Services about any medical signs or symptoms that may be related to respiratory use</li> <li>• Inform his or her supervisor or Industrial Hygiene of changes in workplace conditions that may place an increased physical burden on the employee</li> <li>• Protect respiratory protective equipment from damage or modification and ensure that respirators are not disassembled or altered in any way, other than for cleaning or for the change of cartridges or filters</li> <li>• Keep respirators clean to ensure they are free of contamination that could affect the fit and compromise personal protection</li> <li>• If respirators become contaminated, assure that they are destroyed or cleaned before they are re-used or returned to the Respiratory Protection Program</li> <li>• Report any malfunction of respiratory protective equipment to the Respiratory Protection Program Administrator (RPPA)</li> <li>• Return malfunctioning or damaged respirators to the RPPA for repair or replacement</li> <li>• Use only issued respirators for which he or she is trained and fitted</li> <li>• Use the correct type of respirator and filter cartridge for the hazard involved, and contact Industrial Hygiene or the RPPA if they have questions regarding cartridge selection</li> <li>• Stop work immediately and change filters/cartridges if breathing resistance increases due to filter loading or if chemical breakthrough is detected</li> <li>• Inform his or her supervisor and/or the EHSS Division Liaison when new situations arise where respiratory protective equipment may be necessary</li> <li>• Return respirator to the IH Group in person or through Berkeley Lab mail when respirator use is no longer required or upon leaving employment at Berkeley Lab</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Air-Purifying Respirator (APR)	A respirator with an air-purifying filter or cartridge that removes specific air contaminants by passing ambient air through the air-purifying element
Filtering Facepiece (Disposable Dust Mask)	A negative pressure particulate respirator with a filter as an integral part of the facepiece, or with the entire facepiece composed of the filtering medium
Fit Test	The use of a protocol to qualitatively or quantitatively evaluate the fit of a particular respirator to a specific person. A fit test must be repeated annually.
Hazardous Atmosphere	Any atmosphere, either immediately or not immediately dangerous to life or health, which is oxygen-deficient or which contains a toxic or disease-producing contaminant exceeding Occupational Exposure Limits (OELs) adopted by Berkeley Lab.
High-Efficiency Particulate Air (HEPA) Filter	A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR Part 84 particulate filters are the N100, R100, and P100 filters. (See P100 Filter)
Negative pressure respirator (tight fitting)	A respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator
NIOSH	National Institute for Occupational Safety and Health. NIOSH provides a testing approval and certification program for respirators, filters and cartridges.
Powered Air-Purifying Respirator (PAPR)	An air-purifying respirator that uses a blower to force the ambient air through air-purifying elements and into the inlet covering
Respirator	A device designed to protect the wearer from the inhalation of harmful atmospheres
Voluntary Use	Situations in which a respirator may be worn for employee comfort but is not necessary (or relied upon) to prevent overexposures

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
07.07.032.001	Respiratory Protection	Program
07.07.032.002	<a href="#">Work Process A. General Requirements</a>	Process
07.07.032.003	<a href="#">Work Process B. Hazard Assessment</a>	Process
07.07.032.004	<a href="#">Work Process C. Medical Evaluation</a>	Process
07.07.032.005	<a href="#">Work Process D. Fit Testing</a>	Process
07.07.032.006	<a href="#">Work Process E. Respirator Issuance</a>	Process
07.07.032.007	<a href="#">Work Process F. Respirator Use and Return Work</a>	Process
07.07.032.008	<a href="#">Work Process G. Maintenance and Care</a>	Process
07.07.032.009	<a href="#">Work Process H. Training Requirements</a>	Process
07.07.024.001	Personal Protective Equipment	Program

## I. Contact Information

Respiratory Protection SME  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Toor	Rewrite for wiki	All	Minor
11/16/2012	1	H. Toor	Rewrite for wiki	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Respiratory Protection
Document number	07.07.032.000
Revision number	1
Publication date:	11/16/2012
Effective date:	9/29/2010
Next review date:	11/16/2015
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 4.13

## Source Requirements Documents

- 10 CFR 851.21(a)(5) — Worker Health and Safety Program; Hazard Identification and Assessment
- 29 CFR 1910.134 — Respiratory Protection
- 29 CFR 1910.1000, Subpart Z – Occupational Safety and Health Standards, Limits for Air Contaminants
- ANSI Z88.2-1992 — Practices for Respiratory Protection
- 10 CFR 851 – Worker Health and Safety Program
- American Conference of Industrial Hygienists (ACGIH), Threshold Limit Values (TLVs)

## Other Driving Requirements

ANSI Z88.6 – Respirator, Physical Qualifications for Personnel

## Implementing Documents

Document Number	Title	Type
07.07.032.001	<a href="#">Respiratory Protection</a>	Program
07.07.032.002	<a href="#">Work Process A. General Requirements</a>	Process
07.07.032.003	<a href="#">Work Process B. Hazard Assessment</a>	Process
07.07.032.004	<a href="#">Work Process C. Medical Evaluation</a>	Process
07.07.032.005	<a href="#">Work Process D. Fit Testing</a>	Process
07.07.032.006	<a href="#">Work Process E. Respirator Issuance</a>	Process
07.07.032.007	<a href="#">Work Process F. Respirator Use and Return Work</a>	Process
07.07.032.008	<a href="#">Work Process G. Maintenance and Care</a>	Process
07.07.032.009	<a href="#">Work Process H. Training Requirements</a>	Process
07.07.024.001	<a href="#">Personal Protective Equipment</a>	Program

## Other References

- DOE Guide 440.1-8, Section 3.3.2.1.5 — Implementation Guide for Use with 10 CFR Part 851 Worker Safety and Health Program





# Restricted Use of Berkeley Lab Name by Commercial Firms

Title:	Restricted Use of Berkeley Lab Name by Commercial Firms
Publication date:	7/28/2014
Effective date:	7/22/2011

## BRIEF

### Policy Summary

This policy identifies the procedure for requesting use of Berkeley Lab's name or approved versions of the Berkeley Lab logo.

### Who Should Read This Policy

This policy applies to all employees who work with outside vendors, publishers, manufacturers, research partners, and others who may want to use Berkeley Lab's name, logo, or other identifying mark for print or publicity purposes.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov)

Title:	Restricted Use of Berkeley Lab Name by Commercial Firms
Publication date:	7/28/2014
Effective date:	7/22/2011

## A. Purpose

At times, Lawrence Berkeley National Laboratory (Berkeley Lab) receives requests to use its logo, name, or other identifying mark. These requests come from outside vendors, manufacturers of products used by the Laboratory, or external participants in research projects or facilities. These parties may ask to use the Laboratory's name in company news releases, print publications, items for distribution, or to promote events by non-Laboratory-related entities.

This policy identifies the procedure for requesting use of Berkeley Lab's name or approved versions of the Berkeley Lab logo.

## B. Persons Affected

This policy applies to all employees who work with outside vendors, publishers, manufacturers, research partners, and others who may want to use Berkeley Lab's name, logo, or other identifying mark for print or publicity purposes.

## C. Exceptions

None

## D. Policy Statement

Commercial firms serving Berkeley Lab often request permission to use the name of the Laboratory in promoting their products. Berkeley Lab follows University of California and Department of Energy policies and California state law, which restrict such use. All such requests should be referred to the Chief Operating Officer.

Companies that have licensed Berkeley Lab intellectual property such as patented inventions, software, or biological materials sometimes make similar requests. Berkeley Lab license agreements contain specific provisions governing a licensee's use of the Laboratory name. All such requests should be referred to the Innovation and Partnerships Office (IPO).

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
7/28/2014	1.1	J. Weiner	Review 7/25/14. Update ref to IPO	Section D, Next Review date	Minor
6/6/2012	1	J. Weiner	Rewrite for wiki (policy)	All	Minor
1/2/2012	0	J. Weiner	Rewrite for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Restricted Use of Berkeley Lab Name by Commercial Firms
Document number	10.07.003.000
Revision number	1.1
Publication date:	7/28/2014
Effective date:	7/22/2011
Next review date:	7/28/2017
Policy Area:	Public Info/External Relations
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 5.01(B)
Functional Division	Public Affairs
Prior reference information (optional)	

## Source Requirements Documents

- Berkeley Lab Senior Management requirement
- UC policy, [The University Name and Other University Trademarks](#)
- Berkeley Lab [Ethics and Conduct Policy](#)

## Implementing Documents

None

# Retired Employees, Re-employing - B

Title:	Retired Employees, Re-employing
Publication date:	1/2/2012
Effective date:	8/7/2010

## BRIEF

### Policy Summary

Berkeley Lab employs persons in one of many different appointment types. Each appointment type has defined terms and conditions of employment. Employees who have retired from the Laboratory, or any University of California (UC) location including the UC-managed Department of Energy laboratories, may be re-employed by the Laboratory as a [Rehired Retiree](#), [Career](#), or [Term](#) appointee in accordance with the provisions of the [UC Re-employment of UC Retired Employees into Senior Management Group and Staff Positions policy](#).

### Who Should Read This Policy

All employees who have retired from the University of California Retirement System (UCRS), regardless of whether they are hired at the Laboratory in a Career, Term, or Rehired Retiree appointment

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf9>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Retired Employees, Re-employing
Publication date:	1/2/2012
Effective date:	8/7/2010

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.01.html#secf9>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Retired Employees, Re-employing
Document number	02.03.009.000
Revision number	0
Publication date:	1/2/2012
Effective date:	8/7/2010
Next review date:	1/2/2015
Policy Area:	Types of Employee Appts
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.01(F)(9)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.01

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 2.325, [Reemployment of UC Retired Employees into Senior Management Group and Staff Positions](#)
- University of California Regent's Standing Order 103.6, [Retirement in Reappointment Following Retirement](#)

## Other Driving Requirements

- [Consultants to Berkeley Lab, Hiring](#), 12.01.001.000

## Implementing Documents

Document number	Title	Type
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		Process
		Form
		Procedure

# Roles and Responsibilities — Financial Management

Title:	Roles and Responsibilities — Financial Management
Publication date:	9/2/2014
Effective date:	8/25/2011

## BRIEF

### Policy Summary

This policy identifies and clarifies the major financial management roles and responsibilities for senior Berkeley Lab division management teams, Principal Investigators (PIs)/Program Managers (PMs), and Office of the Chief Financial Officer (OCFO) Field Operations Resource Analysts (RAs)/Resource Managers (RMs).

### Who Should Read This Policy

All Berkeley Lab employees with financial responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Field Operations Manager](#), OCFO

Title:	Roles and Responsibilities — Financial Management
Publication date:	9/2/2014
Effective date:	8/25/2011

## POLICY

### A. Purpose

This policy identifies the major financial management roles and responsibilities at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All Berkeley Lab employees with financial responsibilities

### C. Exceptions

None

## D. Policy Statement

Berkeley Lab will perform its financial management responsibilities in accordance with the terms of Contract DE-AC02-05CH11231 (Contract 31), the Federal Acquisition Regulations (FAR), Cost Accounting Standards (CAS), and all other relevant laws and regulations.

This policy identifies and clarifies the major financial management roles and responsibilities for senior division management teams, principal investigators (PIs)/program managers (PMs), and Office of the Chief Financial Officer (OCFO) Field Operations resource analysts (RAs)/resource managers (RMs).

1. **Authority.** The roles and responsibilities in this policy are set forth under the authority of the following University of California (UC), Berkeley Lab, and U.S. Department of Energy (DOE) regulations, guidelines, and documents:
  - a. **DOE Contract 31**
    - i. Section J, Appendix I – Lists DOE orders, including financial orders, to which Berkeley Lab must adhere.
    - ii. Section J, Appendix O – The Berkeley Lab Deputy Director and Associate Laboratory Director for Operations are specifically named as the primary responsible and accountable managers for operational and scientific activities within the Laboratory.
    - iii. Section H – Special Contract Requirements that include specific references to program development and budgetary administration (e.g., DOE and Work for Others [WFO])
  - b. **UC Standing Order 100.4 (dd) – UC Delegation of Authority (DA) 2100.** UC Regents delegated signature authority to the Berkeley Lab Director and any subsequent designees.
  - c. **UC Contract and Grant Manual**
    - i. Chapter 1 – 520 (leadership of a sponsored project)
    - ii. Chapter 10 – 330 (PI financial management responsibilities)
    - iii. Chapter 13 – 910/920 (delegated authority to solicit and accept/execute grants and contracts)
2. **Key Financial Roles and Responsibilities.** Financial management is a shared responsibility at Berkeley Lab. Guiding principles for the key roles and responsibilities are as follows:
  - a. For each division, the **Division Director** and **his/her senior management team** have overall financial responsibility and accountability for all division-managed programs.
  - b. **Principal Investigators/Program Managers** have overall financial responsibility and accountability for the programs and projects they manage.
  - c. **Resource Analysts/Resource Managers** provide financial support, knowledge, and expertise to the divisions and have financial responsibility and accountability for their actions.
3. **Key Financial Principles.** In executing the above roles and responsibilities, employees should follow Berkeley Lab's "Ten Financial Commandments":
  - a. Don't spend dollars you do not have. Funding must be placed in Contract 31, not just in the DOE Approved Funding Program (AFP) or contract award, before work can proceed.
  - b. Spend funding only on the purpose for which it is intended.
  - c. Don't mix funding sources for projects without documented rationale.
  - d. Don't charge research costs to an indirect budget (except for Laboratory Directed Research and Development [LDRD]); i.e., overhead, organization burdens, recharges/service centers.
  - e. Have a causal-beneficial relationship between the cost elements of an indirect budget and its corresponding distribution base.
  - f. Maintain consistency in cost distribution practices over time.
  - g. Use Full Cost Recovery — No subsidies to programs/projects.
  - h. Record all costs of a project in the accounting period for which services were performed or goods delivered (include accruing for all appropriate costs in the correct period of performance to that project).
  - i. Transfer costs only if necessary, appropriate, fully documented, and justified (as outlined in the LBNL Resource Adjustment Policy).
  - j. Comply with DOE funding categories and related thresholds (e.g., colors of money):
    - i. \$500,000 — Capital Equipment
    - ii. \$2,000,000 — Major Item of Equipment (MIE)
    - iii. Less than \$10,000,000 — General Plant Project (GPP)
    - iv. \$10,000,000 or greater — Line Item Construction Project

## E. Roles and Responsibilities



Role	Responsibility
Division Director and his/her Senior Management Team	<ul style="list-style-type: none"> <li>• Provide strategic financial leadership/management for division programs</li> <li>• Ensure that a strong resource stewardship and funds-control environment and culture exist. This is typically delegated to the Deputy Director, Operations Manager, Deputy for Operations, and/or Business Manager.</li> <li>• Comply with Berkeley Lab's "Ten Financial Commandments" as stated above</li> <li>• Provide final division review and approval of project proposals, cost/spend plans, and major funding/cost actions. These functions are typically delegated to the Deputy Director, Deputy for Operations, Operations Manager, and/or Business Manager.</li> <li>• Provide ongoing operational awareness at the division level by: <ul style="list-style-type: none"> <li>• Measuring programmatic financial status (e.g., plans versus costs)</li> <li>• Conducting periodic program/budget reviews</li> <li>• Implementing and maintaining strong internal controls structures and mechanisms</li> </ul> </li> </ul>
Principal Investigator and/or Program Manager	<ul style="list-style-type: none"> <li>• Work closely with the Division Resource Analyst (RA): <ul style="list-style-type: none"> <li>• Develop a project proposal based on the PI's technical work scope, resource requirements, and appropriate cost elements</li> <li>• Develop an executable, fully burdened spend plan that ensures Full Cost Recovery</li> </ul> </li> <li>• Execute the project in a manner that ensures costs are appropriate, allowable, and allocable</li> <li>• Understand, interpret, and apply knowledge of funding sponsor financial guidelines, policies, and contract terms as well as Laboratory policies</li> <li>• Exercise delegated signature authority on affected financial and/or procurement actions</li> <li>• Review and provide timely, accurate, and complete feedback/inputs to the RA on the following: <ul style="list-style-type: none"> <li>• Funding and cost projections for affected program/project spend plans</li> <li>• Periodic budget execution reports</li> <li>• Source materials and analysis used in division program/budget reviews</li> </ul> </li> </ul>
Resource Analyst/Managers (OCFO Field Operations)	<ul style="list-style-type: none"> <li>• Work closely with the PI/Program Manager (PM): <ul style="list-style-type: none"> <li>• Prepare and/or coordinate the planning, development and submission of the financial and related administrative aspects of a project proposal based upon the PI's technical work scope and resource requirements</li> <li>• Develop an executable, fully burdened spend plan that ensures Full Cost Recovery</li> <li>• Review and update the spend plan and cost projections in a timely manner to ensure successful project execution</li> <li>• Prepare source materials and analyses required for conducting periodic division program/financial reviews</li> </ul> </li> <li>• Understand, interpret, and apply knowledge of funding sponsor financial guidelines, policies, and contract terms as well as Laboratory policies</li> <li>• Provide the division with periodic standard and ad hoc summary and detailed financial reports that are timely, accurate, and complete for the division's programs and projects</li> <li>• Work closely with PIs/PMs to mitigate potential overcommitment and costing issues at funding control points during the year</li> <li>• Exercise delegated signature authority on financial and/or procurement actions</li> <li>• Develop, monitor, and maintain division Project IDs and tree structures</li> <li>• Identify problematic issues concerning interpretation and implementation of DOE, UC, and Laboratory financial management policies and procedures. Review with Division Business Manager or the Deputy for Operations and OCFO Field Operations Manager.</li> </ul>

See [LBNL Major Financial Management Roles and Responsibilities](#) for further guidance and details for specific major financial management roles and responsibilities for each position described above.

## F. Definitions/Acronyms

Term	Definition
Allocable	A cost charged to one or more cost objectives in accordance with the relative benefit received or other equitable relationship

Burdened	Indirect costs. Laboratory burdens tend to be local in nature, and apply to particular divisions or functions, such as procurement burden, travel burden, or organization burden. Also refers to the "tax" that is allocated to a direct cost objective to recover the cost of a set of indirect activities
Project Structures	Refers to the divisions' hierarchical organization of their Project and Activity IDs such that they reflect and are consistent with their programs/projects work breakdown structures and relevant Laboratory financial policies and procedures
Spend Plan	A detailed program or map of how (a budget) will be used up, paid out, or consumed; a monthly plan of encumbrances, expenses, and income for a project or organizational unit. The sum of the months' planned obligations within the year should not exceed the corresponding appropriated or approved amount. Typically prepared prior to the start of a project and updated periodically as needed; includes details on how (budget or resource category) and/or when (monthly, quarterly, annual) a budget will be spent.

## G. Recordkeeping Requirements

none

## H. Implementing Documents

none

## I. Contact Information

Field Operations Manager, OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/2/2014	1.3	Goodman	Annual review; enhance policy language; no change to requirements	D, E	Minor
6/30/2013	1.2	Goodman	Annual review completed 6/24/2013, editorial change	D.3	Minor
11/11/2012	1.1	Goodman	Annual review completed 8/25/12, no changes; update "Next Review Date"	All	Minor
1/2/2012	1	Goodman	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Roles and Responsibilities – Financial Management
Document number	11.07.002.000
Revision number	1.3

Publication date:	9/2/2014
Effective date:	8/25/2011
Next review date:	8/25/2015
Policy Area:	Financial General Policies and Information
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.11
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.11

## Source Requirements Documents

- Contract 31, Section J.9, Appendix I, Contract 31's Directives List
- Contract 31, Section J.15, Appendix O, Key Personnel
- Contract 31, Section H, Special Contract Requirements
- [UC Standing Order 100.4](#)
- [UC Contract and Grant Manual](#)

## Implementing Documents

none

# Salvage Guidelines and Property Reuse

## Brief

Title:	Salvage Guidelines and Property Reuse
Publication date:	12/5/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab policy promotes the reuse of Laboratory property such as equipment and furniture. Functional equipment and furniture no longer needed by a Berkeley Lab division, department, group, office, or program may be available for use by Berkeley Lab staff, U.S. Department of Energy Management and Operations contractors, and General Services Administration staff. All radioactive items must receive Environment, Health, Safety, and Security (EHSS) Division clearance before they are picked up by Facilities Division Transportation drivers.

### Who Should Read This Policy

This policy applies to all Berkeley Lab personnel in possession of equipment and materials that are no longer needed by a program but still functional.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Warehouse, Materials, and Shipping Manager](#)  
Facilities Division

## Policy

Title:	Salvage Guidelines and Property Reuse
Publication date:	12/5/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy provides appropriate guidance to process and excess personal property assets for employees of Lawrence Berkeley National Laboratory (Berkeley Lab or LBNL).

### B. Persons Affected

This policy applies to Berkeley Lab employees and guests who are responsible for determining the status of Laboratory property and equipment no longer needed by the custodian of the asset.

### C. Exceptions

Not applicable

### D. Policy Statement

Per Department of Energy (DOE) Order 580.1A, DOE/Berkeley Lab personal property must be screened for departmental reuse using the Laboratory Equipment Donation Program (LEDP). LEDP tracks property as it moves through the internal screening process. Items no longer required by divisions to support the Laboratory's mission are sent to the Facilities Excess Turn-In Center (FETC) located in Building 79. Excess material and equipment items are evaluated by the FETC and redeployed for Berkeley Lab reuse. All items are screened using the DOE Energy Asset Disposal System (EADS). Within EADS, items may be reused by another DOE agency, donated to a learning institution, or, based on specific timetables, authorized by the General Services Administration (GSA) for sale.

This procedure describes the process of how excess personal property is evaluated and screened at Berkeley Lab.

## E. Asset Screening Procedure

1. **Visual Inspection of Excess Material at FETC**
  - a. Determine whether item appears to be in working condition.
  - b. Determine whether all parts of item are present.
  - c. Consult with custodian to determine if item is functional.
  - d. Determine if item is still usable at the Laboratory.
  - e. Review internal reutilization "wish list" for possible redeployment at LBNL.
  - f. If personal property is not selected for redeployment, begin internal screening process.
  - g. Determine if item meets GSA criteria or condition codes (see Section 2 below).
  - h. If item meets GSA criteria, send to warehouse for screening and disposition.
  - i. Perform updates to the property-management Sunflower Database before close of business.
2. **Determine Excess Personal Property Disposition Based on GSA Criteria and Condition Codes**
  - a. Condition Code 1: New
  - b. Condition Code 4: Usable
  - c. Condition Code 7: Repairable
  - d. Federal Supply Class (FSC) 66 is the DOE guidance document used to determine the current depreciated cost value of an asset.
  - e. Computer redeploy/reuse/scrapped
  - f. Items not meeting GSA criteria or condition codes are placed in bid/scrap sales staging area.
3. **Begin Screening Process at the FETC, Building 79 (Material Specialist)**
  - a. If personal property is received from the Joint Genome Institute (JGI), contact the Life Sciences Division for possible reuse.
  - b. Review internal reuse list for possible asset redeployment at LBNL.
  - c. If personal property is not selected for redeployment, begin screening process in GSA.
  - d. Stage excess personal property that meets GSA excess personal property criteria and condition codes in processing area.
  - e. Assign LBNL Item Control Number (Agency Number 899101 + assigned LBNL item number).
  - f. Create placard with LBNL Item Control Number
  - g. Attach placard to each piece of equipment in staging area.
  - h. Perform and record property status updates in the Sunflower Database.
4. **Personal Property (Excess in Place)**
  - a. Receive completed excess-in-place property-management form from requester.
  - b. Update Sunflower noting "excess in place."
  - c. Screen asset in EADS.
  - d. Receive award notification from LEDP.
  - e. Contact awarded agency.
  - f. Arrange for shipping/pickup.
  - g. Arrange for removal and return of DOE/LBNL Property Tag.
  - h. Retire asset in Sunflower (Final Event).
5. **Data Entry into EADS**
  - a. Log into GSA main menu.
  - b. Choose "report property."
  - c. Choose "create report."
  - d. Assign/Enter LBNL Agency Control Number.
  - e. Enter Agency Control Class 66 in Agency Control field (LEDP).
  - f. Enter NA for all computers (Computers for Learning [CFL] field).
  - g. Enter NA for all other equipment without Agency Control Class 66.
  - h. Enter Supply Class (4 digits).
  - i. Enter Agency Control Number.
6. **Required EADS Screening Timetables**
  - a. EADS: 15 days
  - b. LEDP 19 days
  - c. GSA: 21 days
  - d. CFL: N/A

## 7. Notification from GSA Regarding Disposition Options

- a. Available-for-sale notification
  - i. Available for disposal/sale/scrap letter received from GSA.
  - ii. Remove excess personal property from screening area.
  - iii. Begin LBNL bid sales process.
- b. Property reallocated from GSA/EADS to other DOE agency
  - i. "Notice of Allocation to Holding Activity" e-mail is received from GSA.
  - ii. Place reallocated excess personal property in holding area.
  - iii. Contact "transfer to" agency.
  - iv. Receive authorization signature from agency and GSA (fax/e-mail).
  - v. Prepare shipping document.
- c. Property reallocated from LEDP
  - i. Notice-of-allocation e-mail received from DOE Chicago.
  - ii. Place reallocated excess personal property in holding area.
  - iii. Contact "transfer to" agency.
  - iv. Receive authorization via e-mail from DOE Chicago.
  - v. Prepare shipping document.
- d. Property from GSA/CFL reallocated to public school (Computers for Learning Program)
  - i. Receive checkout notice for Transfer Control Number from GSA/CFL.
  - ii. Review CFL to verify that school meets allocation criteria.
  - iii. If criteria are met, enter "allocate" in the GSA/CFL system.
  - iv. CFL sends notice-of-transfer (SF-122) form to school agency representative.
  - v. Receive signed SF-122 and forward to LBNL property manager for signature.
  - vi. Receive signed SF-122 form from property manager.
  - vii. Notify agency regarding shipping/pickup option.
  - viii. Prepare shipping documents.
- e. Excess personal property not picked up within seven-day time frame
  - i. Notify "transfer to" agency by e-mail.
  - ii. Allow seven more days for response.
  - iii. If no response, notify GSA by e-mail.
  - iv. If shown on GSA database, permission to reuse required from GSA.
- f. Excess LEDP personal property not picked up within seven-day extension
  - i. Notify "transfer to" agency by e-mail.
  - ii. Allow seven more days for response.
  - iii. If awarded agency cancels request, notify DOE Chicago (Mary Cervantes).
  - iv. DOE re-enters item into LEDP.
  - v. DOE notifies LBNL of re-entry into LEDP.
  - vi. If the LBNL asset is not awarded in 19 days, the property reverts back to GSA.
  - vii. If notice received from GSA, follow Section 7a–b, above.
- g. Assign excess personal property to LBNL bid sales.

## F. Roles and Responsibilities

<b>Role</b>	<b>Responsibility</b>
Facilities Division	<ul style="list-style-type: none"> <li>• Develops internal policy and procedures for processing excess personal property per DOE 580.1 and LBNL Property guidelines</li> <li>• Facilities Division property-reuse personnel have primary responsibility for screening excess Berkeley Lab personal property. The screening process is conducted at the FETC.</li> </ul>
Laboratory Employees	<ul style="list-style-type: none"> <li>• Determine what materials or equipment are no longer needed</li> <li>• Inspect and determine if material and equipment are free of all hazards and hazardous chemicals</li> <li>• Place a <a href="#">work request</a> to have the material/equipment picked up by Berkeley Lab Transportation (information needed: property location, a detailed list of material and equipment to be picked up, working condition of equipment: functional, nonfunctional)</li> </ul>
Excess Property Workers	<ul style="list-style-type: none"> <li>• Off-load excess personal property delivered by LBNL Transportation</li> <li>• Prepare and/or sign equipment movement tag and/or sign Transportation electronic device at time of delivery to verify receipt of DOE property tagged assets</li> <li>• Determine which items are reusable within the Laboratory</li> <li>• Review internal Berkeley Lab reutilization redeployment list prior to screening into EADS</li> <li>• Test for operational functionality</li> <li>• Segregate scrap metals for sale to contracted vendor</li> <li>• Segregate and stage incoming excess personal property for EADS screening</li> <li>• Remove hard drives from computers</li> <li>• Perform updates to the Sunflower Database</li> </ul>
Excess Material Specialist	<ul style="list-style-type: none"> <li>• Manages the screening process for all excess personal property, including assets screened in place</li> <li>• Contacts Life Sciences Division for possible internal reuse when excess personal property is received from JGI</li> <li>• Enters information into GSA/EADS database</li> <li>• Prepares computers for reuse or excess processing</li> <li>• Monitors excess activity during specific screening timetables</li> <li>• Prepares and coordinates shipment of excess personal property to DOE and private organizations</li> <li>• Prepares shipping documents for all excess material leaving the Laboratory</li> <li>• Maintains records</li> </ul>
Facilities Operations Manager	Oversees property reuse/salvage
Facilities Reuse Supervisor	Directly oversees excess/salvage

## G. Definitions/Acronyms

Term	Definition
Computers for Learning (CFL)	A program used by DOE/GSA to provide computers to K-12 schools that meet specific criteria
Energy Asset Disposal System (EADS)	A module contained within DOE/GSA that provides automated data systems support for the DOE's nationwide personal property needs. EADS primary goals are to: (1) simplify and (2) improve internal screening. EADS is exclusive to DOE.
Excess Personal Property	Personal property no longer required for the needs of the Laboratory
Internal Redeployment	Process used for redeployment of assets internally at LBNL
Laboratory Equipment Donation Program (LEDP)	A program used by DOE to transfer excess property to learning institutions
Personal Property	For property management purposes, any item (material/equipment) of personal property having the potential to maintain its integrity (i.e., not expendable due to use) as an item
Screening	The process that controls the flow of excess personal property at the Laboratory
GSA	General Services Administration
DOE	Department of Energy
Facilities Excess Turn-In Center (FETC)	Facilities on-site excess and salvage processing center that handles Berkeley Lab property determined to no longer be needed for science research or to have reached the end of its useful life cycle
Federal Supply Class (FSC) 66	A DOE guidance document used to determine the current value of laboratory instruments and equipment
Sunflower Database	The Berkeley Lab Property Management asset data system used to track all sensitive property items valued at \$10,000 or more

## H. Recordkeeping Requirements

The Berkeley Lab custodian maintains transfer receipts of excess DOE property assets.  
Excess Salvage personnel log transfer of DOE property assets in the Sunflower Property excess database.

## I. Implementing Documents

Document Number	Title	Type
PROPREUSE-002	Facilities Salvage Guidelines	Guidelines

## J. Contact Information

Warehouse, Materials, and Shipping Manager  
Facilities Division

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	L. Chen	Rewrite for wiki (brief)	All	Minor
12/5/2012	1	L. Chen	Rewrite for wiki (policy)	All	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	Salvage Guidelines and Property Reuse
Document number	09.03.002.000
Revision number	1
Publication date:	12/5/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Shipping and Receiving
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- DOE Order 580.1A Chg 1, *Department of Energy Personal Property Management Program*
- Berkeley Lab *Personal Property Policy Manual* (PUB-3032)

## Implementing Documents

Document Number	Title	Type
PROPREUSE-002	Facilities Salvage Guidelines	Guidelines

# Sanitary Sewer

## Brief

Title:	Sanitary Sewer
Publication date:	7/19/2013
Effective date:	8/11/2011

## BRIEF

### Policy Summary

The Sanitary Sewer Program ensures that Berkeley Lab remains in compliance with sewer discharge limits imposed by the East Bay Municipal Utility District (EBMUD) by:

- Assisting dischargers by reviewing their potential discharge to see if it is eligible for sanitary-sewer disposal
- Maintaining sitewide, treatment unit, and other special discharge permits with EBMUD
- Submitting periodic self-monitoring reports to EBMUD as required by each permit

The Sanitary Sewer Program ensures the Joint Genome Institute (JGI) remains in compliance with sewer discharge limits imposed by the Central Contra Costa Sanitary District (CCCSD) by:

- Assisting the JGI Safety Coordinator with CCCSD permit questions
- Providing support to JGI Safety Coordinator by attending CCCSD audits of JGI

### Who Should Read This Policy

All Berkeley Lab and JGI employees; casual and participating visitors; affiliates; and subcontractors who intend to discharge hazardous substances to the sanitary sewer

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH11.html#11.3.11>

## Contact Information

Sanitary Sewer Discharges Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Sanitary Sewer
Publication date:	7/19/2013
Effective date:	8/11/2011

## POLICY

### A. Purpose

The Sanitary Sewer Program ensures that Berkeley Lab remains in compliance with sewer discharge limits imposed by the East Bay Municipal Utility District (EBMUD) by:

- Assisting dischargers by reviewing their potential discharge to see if it is eligible for sanitary-sewer disposal
- Maintaining sitewide, treatment unit, and other special discharge permits with EBMUD
- Submitting periodic self-monitoring reports to EBMUD as required by each permit

The Sanitary Sewer Program also ensures that the Joint Genome Institute (JGI) remains in compliance with sewer discharge limits imposed by the Central Contra Costa Sanitary District (CCCSD) by:

- Assisting the JGI Safety Coordinator with CCCSD permit questions
- Providing support to the JGI Safety Coordinator by attending CCCSD audits of JGI

## **B. Persons Affected**

All Berkeley Lab and JGI employees, casual and participating visitors, affiliates, and subcontractors who intend to discharge hazardous substances to the sanitary sewer

## **C. Exceptions**

None

## **D. Policy Statement**

1. Berkeley Lab holds permits with local water districts that have established a permitting process mandating operating conditions that must be met for all wastewater discharged to their sanitary-sewer systems.
2. These wastewater discharge permits specify different discharge limits at the Berkeley Lab site boundary, Berkeley Lab treatment units, and at JGI. (Work Process A).

## **E. Roles and Responsibilities**

<b>Role</b>	<b>Responsibilities</b>
Contra Costa County Sanitary Sewer District	Accepts and regulates sanitary sewer discharges from the JGI
East Bay Municipal Utility District (EBMUD) – the local wastewater treatment facility	Accepts and regulates sanitary-sewer discharges from Berkeley Lab
Employees	<ul style="list-style-type: none"> <li>• Follow applicable water-district permits and ordinances</li> <li>• Must be fully aware of the environmental impact of their activities and comply with all requirements that govern those activities</li> <li>• Must take immediate action to stop unplanned releases to the sanitary sewer and report all instances of unplanned sanitary-sewer releases to the EHSS Division</li> <li>• Must not discharge paper towels to the sanitary sewer</li> </ul>
Environmental Services Group (ESG)	<ul style="list-style-type: none"> <li>• Prepares and maintains sanitary-sewer permits with EBMUD</li> <li>• Assists in determining whether a discharge is eligible for sanitary-sewer disposal</li> <li>• Prepares special discharge permits with EBMUD for disposing of storm water to the sanitary sewer at construction sites</li> <li>• Makes presentations and participates in discussions regarding sanitary-sewer-permit compliance matters with Berkeley Lab employees, EBMUD, and CCCSD</li> <li>• Curtails or suspends any operations that are not in compliance with water-district permits and ordinances</li> <li>• Monitors laboratory discharges by sampling the sanitary sewer to verify compliance with applicable regulations and permits, and reports results to EBMUD</li> <li>• Investigates reports of unplanned sanitary-sewer releases and notifies water districts in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during water district audits</li> </ul>
JGI Safety Coordinator	<ul style="list-style-type: none"> <li>• Prepares the CCCSD permit application and renewal</li> <li>• Coordinates the annual CCCSD audit with ESG</li> <li>• Prepares periodic compliance reports for CCCSD</li> </ul>
Principal investigators and supervisors	<ul style="list-style-type: none"> <li>• Ensure that water-district permits and ordinances are followed</li> <li>• Request assistance from the Waste Management Group (Generator Assistant) and the Environmental Services Group for technical advice on questions relating to sanitary-sewer disposal</li> <li>• Notify the EHSS Division immediately of any accidental releases to the sanitary sewer</li> </ul>
State Water Resources Control Board (SWRCB)	Regulates sanitary-sewer discharges to San Francisco Bay from Publicly Owned Treatment Works (POTW)
Waste Management Group	<ul style="list-style-type: none"> <li>• The Generator Assistant aids in determining whether the proposed discharge is a hazardous waste. If so, the discharge is not eligible for sanitary-sewer disposal.</li> </ul>

## F. Definitions/Acronyms

See the ES&H Manual [Sanitary Sewer program](#) for technical terms related to the details of this policy and its implementation.

<b>Term</b>	<b>Definition</b>
Environmental monitoring	The collection and analysis of sanitary sewer samples.
Hazardous waste	Waste specifically listed by the EPA as hazardous; or waste that exhibit any of the following characteristics: ignitability, corrosivity, reactivity, or toxicity.
Publicly Owned Treatment Works (POTW)	A sewage treatment plant. The East Bay Municipal Utility District plant is the POTW that accepts sewage from Berkeley Lab. The Central Contra Costa Sanitary District plant is the POTW that accepts sewage from JGI.

## G. Recordkeeping Requirements

- Discharge Analysis Reports are maintained by ESG within the EHSS Division.
- EBMUD permits and special discharge permits are maintained by ESG.
- CCCSD permit and periodic compliance reports are maintained by the JGI Safety Coordinator.

## H. Implementing Documents

Document number	Title	Type
07.09.005.001	Sanitary Sewer Program	Program
07.09.005.002	Work Process A, <i>General Requirements</i>	Process

## I. Contact Information

[Sanitary Sewer Discharges Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Fox	Rewrite for wiki (brief)	All	Minor
7/19/2013	1	R. Fox	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Sanitary Sewer
Document number	07.09.005.000
Revision number	1
Publication date:	7/19/2013
Effective date:	8/11/2011
Next review date:	7/19/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.11 will be moved to Chapter 55

### Source Requirements

- 10 CFR 20.2003 Disposal by release into sanitary sewerage
- EBMUD Ordinance No. 311A.03, (except AEA discharges)

### Other Driving Requirements

- CCCSD Permit (JGI)
- CCCSD Title 10
- EBMUD permit #6600791(main site), #50238911 (B77 FTU), #50347891 (Groundwater Treatment Systems), #68682249 (SERC), #27072804 (CRT), #50648931 (Fault Line Study)

### Implementing Documents

Document number	Title	Type
07.09.005.001	Sanitary Sewer Program	Program
07.09.005.002	Work Process A, <i>General Requirements</i>	Process

# Scientific & Technical Publications Authorship and Review

Title:	Scientific & Technical Publications Authorship and Review
Publication date:	10/7/2013
Effective date:	3/1/2011

## BRIEF

### Policy Summary

This policy describes the review of scientific and technical publications at Berkeley Lab. Employees will adhere to the highest ethical standards in their publishing, including those detailed in the University's Statement of Ethical Values, especially in regards to the integrity and originality of work, and the recognition of the contributions of colleagues. See the policy on [Scientific and Technical Publications Requirements](#) for required publication information.

### Who Should Read This Policy

This policy applies to all employees and affiliates involved in scientific or technical research.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office

[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

<http://www.lbl.gov/Workplace/RIIO/>

Title:	Scientific & Technical Publications Authorship and Review
Publication date:	10/7/2013
Effective date:	3/1/2011

## POLICY

### A. Purpose

This policy describes the review of scientific and technical publications at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

This policy applies to employees and affiliates involved in the creation of scientific and technical information (STI).

## C. Exceptions

The scope of this policy is STI created in the course of research. It does not include all other Laboratory Information.

## D. Policy Statement

Berkeley Lab values the role of peer review in ensuring the integrity of scientific research. Researchers are expected to seek ongoing internal review of their work before publication. Employees will adhere to the highest ethical standards in their publishing, including those detailed in the University's Statement of Ethical Values, especially in regards to the integrity and originality of work, and the recognition of the contributions of colleagues. Researchers must ensure that any information of a nonpublishable nature (such as that protected by human subjects research protocol or a nondisclosure agreement) is excluded from publication.

All publications must be reviewed within a division prior to submission, and before receiving a Berkeley Lab report number. Each division will ensure that (1) a reasonable scientific process has been followed, (2) the publication requirements in the [Scientific and Technical Publications Requirements](#) policy have been met, and (3) any other requirements indicated by the division director have been met. Divisional procedures must ensure that the review is fair and unbiased, and that freedom of scientific inquiry is not unfairly constrained.

See the policy on [Scientific and Technical Publications Requirements](#) for required publication information, including funding acknowledgments, submission information, and Berkeley Lab [Report Coordination](#).

## E. Roles and Responsibilities

All employees publishing the results of research conducted at or funded by Berkeley Lab have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Division Director	Establishes process as necessary to ensure publications have followed a reasonable scientific process
Employee	Adheres to this policy and any specific process required by division management
IT Division	Assigns report numbers to publications, and ensures funding source is appropriately credited

## F. Definitions/Acronyms

Term	Definition
Scientific and Technical Information (STI)	Information products deemed by the originator to be useful beyond the originating site (i.e., intended to be published or disseminated), in any format or medium, which contain findings and technological innovations resulting from research and development (R&D) efforts and scientific and technological work of scientists, researchers, and engineers, whether they are federal employees, contractors, or financial-assistance recipients. STI also conveys the results of demonstration and commercial application activities as well as experiments, observations, simulations, studies, and analyses.

## G. Recordkeeping Requirements

None



## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office

[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

<http://www.lbl.gov/Workplace/RIIO/>

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/7/2013	0.1	M. Stoufer	Reviewed 10/3/13, no changes	next review date	Minor
5/18/2012	0	M. Stoufer	Re-write for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Scientific & Technical Publications Authorship and Review
Document number	10.02.003.000
Revision number	0.1
Publication date:	10/7/2013
Effective date:	3/1/2011
Next review date:	10/7/2016
Policy Area:	Scientific and Technical Publications
RPM Section (home)	Information Management
RPM Section (cross-reference)	Conduct of Research and Development
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM Section 5.02

## Source Requirements Documents

Contract 31, Clause H.16, *Intellectual and Scientific Freedom*

## Implementing Documents

None

# Scientific and Technical Publications Requirements

Title:	Scientific and Technical Publications Requirements
Publication date:	5/7/2012
Effective date:	3/7/2011

## BRIEF

### Policy Summary

This policy describes Berkeley Lab requirements for the publication of scientific and technical information (STI).

### Who Should Read This Policy

Employees and affiliates involved in scientific or technical research

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

Title:	Scientific and Technical Publication Requirements
Publication date:	5/7/2012
Effective date:	3/7/2011

#### [D. Policy Statement](#)

##### [D.1 Publication Submission Requirement](#)

##### [D.2 Credit Line, Author Affiliations, Copyright Notice, and Disclaimer Requirements](#)

## POLICY

### A. Purpose

This policy establishes requirements that help to ensure:

- Open access to research conducted at Lawrence Berkeley National Laboratory (Berkeley Lab) and to encourage wide dissemination of research results
- Adherence to copyright obligations in the publication of research results

- The appropriate assignment of intellectual property rights

## B. Persons Affected

This policy applies to employees and affiliates involved in the creation of scientific and technical information.

## C. Exceptions

The scope of this policy is scientific and technical information (STI) created in the course of research. It does not include all other Laboratory Information.

## D. Policy Statement

### D.1 Publication Submission Requirement

1. **Purpose.** The purpose of the publication submission requirement is to:
  - a. Ensure that STI funded by the U.S. government or conducted at facilities funded by the U.S. government is made available for public access
  - b. Review STI to ensure that copyright obligations are met
  - c. Review STI for potential patents or other intellectual property
2. **Requirement.** Authors must submit STI to the [Report Coordination Office](#).

### D.2 Credit Line, Author Affiliations, Copyright Notice, and Disclaimer Requirements

1. Publications must contain the appropriate credit line, author affiliations, disclaimers, and copyright notice.
2. **Credit line.** The credit line must include funding source(s), contract number(s), and any required acknowledgements from other funding sources. Examples of credit lines with DOE as the funding source:
  - a. This work was supported by the Director, Office of Science, Office of Basic Energy Sciences, of the U.S. Department of Energy under Contract No. DE-AC02-05CH11231.
  - b. This work was supported by the Assistant Secretary for Energy Efficiency and Renewable Energy, Office of Building Technology, State and Community Programs, of the U.S. Department of Energy under Contract No. DE-AC02-05CH11231.
3. **Author affiliations.** Publications must list authors and appropriate affiliations. Include both affiliations for authors with joint appointments with the University of California at Berkeley and Berkeley Lab.
4. **Disclaimers.** Publications must include the following disclaimer:
  - a. This document was prepared as an account of work sponsored by the United States Government. While this document is believed to contain correct information, neither the United States Government nor any agency thereof, nor the Regents of the University of California, nor any of their employees, makes any warranty, express or implied, or assumes any legal responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately owned rights. Reference herein to any specific commercial product, process, or service by its trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof, or the Regents of the University of California. The views and opinions of authors expressed herein do not necessarily state or reflect those of the United States Government or any agency thereof or the Regents of the University of California.
5. **Copyright notice.** Publication submissions must include the following copyright notice:
  - a. This manuscript has been authored by an author at Lawrence Berkeley National Laboratory under Contract No. DE-AC02-05CH11231 with the U.S. Department of Energy. The U.S. Government retains, and the publisher, by accepting the article for publication, acknowledges, that the U.S. Government retains a non-exclusive, paid-up, irrevocable, world-wide license to publish or reproduce the published form of this manuscript, or allow others to do so, for U.S. Government purposes.

## E. Roles and Responsibilities

Employees and affiliates are responsible for adhering to this policy.

## F. Definitions/Acronyms

Term	Definition
Scientific and Technical Information (STI)	Information products deemed by the originator to be useful beyond the originating site (i.e., intended to be published or disseminated), in any format or medium, which contain findings and technological innovations resulting from research and development (R&D) efforts and scientific and technological work of scientists, researchers, and engineers, whether they are federal employees, contractors, or financial-assistance recipients. STI also conveys the results of demonstration and commercial application activities as well as experiments, observations, simulations, studies, and analyses.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Information Technology Policy Manager  
 Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
5/7/2012	1	J. Bonaguro	Rewrite for wiki (policy)	All	Minor Change
1/2/2012	0	J. Bonaguro	Rewrite for wiki (brief)	All	Minor Change

## DOCUMENT INFORMATION

Title:	Scientific and Technical Publications Requirements
Document number	10.02.001.000
Revision number	1
Publication date:	5/7/2012
Effective date:	3/7/2011
Next review date:	3/7/2015

Policy Area:	Scientific and Technical Publications
RPM Section (home)	Information Management
RPM Section (cross-reference)	Section 5.02
Functional Division	Information Technology
Prior reference information (optional)	RPM Section 5.02

## Source Requirements Documents

- DOE O 241.1B, *Scientific and Technical Information Management*
- Contract 31, Clause I.91 - DEAR 970.5227-2, *Rights in Data-Technology Transfer* (Deviation JUL 2006) Section d.2.
  - Requires copyright notice
- Berkeley Lab Senior Management requirement\*\* Requires disclaimer

## Implementing Documents

None

# Security for Information Technology

Title:	Security for Information Technology
Publication date:	2/5/2014
Effective date:	3/20/2007

## BRIEF

### Policy Summary

This policy describes security responsibilities and requirements for Laboratory Information Technology (IT). This includes responsibilities and requirements for:

- Individuals and supervisors
- Certain roles such as system administrator, web server owner, and application developer
- Divisions, including division security liaisons
- The Cyber Security Program (CSP)

### Who Should Read This Policy

- Employees and affiliates who use or manage Laboratory IT or Laboratory Information
- Employees with additional security responsibilities for Laboratory IT, such as computer security liaisons or members of the CSP

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

## Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

Title:	Security for Information Technology
Publication date:	2/5/2014
Effective date:	3/20/2007

## POLICY

### A. Purpose

The purpose of this policy is to enable a computing environment for Lawrence Berkeley National Laboratory (Berkeley Lab) that is both open and appropriately secure.

## B. Persons Affected

This policy applies to employees and affiliates as well as individuals with additional security responsibilities for Laboratory Information Technology (IT).

## C. Exceptions

The Berkeley Lab Chief Information Officer, the Cyber Security Manager (CSM), and the Cyber Security Program (CSP) may approve exceptions to this policy.

## D. Policy Statement

### D.1 Employees and Affiliates

- 1. Everyone Is Responsible for Security.** Laboratory IT Security is a line-management function at Berkeley Lab. Employees and affiliates are responsible for the security of computers and devices that they use or manage. They must take appropriate steps to secure Laboratory IT and Information that they create, possess, manage, or have access to in connection with their Laboratory employment or research.
  - a. Authorizing Access to IT Resources.** Employees and affiliates may authorize the use of Laboratory IT that they manage. When authorizing use, employees and affiliates assume security responsibility for the use and/or user and must ensure that Berkeley Lab IT policies are communicated to the user and followed in the course of granting access.
  - b. Reviewing Authorization.** After authorization, employees and affiliates must review access on a schedule appropriate to the risks presented by the service or system.
- 2. Security Requirements.** Employees and affiliates must ensure that computers and devices they use or manage meet the [Minimum Security Requirements](#). Employees with specific roles must meet the [Role-Based Security Requirements](#). Employees and affiliates must meet any additional requirements and procedures that CSP determines are necessary to secure the Laboratory.
  - a. Minimum Security Requirements.** Minimum security requirements protect both the integrity of Laboratory Information and our network by providing a baseline level of protection for devices. Requirements may include training, security patches, passwords, media protection, anti-virus protection, physical protections, and network access.
  - b. Role-based Security Requirements.** Certain roles require additional security requirements to protect Laboratory IT and Information. Roles include system administrators, web server owners, and application developers.
  - c. Other Requirements.** Employees and affiliates must adhere to additional requirements, standards, and procedures that the Cyber Security Program (CSP) determines are necessary to protect Laboratory IT and Information. Additional requirements are available on the CSP's [Security Requirements](#) page.
- 3. Reporting Security Incidents.** Employees and affiliates must follow the appropriate procedures to report cyber security incidents, including the loss or theft of Laboratory IT or Information.

### D.2 Laboratory Management

- Supervisors and managers must provide adequate oversight to ensure that employees and affiliates under their management are taking appropriate steps to secure Laboratory IT and Information throughout its lifecycle.
- The division or department director must ensure that the division adheres to policies, requirements, and procedures related to securing Laboratory IT and Information.
- The division or department director must designate a Computer Security Liaison who has authority and responsibility for coordination of computer security activities.

### D.3 Exceptions and Enforcement

- 1. Exceptions to Security Requirements**
  - Some systems, most commonly scientific ones, are unable to meet the security requirements. Possible reasons include:
    - i. Technical.** For example, a legacy operating system that does not have patches for some vulnerability.
    - ii. Operational.** For example, a device that performs experiments, such as genome sequencing or systems used in the Advanced Light Source (ALS) control, may have uptime requirements such that they cannot be patched or rebooted.
    - iii. Cost-efficiency.** For example, the cost, either monetarily or for mission reasons, of upgrading a device to meet requirements exceeds the security benefit.
  - b. Exceptions.** Employees and affiliates should take a risk-based approach to using exceptions and seek guidance from CSP as appropriate. CSP may refuse exceptions based on institutional risk or require compensating controls.



2. **Enforcement.** Employees and affiliates who do not comply with this policy may temporarily be denied access to Laboratory IT and may be subject to other penalties and disciplinary action up to and including termination. Non-compliant devices may be disconnected from the Laboratory network until the device is compliant.

## D.4 Cyber Security Program

The CSP has the authority and responsibility to support the security of Laboratory IT and Information. The program must:

1. Provide general protection for Laboratory IT and Information that is risk-based, cost-effective, and supports the mission of the Laboratory
2. Establish requirements, standards, procedures, and guidelines to help secure Laboratory IT and Information and comply with applicable regulations and requirements
3. Provide information and resources to help Laboratory divisions and employees meet their security responsibilities
4. Elicit input from divisions and programs on security policies and procedures

Although CSP supports the security of Laboratory IT and Information, ultimate responsibility for security and its implementation rests with each employee and affiliate.

## E. Roles and Responsibilities

Employees and affiliates must adhere to this policy. The table below describes specific responsibilities, authorities, and accountabilities by role:

Role	Responsibility	Authority	Accountability
Director	Oversees site management and operations	Delegates cyber protection responsibilities (to CIO)	Accountable to DOE and UCOP for site operations
Chief Information Officer (CIO)	<ul style="list-style-type: none"> <li>Oversees institutional Cyber Security Program</li> <li>Oversees cyber security policy and related oversight activities</li> </ul>	<ul style="list-style-type: none"> <li>Designates the CSM</li> <li>Directs resources to prioritize cyber security efforts</li> </ul>	Accountable to Director for cyber security performance and policy
Deputy CIO for Technology and Policy	<ul style="list-style-type: none"> <li>Approves and directs the institutional Cyber Security Program</li> <li>Ensures that the Cyber Security Program is effectively managing risk</li> </ul>	<ul style="list-style-type: none"> <li>Establishes cyber security policy</li> <li>Establishes risk management approach</li> </ul>	Accountable to CIO for cyber security performance
Cyber Security Manager (CSM)	<ul style="list-style-type: none"> <li>Manages the institutional Cyber Security Program</li> <li>Evaluates overall cyber security posture and direction for Berkeley Lab</li> <li>Recommends security controls to CIO and Deputy CIO</li> </ul>	<ul style="list-style-type: none"> <li>Directs resources to cyber protection efforts</li> <li>Establishes cyber security requirements</li> </ul>	Accountable to CIO and Deputy CIO for cyber security performance
Cyber Security Program (CSP)	Develops and operates the institutional Cyber Security Program	Recommends and enforces cyber security requirements	Accountable to CSM for cyber security performance
Computer Security Liaisons	<ul style="list-style-type: none"> <li>Advise in the development of Cyber Security Program by representing their division</li> <li>Communicate cyber security policies and requirements to their divisions</li> </ul>	Recommend changes to cyber security policy and requirements	Accountable to division line management for contributions to cyber security posture

Supervisors and Managers	Ensure safety and security of employees and systems within span of control	Direct work and resources to operate in a safe and secure manner	Accountable to defined line manager for cyber security performance within span of control
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## F. Definitions/Acronyms

Term	Definition
Laboratory IT	Berkeley Lab-managed IT, including computing devices, networks, services, and accounts
Laboratory Information	Information used to accomplish job-related tasks; information may be owned by the Regents of University of California or the Department of Energy.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
10.01.002.001	<a href="#">Minimum Security Requirements</a>	Standard
10.01.002.002	<a href="#">Role-based Security Requirements</a>	Standard
10.01.002.003	<a href="#">Security Requirements</a>	Standard
11.04.003.000	<a href="#">Financial Management System (FMS) User Access control</a>	Policy

## I. Contact Information

Information Technology Policy Manager  
Information Technology Division  
[itpolicy@lbl.gov](mailto:itpolicy@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Bonaguro	Rewrite for wiki (brief)	All	Minor
7/30/2012	1	J. Bonaguro	Rewrite for wiki (policy)	All	Minor
2/5/2014	1.1	J. Bonaguro	Periodic review	All	Minor

## DOCUMENT INFORMATION

Title:	Security for Information Technology
Document number	10.01.002.000
Revision number	1.1
Publication dates:	2/5/2014
Effective date:	3/20/2007
Next review date:	3/1/2015
Policy Area:	Information Technology
RPM Section (home)	Information Management
RPM Section (cross-reference)	Sections 9.01 and 9.02
Functional Division	Information Technology
Prior reference information (optional)	RPM Sections 9.01 and 9.02

## Source Requirements Documents

- DOE O 205.1B, *Department of Energy Cyber Security Management*, CRD
- DOE P 205.1, *Departmental Cyber Security Management Policy*
- UCOP IS-3 *Electronic Information Security*

## Implementing Documents

Document number	Title	Type
10.01.002.001	Minimum Security Requirements	Requirements
10.01.002.002	Role-Based Security Requirements	Requirements
10.01.002.003	Security Requirements	Requirements
11.04.003.000	<a href="#">Financial Management System (FMS) User Access control</a>	Policy

# Seismic Safety

## Brief

Title:	Seismic Safety
Publication date:	4/29/2014
Effective date:	4/29/2014

## BRIEF

### Policy Summary

Berkeley Lab designs and constructs its physical plant and program facilities to prevent the loss of life and, to minimize the risk of personal injury, program interruption, and property damage due to earthquakes. Furnishings and equipment in buildings must be secured in accordance with the requirements of this policy, the applicable provisions of the California Building Code, and the applicable provisions of Department of Energy and University of California seismic policies and standards.

### Who Should Read This Policy

Laboratory employees, contractors, and affiliates

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Berkeley Lab Structural Engineer  
Facilities Division

## Policy

Title:	Seismic Safety
Publication date:	4/29/2014
Effective date:	4/29/2014

#### D.1 New Buildings and Other Structures, Including Programmatic Equipment

D.1.1 Physical Plant Facilities

D.1.2 Design Criteria for Programmatic Facilities

D.1.3 Non-Ductile Structures

#### D.2 New and Existing Special Facilities

D.2.1 Critical Emergency Facilities

D.2.2 Enclosures and Systems Containing Radioactive and Other Hazardous Dispersible Materials

#### D.3 Existing Buildings and Other Structures

D.3.1 Rating of Buildings and Other Structures

D.3.2 Re-Evaluations

D.3.3 Use Restrictions for Buildings and Other Structures with Seismic Ratings of Performance Level V (Formerly "Poor") and Performance Level VI (Formerly "Very Poor")

D.3.4 Posting of Seismic Information for Buildings and Other Structures

#### D.4 Process for Determining Use Restrictions for Buildings and Other Structures with Performance Level V (formerly "Poor") or Performance Level VI (formerly "Very Poor") Seismic Ratings

D.5 Programmatic Equipment and Structures

D.6 Non-Structural Earthquake Safety Measures

## POLICY

### A. Purpose

The Seismic Safety policy at Lawrence Berkeley National Laboratory (Berkeley Lab) provides seismic requirements for the construction of new buildings, renovations, and/or furnishings of Laboratory-owned or Laboratory-leased buildings. Additionally, this policy describes the UC Seismic Performance Rating System for Laboratory buildings.

### B. Persons Affected

This policy applies to employees, affiliates, and subcontractors involved in the construction, renovation, and/or furnishing of Laboratory-owned or -leased buildings.

### C. Exceptions

Not applicable

### D. Policy Statement

Berkeley Lab designs and constructs its physical plant and program facilities to prevent the loss of life and to minimize the risk of personal injury, program interruption, and property damage due to earthquakes. Furnishings and equipment in buildings must be secured in accordance with the requirements of this policy, the applicable provisions of the California Building Code (CBC), and the applicable provisions of Department of Energy and University of California seismic policies and standards.

#### D.1 New Buildings and Other Structures, Including Programmatic Equipment

All new Laboratory buildings and other structures, including program equipment and heavy shielding, must be designed and constructed to resist the seismic ground motions associated with a Maximum Considered Earthquake (MCE) without collapse; and to resist the seismic ground motions associated with a Design Basis Earthquake (DBE) without damage that would pose a significant risk of life-threatening injuries to the building occupants. Special facilities, as defined in [Section D.2, \*New and Existing Special Facilities\*](#), are to be designed to a higher standard as discussed in that section.

The determination that the buildings and other structures can satisfy these criteria is the responsibility of qualified structural engineers under the supervision of the Facilities Division Structural Engineer.

All programmatic facilities and equipment are under the jurisdiction of the Facilities Division.

All buildings and other structures must be structurally designed and constructed by, or under the supervision of, a structural engineer registered in the state of California in accordance with the current edition of the California Code of Regulations (CCR), Title 24, Part 2, California Building Code (CBC or the Code). In addition, all Department of Energy-owned and -leased facilities are to be designed and constructed in accordance with DOE Order 420.1C, *Facility Safety*. The CBC and Order 420.1C are supplemented by reference standards found in the Document Information section of this policy.

##### D.1.1 Physical Plant Facilities

- All building projects must be designed on the basis of geological and geotechnical investigations used to establish foundation design values and to assess hazards from fault movement (e.g., landslides and ground motion). No building may be constructed over an active fault, and the proposed location of a building relative to an active fault must be reviewed and approved by the Facilities Division.
- Calculations, drawings, and specifications for buildings must be submitted to the Facilities Division for review before construction, and each must be signed and stamped with the registered engineer's seal.
- In accordance with the University Seismic Safety Policy dated August 25, 2011, and the Policy for Independent Review of Capital Projects dated June 29, 2007, all drawings and calculations for buildings must be formally peer-reviewed by an independent, structural engineer licensed in California.

##### D.1.2 Design Criteria for Programmatic Facilities

The following equipment and structures must be constructed and/or seismically secured in a manner that ensures life safety and is acceptable to the Facilities Division Structural Engineer:

1. All permanent buildings
2. Any structure that personnel can enter, such as trailers, radiation hutches, shielding structures, or environmental test chambers
3. Any structure that supports personnel, such as mezzanines and personnel platforms more than 4 feet high
4. Any research equipment or non-structural component that falls within one of the categories defined in [Section D.6](#) below

In addition to seismic considerations, the Structural Engineer's review will also address California Building Code (CBC) issues and floor-loading concerns.

The following design criteria must be incorporated:

- All new programmatic facilities must be designed for the seismic forces and design criteria specified in the current edition of American Society of Civil Engineers (ASCE)-7, as amended by the current edition of the CBC and the current version of the Berkeley Lab *Lateral Force Design Criteria* Resource Document RD3.22.
- For building structures that are not permitted by ASCE-7 to be designed using an Equivalent Lateral Force (static) Analysis or that are base-isolated, a spectral or time history analysis using site-specific ground motions must be used to determine the seismic design forces. An independent seismic peer review, as defined in the UC Seismic Safety Policy, is required for such structures.
- Any non-building component specified in [Section D.6](#) as requiring seismic restraints must be designed for conformance with the seismic provisions of ASCE-7, as amended by the CBC and RD3.22. The provisions of ASCE-7 Chapter 13 must be applied to non-structural facilities and equipment that are attached to the building structure. The provisions of ASCE-7 Chapter 15 must be applied to non-building structures, including those that are used to support equipment (e.g., cooling tower frames and tank skirts). Equipment that is not attached to the building structure or supported by a non-building structure covered in ASCE-7 Chapter 15 must be designed per the provisions of ASCE-7 Chapter 13. Either Chapter 13 or 15 can be used to design non-building structures that are inside buildings and are only attached to the building's foundation (e.g., hutches and walk-in test chambers). If the component is provided with adjustments, it must resist the governing acceleration when the adjustments are in the most unfavorable positions. Friction due to gravity cannot be relied on to resist movement. The use of mechanically induced friction to resist movement must be reviewed on a case-by-case basis by the Facilities Division. Secure structural connections to the floor or to the building are needed to resist seismic accelerations.
- Where a separate national standard or document is used as the basis for the earthquake-resistant design of a particular type of system or component, that document is permitted to be used provided that the design earthquake forces are not less than those determined in accordance with the CBC, and the component's interactions with components connected to it and with the structure that supports it are accounted for in the design.
- Where the maximum allowable stress and displacement in seismic restraining systems are not specified in the CBC or its referenced standards, these criteria must be established by the Project Engineer and must be such so that life-threatening lateral movement (relative to the support) or overturning will not occur due to the governing seismic accelerations.
- For equipment or other objects mounted on bases or floors that isolate seismic accelerations, spectral analyses using the Berkeley Lab Design Basis Earthquake or site-specific ground motions must be used to determine the seismic forces on the object. This requirement does not apply to equipment mounted on vibration isolators.

### D.1.3 Non-Ductile Structures

Structures constructed of components or materials that fail in a brittle manner (i.e., no apparent plastic deformation takes place before fracture) and that do not exhibit ample reserve strain-energy capacity are considered non-ductile structures. One example is a structure made of non-ductile reinforced concrete blocks held together with ductile metal attachments that are not configured, or do not have enough mass, to safely absorb the seismic strain energy in the structure. For non-ductile structures and bracing systems, the design must be based on the following:

- Non-ductile structures and components must not be used for new construction except where specifically permitted by the CBC. The applicable provisions of the CBC must be used for the design of these elements.
- Existing non-ductile structures that will be used to support new construction must be evaluated per the applicable provisions of the CBC. DOE-owned facilities must also be evaluated per the applicable provisions of *Standards of Seismic Safety for Existing Federally Owned and Leased Buildings, ICSSC Recommended Practice 8 (RP-8)*.
- The maximum allowable stress in existing non-ductile structural elements that are used to support new construction must not exceed the following:
  - 75% of the ultimate compressive strength, or the stresses permitted by the CBC, for concrete in bearing or compression
  - 50% of the ultimate strength for welds
  - The allowable capacities for anchor bolts and post-installed anchors are to be calculated assuming that the concrete is cracked at service load levels
  - 75% of the ultimate strength for other structural elements

## D.2 New and Existing Special Facilities

The determination that special facilities meet the following criteria will be made by qualified structural engineers under the supervision of the Facilities Division Structural Engineer.

### D.2.1 Critical Emergency Facilities

Critical emergency facilities must be designed to remain functional during and after the Design Basis Earthquake specified above. The essential facility provisions of the CBC must be used for the design of these facilities.

## D.2.2 Enclosures and Systems Containing Radioactive and Other Hazardous Dispersible Materials

Enclosures and systems containing radioactive or other hazardous, dispersible materials (e.g., toxic, flammable, or infectious substances) must be designed and constructed to ensure confinement during and after the design earthquake specified above and to ensure that the acceptable risk, established during the appropriate work authorization is not exceeded. These enclosures must be designed in accordance with Facilities Division Resource Document RD3.22 and inspected by the Environment/Health/Safety (EHS) Division before use.

## D.3 Existing Buildings and Other Structures

### D.3.1 Rating of Buildings and Other Structures

All permanent DOE- and UC-owned Laboratory buildings have been reviewed by qualified structural engineers to determine their rating in accordance with the requirements of the UC Seismic Safety Policy. One of the following UC-mandated performance ratings has been assigned to each building:

A Performance Level III (formerly "Good") rating typically applies to buildings and other structures whose performance during a major seismic disturbance "is anticipated to result in some structural and/or non-structural damage and/or falling hazards" that would not significantly jeopardize life. Buildings and other structures with a Performance Level III rating typically have a level of seismic resistance such that funds need not be spent to improve their seismic resistance to gain greater life safety, and that they represent an acceptable level of earthquake safety.

A Performance Level IV (formerly "Fair") rating typically applies to buildings and other structures whose performance during a major seismic disturbance is anticipated to result in structural and non-structural damage and/or falling hazards that would represent low life hazards. Buildings and other structures with a Performance Level IV seismic performance rating typically are given a low priority for expenditures to improve their seismic resistance and/or to reduce falling hazards so that the building could be reclassified as Performance Level III (formerly "Good").

A Performance Level V (formerly "Poor") rating typically applies to buildings and other structures whose performance during a major seismic disturbance is anticipated to result in significant structural and non-structural damage and/or falling hazards that would represent appreciable life hazards. Either such buildings or structures are given a high priority for expenditures to improve their seismic resistance and/or to reduce falling hazards so that the building could be reclassified as Performance Level III (formerly "Good"), or are considered for other abatement programs, such as reduction of occupancy.

A Performance Level VI (formerly "Very Poor") rating seismic performance rating typically applies to buildings and other structures whose performance during a major seismic disturbance is anticipated to result in extensive structural and non-structural damage, potential structural collapse, and/or falling hazards that would represent high life hazards. Such buildings or structures either are given the highest priority for expenditures to improve their seismic resistance and/or to reduce falling hazards so that the building could be reclassified as Performance Level III (formerly "Good"), or are considered for other abatement programs such as reduction of occupancy.

### D.3.2 Re-Evaluations

An existing building must be re-evaluated and re-rated if one of the following occurs:

- There is a change in the building's function that results in an increase in the building's level of use, importance, or occupancy.
- A project is planned that significantly extends the building's useful life through alterations or deferred maintenance that total more than 30 percent of the replacement cost of the building.
- The building or part of the building has been damaged as a result of a natural phenomenon or other event to the extent that, based on evaluations performed by qualified professional engineers, significant structural degradation of the building's vertical and/or lateral load carrying systems has occurred.
- When an alteration or addition to the building results in either a greater than 10 percent reduction in the capacity of the building's lateral-load support system or a greater than 10 percent increase in the lateral loads being applied to the building.
- When an alteration or addition to the building results in a structural irregularity as defined by ASCE 7.

Seismic re-evaluations must be performed by qualified structural engineers under the supervision of the Facilities Division Structural Engineer. These evaluations must be in accordance with DOE-STD-1020 and the UC Seismic Safety Policy.

### D.3.3 Use Restrictions for Buildings and Other Structures with Seismic Ratings of Performance Level V (Formerly "Poor") and Performance Level VI (Formerly "Very Poor")

The use of each building or other structure with a rating of Performance Level V (formerly "Poor") or Performance Level VI (formerly "Very Poor") will be reviewed by the Laboratory managers responsible for the building or structure for the purpose of determining what seismic risk-reduction strategy will be implemented. The determination will be based on recommendations from the Facilities Division Structural Engineer.

### D.3.4 Posting of Seismic Information for Buildings and Other Structures

The seismic rating of buildings and any use restrictions or limitations are posted on the Laboratory's Seismic Status web page. The structural rating of buildings and the use limitations and restrictions will be maintained by the Facilities Division Structural Engineer and based on the risk mitigation measures adopted by management as described in the next section. See <http://fac.lbl.gov/Facilities/DandC/CivStr/>.

#### **D.4 Process for Determining Use Restrictions for Buildings and Other Structures with Performance Level V (formerly "Poor") or Performance Level VI (formerly "Very Poor") Seismic Ratings**

The Facilities Division Structural Engineer advises Laboratory managers of the seismic rating of each building that has been evaluated, and provides a summary of the issues that cause buildings to have a Performance Level V or VI rating. Based on this information and on a review of the present use of the building with the occupying divisions' safety coordinators, the Facilities Division makes seismic risk mitigation recommendations to the responsible division directors and the Laboratory's Chief Operating Officer concerning appropriate risk-reduction measures for buildings that have a seismic rating of Performance Level V or VI.

For Performance Level VI-rated buildings, the following applies:

- No new or additional operations that result in personnel exposure to the seismic hazard may be located in buildings with a Performance Level VI seismic rating.
- Funding must be requested to upgrade the building to a Performance Level III seismic rating or to replace or remove the building. The building may be vacated and abandoned in place until a plan has been developed.
- Activities that bring additional personnel into the building will be curtailed; for example, conference rooms will be closed.
- Every effort will be made to relocate personnel who spend most of their time in the building to other, safer facilities; for example, occupants of continually occupied offices will be moved in a specified period of time.
- Laboratory and experimental facilities that cannot be moved will only be used for essential activities, and where possible, personnel working in these spaces will be assigned other, safer spaces for office work and other activities that can be performed elsewhere.
- Personnel remaining in the building will be briefed on the hazards and use restrictions by the Structural Engineer and the EHS Seismic Subject Matter Expert. The use restrictions will be posted on the Laboratory's Seismic Status web page.

The use of buildings seismically rated Performance Level VI for unattended storage of material and equipment is permitted.

For buildings seismically rated Performance Level V, the following applies:

- No additional operations that result in personnel exposure to the seismic hazard may be located in buildings with a Performance Level V seismic rating. Replacement of activities with like activities may be acceptable, depending on specific circumstances.
- Funding must be requested to upgrade the facility to a seismic rating of Performance Level III or to replace or remove the facility.
- Personnel remaining in the building must be briefed on the hazards and use restrictions by the Structural Engineer and the EHS Seismic Subject Matter Expert. The use restrictions must be posted on the Laboratory's Seismic Status web page.
- A hard copy of the briefing of Hazards and Use Restrictions must be posted in a prominent and central location for review by building occupants, particularly those who become occupants after the initial briefing. Division line management is responsible for informing new building occupants of the location of the posted briefing or requesting a new briefing by the Facilities Structural Engineer and the EHS Seismic Subject Matter Expert. The building occupants are each responsible for reviewing the posting and contacting the Facilities Structural Engineer, or the EHS Seismic Subject Matter Expert, if they have any questions.

#### **D.5 Programmatic Equipment and Structures**

The following equipment and structures must be constructed and/or seismically secured in a manner that is acceptable to the Facilities Division Structural Engineer:

- Any structure that personnel can enter, such as trailers, radiation hutches, shielding structures, or environmental test chambers.
- Any structure that supports personnel, such as mezzanines and personnel platforms more than 4 feet high.

In addition to seismic considerations, the Structural Engineer's review will also address building code issues and floor loading concerns.

#### **D.6 Non-Structural Earthquake Safety Measures**

Seismic anchoring of furnishings and equipment is required where it may prevent blocking of exit passages, and where items may topple and crush personnel in case of an earthquake. Note that the seismic anchoring that is typically possible will provide protection in cases of minor earthquakes, but may fail during a design basis earthquake, depending on the direction of the ground motion.

Where equipment is anchored, it must be bolted to structural elements, such as studs in walls, or secured to concrete with approved anchors. Seismic anchoring may require Facilities Division Penetration permits, depending on the depth of the anchors and the location. Contact the Facilities Division Work Request Center for seismic anchoring. Facilities Division carpenters have been instructed on acceptable methods of anchoring typical furnishings.



Post-installed anchors placed into concrete must be pre-qualified for seismic applications and installed in accordance with the requirements of the anchor manufacturer and the CBC. Anchors that are required to be engineered must be designed in accordance with the CBC. The anchor installation must be inspected by a qualified Special Inspector. The anchors must be tested by the Special Inspector as directed by the Facilities Structural Engineer responsible for the anchor design.

Where the contents of shelves or cabinets may fall and pose hazards during an earthquake, they must be secured in the cabinet or shelf by doors or other restraining mechanisms such as 3/4-inch-tall lips at the front of shelves, or elastic cords on bookshelves.

The following items are required to be secured against toppling or emptying of contents:

- Bookcases, file cabinets, storage cabinets, electronics racks, and other furnishings that are more than 4 feet high, regardless of weight.
- All equipment and furnishings that are mounted at 4 feet or less above a floor level and weigh more than 400 pounds.
- All equipment that is mounted more than 4 feet above a floor level to a vertical surface and weigh more than 20 pounds.
- All equipment that is suspended below a floor and weigh more than 20 pounds.
- Bookcases and other furnishings regardless of height or weight where they might block doors or exit passages.
- Equipment that is mounted to a table top and weigh more than 100 pounds.
- 160-liter Dewars and compressed gas cylinders.
- Any equipment, storage cabinet, or container that contains hazardous materials.
- Heavy items on shelves where they might fall down on personnel below.

In addition, all mechanical, electrical, and fire suppression distribution systems must be braced for seismic loads where required by the CBC.

## E. Roles and Responsibilities

Role	Responsibility
Employees, affiliates and subcontractors	<ul style="list-style-type: none"> <li>• Follow the requirements of this policy</li> <li>• Secure non-structural items that may cause injury or block exit paths from buildings</li> <li>• Attend briefings and understand the hazards and use restrictions if occupying a seismic Performance Level V or VI rated building</li> </ul>
Facilities Division Structural Engineer	<ul style="list-style-type: none"> <li>• Supervises other structural engineers in the determination of buildings' and other structures' seismic performance rating</li> <li>• Reviews and determines acceptability of Berkeley Lab structures</li> <li>• Determines seismic risk-reduction strategies for seismic Performance VI-rated buildings</li> <li>• Maintains the structural rating of buildings, as well as the use limitations and restrictions</li> <li>• Advises Laboratory managers of the seismic rating of each building that has been evaluated, and provides a summary of the issues that cause buildings to have a Performance Level V or VI rating</li> <li>• Makes seismic risk mitigation recommendations to the responsible division directors and the Laboratory's Chief Operating Officer concerning appropriate risk-reduction measures for buildings that have a seismic rating of Performance Level V or VI</li> <li>• Assists with the development and delivery of briefings to occupants of seismic Performance V or VI rated buildings</li> </ul>
EHS Seismic Safety Subject Matter Expert	<ul style="list-style-type: none"> <li>• Assists with the development and delivery of briefings to occupants of seismic Performance V or VI rated buildings.</li> <li>• Advises occupants on non-structural seismic anchoring methods, which do not require engineering.</li> </ul>
Division management	<ul style="list-style-type: none"> <li>• Adopts seismic risk mitigation measures for occupied buildings</li> <li>• Posts briefings provided to division occupants of seismic Performance V or VI rated buildings; provides information in the briefing to new building occupants.</li> </ul>
Laboratory management	<ul style="list-style-type: none"> <li>• Makes decisions regarding capital improvements or demolition of structures with seismic performance ratings of V or VI based on recommendations of the Facilities Division Structural Engineer.</li> </ul>

## F. Definitions/Acronyms

Term	Definition
EHS	Environment/Health/Safety Division
UC	University of California
CBC	California Building Code
CCR	California Code of Regulations
UC Seismic Performance Rating System	University of California's system for rating the structural integrity of buildings and other structures for how they would perform during a major earthquake
Non-ductile	Structures constructed of components or materials that fail in a brittle manner (i.e., no apparent plastic deformation takes place before fracture) and that do not exhibit ample reserve strain-energy capacity
DOE	Department of Energy
ASCE	American Society of Civil Engineers
ACI	American Concrete Institute
AISC	American Institute of Steel Construction
AWS	American Welding Society
MCE	Maximum Considered Earthquake, defined as an earthquake with ground motions that have a 2% probability of being exceeded within a 50-year time period. These ground motions are the result of hazard analyses conducted by the U.S. Geological Survey (USGS) and have been incorporated into the building codes and standards.
DBE	Design Basis Earthquake, two-thirds of the corresponding Maximum Considered Earthquake (MCE)

## G. Recordkeeping Requirements

A listing of the seismic status of all Berkeley Lab buildings and seismic risk reduction plans for all occupied Laboratory buildings with seismic performance ratings of V or VI are maintained on the Facilities Division website at <https://commons.lbl.gov/display/fac/Seismic+Status>.

## H. Implementing Documents

- Berkeley Lab Facilities Construction Details and Design Guidelines, Resource Document RD3.22, *Lateral Force Design Criteria*
- Berkeley Lab Facilities Master Specifications

## I. Contact Information

Berkeley Lab Structural Engineer  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/29/2014	0	Hart	Re-write for wiki	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Seismic Safety
Document number	07.07.027.000
Revision number	0
Publication date:	4/29/2014
Effective date:	4/29/2014
Next review date:	4/29/2017
Policy Area:	Major Construction and ES&H – Industrial Hygiene & Safety
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- DOE Order 420.1C, Facility Safety
- University of California Seismic Safety Policy, August 25, 2011.

## Other Driving Requirements

- DOE P 454.1, Use of Institutional Controls
- *UC Facilities Manual*, Volume 3, Chapter 5, *Design Reviews and Approval*, "Policy for Independent Review of Capital Projects"
- California Code of Regulations (CCR), Title 24, Part 2, California Building Code
- DOE-STD-1020, Natural Phenomena Hazards Analysis and Design Criteria for DOE Buildings
- Executive Order 12941, Seismic Safety of Existing Federally Owned or Leased Buildings

## Other Related Berkeley Lab Policies

- Permit to Penetrate Ground or Existing Surfaces
- Construction, Seismic Safety Design

## Implementing Documents

Document number	Title	Type
RD3.22	LBNL Construction Details and Design Guidelines, Resource Document RD3.22, <i>Lateral Force Design Criteria</i>	
013523.11	LBNL Master Specifications - Lateral Force Provisions	
031500	LBNL Master Specifications - Concrete Accessories	

# Separation from Employment Policy

Title:	Separation from Employment Policy
Publication date:	4/25/2012
Effective date:	1/3/2011

## BRIEF

### Policy Summary

Employees who plan to resign from Berkeley Lab employment are requested to give their supervisors two weeks' or more advance notice of the planned resignation, when possible, to enable prompt recruitment of replacements. The supervisor must immediately acknowledge in writing the employee's intention to resign.

This policy also provides information when an employee is terminated due to security reasons or the employee's death.

### Who Should Read This Policy

This policy applies to all employee classifications: [Career](#), [Term](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), [Faculty](#), [Rehired Retiree](#), [Graduate Student Research Assistant \(GSRA\)](#), and [Student Assistant](#).

This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

Title:	Separation from Employment Policy
Publication date:	4/25/2012
Effective date:	1/3/2011

## POLICY

### A. Purpose

This policy provides guidance to employees and to supervisors on how to manage an employee's voluntary separation from employment. This policy also provides information when an employee is terminated due to security reasons or the employee's death.

## B. Persons Affected

This policy applies to all Berkeley Lab employees.

## C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, the Chief Human Resources Officer (CHRO) approval.

## D. Policy Statement

1. **Resignation:** Employees who plan to resign from employment at Berkeley Lab are requested to give their supervisors two weeks' or more advance notice of the planned resignation, when possible, to enable prompt recruitment of replacements. The supervisor must immediately acknowledge in writing the employee's intention to resign.
2. **Termination by Death**
  - a. Upon the death of an eligible employee, University of California employee death benefits will be paid in accordance with University policy. (See Basic Death Payment and Death Payment at [http://atyourservice.ucop.edu/forms\\_pubs/misc/survhb\\_employees.pdf](http://atyourservice.ucop.edu/forms_pubs/misc/survhb_employees.pdf)). This payment is in addition to any other benefit provided under a pension or retirement plan in effect for the deceased person.
  - b. The date of an employee's death is also the effective date of termination from Laboratory service. Payment of salary or wages and vacation credit due to a deceased employee is made to the employee's estate or the heirs-at-law, in accordance with California state law. Determination of whether to pay the amount due to the estate or the heir(s) is based on the nature and value of the estate and the amount due. When the amount due is less than \$3,000, direct payment to the heir(s) is often permissible.
3. **Security Terminations:** Employees who are terminated for security reasons at the request of the Department of Energy (DOE) may be given, with the approval of DOE, payment for up to 20 working days in lieu of advance written notice of such termination.

## E. Roles and Responsibilities

Role	Responsibility
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

Role	Responsibility
Human Resources Department	Will maintain employment records

## H. Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory Staff	02.12.001.001	<a href="#">Termination Checkout Sheet</a>	Form
All Laboratory Staff	02.12.001.002	<a href="#">Termination Confirmation to Employee and Supervisor from HR</a>	Form
All Laboratory Staff	02.12.001.003	<a href="#">Termination Process Guide</a>	Process
All Laboratory Staff	n/a	<a href="#">Retirement Plaques</a>	Web site
Managers and Supervisors	02.12.001.008	Managers and Supervisors Responsibilities under the Separation from Employment Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training
For HR Staff	02.12.001.004	<a href="#">Emeritus Status Guidelines</a>	Process
For HR Staff	02.12.001.005	<a href="#">End of Term/Limited Appointment</a>	Process
For HR Staff	02.12.001.010	<a href="#">Medical Termination Questionnaire</a>	Form
For HR Staff	02.12.001.006	<a href="#">Notice to Absent Employee/Affiliate</a>	Form

## I. Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/25/2012	2	M. Bello	Moved RPM 2.21(H) Termination by Death and RPM 2.21(G) Security Terminations to this policy.	All	Minor

1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor
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## DOCUMENT INFORMATION

Title:	Separation from Employment Policy
Document number	02.12.001.000
Revision number	2
Publication date:	4/25/2012
Effective date:	1/3/2011
Next review date:	TBD
Policy Area:	Separation
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.21(A, H, G)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.21(A, H, G)

## Source Requirements Documents

- (Federal) Comprehensive Omnibus Budget Reconciliation Act of 1985 (COBRA)
- Cal-Comprehensive Omnibus Budget Reconciliation Act (COBRA), Rights Notice
- California Health Insurance Premium Payment Program (HIPP) Notice and Change of Status Notice
- University of California Personnel Policies for Staff Members (PPSM) 64 [Termination of Career Employees-Professional and Support Staff](#)

## Implementing Documents

Audience	Document Number	Document Title	Type
All Laboratory Staff	02.12.001.001	<a href="#">Termination Checkout Sheet</a>	Form
All Laboratory Staff	02.12.001.002	<a href="#">Termination Confirmation to Employee and Supervisor from HR</a>	Form

All Laboratory Staff	02.12.001.003	<a href="#">Termination Process Guide</a>	Process
All Laboratory Staff	n/a	<a href="#">Retirement Plaques</a>	Web site
Managers and Supervisors	02.12.001.008	Managers and Supervisors Responsibilities under the Separation from Employment Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training
For HR Staff	02.12.001.004	<a href="#">Emeritus Status Guidelines</a>	Process
For HR Staff	02.12.001.005	<a href="#">End of Term/Limited Appointment</a>	Process
For HR Staff	02.12.001.010	<a href="#">Medical Termination Questionnaire</a>	Form
For HR Staff	02.12.001.006	<a href="#">Notice to Absent Employee/Affiliate</a>	Form



# Serving Alcohol at Berkeley Lab Events

Title:	Serving Alcohol at Berkeley Lab Events
Publication date:	1/28/2014
Effective date:	7/1/2013

## BRIEF

### Policy Summary

- Alcoholic beverages must not be served at any Berkeley Lab site, defined as including the main site; Laboratory offices on the UC Berkeley campus; and all off-site offices, warehouses, and buildings leased by Berkeley Lab. (See [Workplace Substance Abuse Policy](#).)
- Alcoholic beverages must not be consumed on a Berkeley Lab site, or stored in buildings or in areas where work is performed. (See [Workplace Substance Abuse Policy](#).)
- Department of Energy (DOE) funds must not be used to purchase alcoholic beverages. (See [Events, Planning and Financial Policy](#), Section D.13.4.)
- Berkeley Lab personnel hosting off-site social gatherings are reminded of the general rule “to drink responsibly,” and that attendees under the age of 21 must not be served alcohol.
- Exception: For certain limited circumstances, alcohol may be served with **prior** written review and approval by the Laboratory Director or his authorized designee. Contact the office of the Laboratory’s Chief Operating Officer for further information. To initiate an approval, complete [this form](#).

### Who Should Read This Policy

All persons considering a Berkeley Lab-sponsored event.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Related Policies

- [Events, Planning and Financial Policy](#), Section D.13.4
- [Workplace Substance Abuse Policy](#)

### Contact Information

Berkeley Lab Chief Operating Officer

Title:	Serving Alcohol at Berkeley Lab Events
Publication date:	1/28/2014
Effective date:	7/1/2013

# POLICY

## A. Purpose

This policy summarizes rules regarding on the serving, consumption, or storage of alcoholic beverages at Lawrence Berkeley National Laboratory (Berkeley Lab) events.

## B. Persons Affected

Any individual or group considering a Berkeley Lab-sponsored event.

## C. Exceptions

For certain limited circumstances, alcohol may be served with **prior** written review and approval by the Laboratory Director or his authorized designee. Contact the office of the Laboratory's Chief Operating Officer for further information or to initiate an approval.

## D. Policy Statement

- Alcoholic beverages must not be served at any Berkeley Lab site, defined as including the main site; Laboratory offices on the UC Berkeley campus; and all off-site offices, warehouses, and buildings leased by Berkeley Lab. (See [Workplace Substance Abuse Policy](#).)
- Alcoholic beverages must not be consumed on a Berkeley Lab site, or stored in buildings or in areas where work is performed. (See [Workplace Substance Abuse Policy](#).)
- Department of Energy (DOE) funds must not be used to purchase alcoholic beverages. (See [Events, Planning and Financial Policy](#), Section D.13.4.)
- Berkeley Lab personnel hosting off-site social gatherings are reminded of the general rule "to drink responsibly," and that attendees under the age of 21 must not be served alcohol.
- Exception: For certain limited circumstances, alcohol may be served with **prior** written review and approval by the Laboratory Director or his authorized designee. Contact the office of the Laboratory's Chief Operating Officer for further information. To initiate an approval, complete [this form](#).

## E. Roles and Responsibilities

All persons hosting Berkeley Lab events are responsible for following the restrictions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None.

## I. Contact Information

Berkeley Lab Chief Operating Officer

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/28/2014	3.1	L.Young	Add Exception Approval Form	Section D	Minor
10/9/2013	3	L.Young	Add Exception pr 7/1/2013 UCOP letter	Sections C,D	Major
6/12/2012	2	C.Yetter	Policy Change	All	Major
3/28/2012	1	C. Yetter	Reformat for wiki	All	Minor
3/1/2012	0	C. Yetter	New policy published on RPM html site	All	Major

## DOCUMENT INFORMATION

Title:	Serving Alcohol at Berkeley Lab Events
Document number	11.03.003.000
Revision number	3.1
Publication date:	1/28/2014
Effective date:	7/1/2013
Next review date:	10/9/2016
Policy Area:	Events
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 1.29
Functional Division	Director's Office
Prior reference information (optional)	RPM, Chapter 1, Section 1.29

## Source Requirements Documents

- National Minimum Drinking Age Act of 1984 |
- [California Health and Safety Code Section 11999-11999.3](#)
- DOE FAR 31.205-51, [Costs of Alcoholic Beverages](#)
- DOE Acquisition Letter AL-2012-05, [Meal Costs in Management and Operating Contracts](#)
- UCOP July 1, 2013 Letter, [Limited Service and Use of Alcoholic Beverages at LBNL](#)

## Related Berkeley Lab Policies

- Berkeley Lab *Workplace Substance Abuse Policy*
- Berkeley Lab *Events, Planning and Financial Policy*, Section D.13.4

## Implementing Documents

none

# Severance

## Brief

Title:	Severance
Publication date:	9/25/2014
Effective date:	9/25/2014

## BRIEF

### Policy Summary

Berkeley Lab Career employees who have been involuntarily laid off will be eligible to elect either:

- Severance pay in accordance with this policy or
- The right to be recalled to the department from which the employee was laid off and the right for preference for re-employment at the Laboratory (for up to one year) (See the [Recall and Preferential Rehire](#) policy.)

For information about layoffs, read the [Reduction in Force](#) policy.

### Who Should Read This Policy

- This policy applies to Career employees (excluding Upper Laboratory Management positions) who have completed their probationary period. Employees in Upper Laboratory Management (at-will) positions should read the [Upper Laboratory Management Appointments](#) policy. To see a list of Upper Laboratory Management positions, go [here](#).
- This policy does not apply to those employees on a temporary [work deferment](#) status, temporarily reduced in time, or permanently reduced in time.
- Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## Policy

Title:	Severance
Publication date:	9/25/2014
Effective date:	9/25/2014

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) Career employees who have been involuntarily laid off will be eligible to elect either:

- Severance pay in accordance with this policy or
- The right to be recalled to the department from which the employee was laid off and the right for preference for re-employment at the Laboratory (for up to one year) (See the [Recall and Preferential Rehire](#) policy.)

Other Policies of Interest
<a href="#">Reduction in Force Policy</a>
<a href="#">Upper Lab Management</a>
<a href="#">Temporary Work Deferment Policy</a>

For information about layoffs, read the [Reduction in Force](#) policy.

## B. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO). Depending on the circumstances, some exceptions may require University of California Office of the President (UCOP) and/or Department of Energy (DOE) approval.

## C. Persons Affected

- This policy applies to Career employees (excluding Upper Laboratory Management positions) who have completed their probationary period. Employees in Upper Laboratory Management (at-will) positions should read the [Upper Laboratory Management Appointments](#) policy. To see a list of Upper Laboratory Management positions, go [here](#).
- This policy does not apply to those employees on a temporary [work deferment](#) status, temporarily reduced in time, or permanently reduced in time.

Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

## D. Policy Statement

1. Nonprobationary Career employees who are voluntarily or involuntarily laid off from employment for an indefinite period due to lack of work or lack of funds are eligible for a severance payment if they elected severance payment instead of recall and preferential rehire rights (see [Reduction in Force](#) and [Recall and Preferential Rehire](#) policies) in accordance with the provisions listed below.

2. **Severance Payment Calculations and Method of Payment**

- a. **Calculation.** The severance payment will be based on full-time-equivalent (FTE) service, which is equivalent to a 40-hour week. Any service period less than full time during the year will be adjusted to reflect the reduction. For example, part-time employment will require *working* more than a year to equate to a year of service.

Work Schedule	Service Credit
40 hours per week	Work one year to receive one-year credit
20 hours per week	Work two years to receive one-year credit

- b. The severance payment will be made in an amount equal to one week's pay for each year of continuous FTE Laboratory service (including service at Lawrence Livermore National Laboratory and Los Alamos National Laboratory while these national laboratories were exclusively managed by the University of California). Anything less than FTE service will be calculated at a reduced rate. A fractional year of full-time service of six months or more is counted as one year of service. For example:

Years of Service	Appointment Percentage	Severance Payment
5.25 years	100%	5 weeks of severance
5.50 years	100%	6 weeks of severance
10 years	100%	10 weeks of severance
10 years	50%	5 weeks of severance

- c. The severance payment is not to exceed a total of 26 weeks' pay.  
d. **Method of Payment.** Severance will be paid in a lump sum at the time of termination, and will include appropriate taxes and other withholdings deductions.

3. **Conditions**

- a. **Layoff.** Severance payments will not extend the period of employment beyond the date of termination due to layoff.  
b. **Previous Severance Payment.** A severance payment made to an employee will not include payment for any period of service for which the employee has previously received severance payment(s).  
c. Time worked at a University of California location is not counted for severance payment.  
d. Time worked before a break in service is not included in the severance calculation.

**UC-Managed DOE National Laboratories**

UC currently manages Lawrence Berkeley National Laboratory.

UC ceased managing these DOE national laboratories:

- Lawrence Livermore National Laboratory (LLNL) 10/1/2007
- Los Alamos National Laboratory (LANL) 6/1/2006

4. **Limitations.** Severance will not be made to any employee who:

- a. Is on temporary **work deferment** status, temporarily reduced in time, or permanently reduced in time  
b. Elects right to recall/right for preferential rehire (See the **Recall and Preferential Rehire** policy)  
c. Transfers to another Laboratory position or University Career position  
d. Refuses a transfer to an equivalent position within the Laboratory or another University location  
e. Is offered employment with a successor/replacement Department of Energy (DOE) contractor  
f. Dies, except that severance pay will be provided if an individual dies after receiving notice of layoff  
g. Is dismissed for cause  
h. Elects to resign and has not received notice of layoff  
i. Elects to retire and has not received notice of layoff

5. **Exceptions for Voluntary Resignations.** Exceptions for voluntary resignations upon approval of the Chief Operating Officer (COO) or designee will be made as follows:
  - a. An employee who resigns after receiving formal notification of layoff but before the effective date of layoff will be provided a severance payment.
  - b. An employee who resigns in lieu of another employee who would have been laid off will be provided a severance payment. Normally, approval of a voluntary layoff will be given only if the resignation will not have a detrimental effect on work in progress.
6. **Re-employment.** If an individual who has received severance payment is rehired at the Laboratory in a Career position before expiration of the number of weeks for which the employee has received severance payment, the amount of the balance will be repaid to the Laboratory at time of hire.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Human Resources Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy
Payroll	Has the responsibility for the severance-payment calculation

Roles, responsibilities, authority, and accountability are documented in applicable procedures (See Section H, *Implementing Documents*, below).

## F. Definitions/Acronyms



Term	Definition
CBA	Collective bargaining agreement
CHRO	Chief Human Resources and Diversity Officer
Continuous service	<p>Service is continuous if an employee is on pay status each month without a break in service.</p> <p>For severance-pay purposes, a break in service occurs when there is a separation from Laboratory employment status for any reason, except that a separation from employment for the purposes of transferring an employee to another University location is not a break in service.</p> <ul style="list-style-type: none"> <li>• Periods on an approved leave without pay for military service, illness or injury compensable by workers' compensation, assignment to another research organization at the direction of the Laboratory, or an approved leave without pay for any period of 30 calendar days or less are counted as periods of continuous service for the purposes of severance pay, as are periods on pay status before and after any other approved leave without pay.</li> <li>• Periods of employment before a break in service are not counted as periods of continuous service for purposes of severance pay.</li> <li>• Periods of employment as a University of California Graduate Student Research Assistant (GSRA), student assistant, or other trainee position are not counted as periods of continuous service for purposes of severance pay.</li> <li>• Periods of employment on variable time (once called indeterminate time) are not counted as periods of continuous service for purposes of severance pay.</li> <li>• Time spent as a postdoctoral fellow is counted toward calculating severance payment if the postdoctoral fellow continued his or her employment in a Career appointment without a break in service.</li> <li>• When a Limited appointment has been designated as a Career appointment after attaining 1,000 hours of qualifying service in any 12 consecutive months without a break in service of at least 120 consecutive calendar days, these hours on pay status will be counted for purposes of severance pay. Qualifying service includes all time on pay status in one or more Limited appointments at the University. However, only those hours worked at the Laboratory will be counted toward calculation of the severance payment.</li> </ul>
Equivalent job	An equivalent job is any Career position with the Laboratory or the University at a beginning salary at least equal to the salary paid the employee in the job from which that employee was laid off, regardless of salary range.
One week's pay	One week's pay for nonexempt hourly rated employees is defined as the basic hourly rate (excluding shift differential and overtime) times 40 hours or the specifically approved workweek. One week's pay for full-time exempt employees is defined as the hourly equivalent of the monthly rate times 40 hours (or, for part-time exempt employees, times the percentage time equivalent).
University	"University" in this section refers to any University of California location, including a UC-managed DOE national laboratory

## G. Recordkeeping Requirements

Role	Responsibility
Human Resources Department	Is responsible for maintaining all employee records
Payroll Department	Is responsible for maintaining severance calculation records

## H. Implementing Documents

Audience	Document Number	Document Title
For HR Staff	02.12.004.013	RIF Letter Template – Nonrepresented
For HR Staff	02.12.004.014	RIF Letter Template – Represented
For HR and Payroll Staff	02.06.009.002	Severance Calculation Worksheet

## I. Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Re-write for wiki (brief only).	All	N/A
9/21/2012	1	M. Bello	Re-write for wiki. Reduction in Force policy was revised. Recall and Preferential Rehire policy was archived.	All	Major + 30 days
9/25/2014	2	M. Bello	Reinstated Recall & Preferential Rehire policy. Changed period of right to recall & right to preferential rehire to one year.  Eligible employees choose between severance or right to recall/preference for reemployment.	All	Major + 30-day employee comment period

### Document Information

## DOCUMENT INFORMATION

Title:	Severance
Document number	02.06.009.000
Revision number	2
Publication date:	9/25/2014
Effective date:	9/25/2014
Next review date:	9/25/2017
Policy Area:	Compensation and Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.06(C)(3)

## Source Requirements Documents

Source	Document Number & Effective Date	Document Title
Department of Energy (DOE)	DE-AC02-05CH11231, Mod No. M046, Sec. J, App. A	<i>Advanced Understandings on Human Resources</i>
Department of Energy (DOE)	FAR 31.205-6(g)	<i>Compensation for Personal Services (Severance)</i>
University of California	PPSM 60	<i>Layoff and Reduction in Time from Professional and Support Staff Career Positions</i>

## Implementing Documents

Audience	Document Number	Document Title	Type
For HR Staff	02.12.004.013	RIF Letter Template – Nonrepresented	Template
For HR Staff	02.12.004.014	RIF Letter Template – Represented	Template
For HR and Payroll Staff	02.06.009.002	Severance Calculation Worksheet	Form

# Shift Differentials & Call-in Pay Policy - B

Title:	Shift Differentials & Call-in Pay Policy
Publication date:	1/2/2012
Effective date:	12/19/2008

## BRIEF

### Policy Summary

Shift differential is extra pay in addition to base pay for non-day shift work. A Berkeley Lab nonexempt employee is paid this differential when required to work on an assigned swing or owl shift. The amount of the differential is 7.5% for swing shift and 15% for owl shift. For purposes of computing shift pay, a swing shift consists of the hours from 4 p.m. to midnight and an owl shift from midnight to 8 a.m. To qualify for payment of shift differential, a minimum of four hours must be scheduled during the above periods. Work that is scheduled during the swing or owl shifts for the convenience of the employee is not considered an assigned swing or owl shift for purposes of this policy, and no differential will be paid.

### Who Should Read This Policy

Nonexempt employees. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.06.html#sec206b2>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Shift Differentials & Call-in Pay Policy
Publication date:	1/2/2012
Effective date:	12/19/2008

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.06.html#sec206b2>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Shift Differentials & Call-in Pay Policy
Document number	02.06.005.000
Revision number	0
Publication date:	1/2/2012
Effective date:	12/19/2008
Next review date:	1/2/2015
Policy Area:	Compensation & Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.06(B)(2)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 33, [Shift in Weekend Differential \(Nonexempt Employees Only\)](#)

## Implementing Documents

Document number	Title	Type
		Process

		Form
		Procedure

# Shipping, Domestic and International

## Brief

Title:	Shipping, Domestic and International
Publication date:	12/6/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

Berkeley Lab requires that all domestic and international shipments have documentation and packaging that meet Laboratory Property Management, U.S. Department of Transportation, and International Air Transport Association (IATA) regulations and guidelines. In addition, material being shipped internationally must be processed per U.S. customs policy and Laboratory export-control guidelines.

Berkeley Lab allows Laboratory employees to ship printed material (documents) only. All other shipments must go through the Facilities Division's Shipping Department in Building 69. Shipping requests must be made through the Kewill Netship system by any Laboratory employee who has taken the required online user training at <http://fac.lbl.gov/Facilities/SiteSvcs/shipping/training/create-shipment/player.html>

### Who Should Read This Policy

This policy applies to all Berkeley Lab personnel who need to ship material from the Laboratory by way of common carrier to either domestic or international destinations.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Warehouse, Materials, and Shipping Manager](#)  
Facilities Division

## Policy

Title:	Shipping, Domestic and International
Publication date:	12/6/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

Material shipped from Lawrence Berkeley National Laboratory (Berkeley Lab) must be prepared according to specific transport guidelines. The Berkeley Lab Shipping Department must ensure that all material shipped from the Laboratory by common carrier is prepared in accordance with Department of Transportation (DOT) 49 CFR regulations. Additionally, all air shipments must be prepared in accordance with International Air Transport Association (IATA) regulations and guidelines. Noncompliance can result in fines of more than \$25,000 per incident. All foreign shipments requiring U.S. customs involvement must follow the [Berkeley Lab Export Control Manual](#). Berkeley Lab Shipping will ensure that:

- Shipments are prepared in accordance with DOT 49 CFR and IATA requirements.
- Equipment and supplies going to foreign countries comply with U.S. customs regulations.
- Each international shipment will be reviewed for Export Control.
- The Department of Energy (DOE) bar-code tag will be removed when title to the asset no longer rests with DOE.
- The DOE bar-code number will be noted on the Shipping Document form if title of the asset will remain with DOE. (The Shipping Document form is available for purchase from the Creative Services Office, ext. 6787, in Building 46, Room 141.) Instructions for completing the form are available at <http://fac.lbl.gov/Facilities/SiteSvcs/ShippingDocumentInstructions.pdf>.
- No high-risk property will be shipped without written authorization from Property Management.
- Requesters will be notified regarding cost and estimated arrival date, if they ask for this service. See *LBNL Property Management Procedure – High Risk*.
- Questions regarding the status of a shipment will be answered by Shipping staff at ext. 5084.
- Shipment status can be found online in the Kewill Netship system.

## B. Persons Affected

This policy applies to all personnel shipping material from Berkeley Lab by way of common carrier (e.g., FedEx, UPS, DHL) to both domestic and international destinations.

Laboratory employees are allowed to ship printed material (documents) only. All other shipments must go through Berkeley Lab Shipping. All domestic and international shipments require documentation and packaging that meet Laboratory Property Management, Department of Transportation (DOT), and International Air Transport Authority (IATA) regulations and guidelines. In addition, material going to foreign countries must be processed per U.S. customs policy and export control. Compliance with these guidelines will ensure controlled, safe, efficient, and cost-effective services.

## C. Exceptions

None

## D. Policy Statement

This policy applies to all areas of the Laboratory, regardless of physical location, and provides requirements for shipping both hazardous and nonhazardous materials, including chemicals, biological and infectious samples, and property. This policy outlines packaging and document requirements as well as line-management responsibility.

This policy covers but does not prescribe specific procedures related to shipments of radioactive isotopes, live animals, and hazardous waste. References to specific policies and procedures for handling these shipments are identified under the *Hazardous Materials* section of the Facilities Division Procedure, *Shipping – Domestic and International Shipments* (available through the Facilities Web site under [Shipping Policy & Procedures](#)).

## E.1 Roles and Responsibilities



<b>Role</b>	<b>Responsibility</b>
Berkeley Lab Requester/Staff	<p>Authorized to ship only printed materials via:</p> <ul style="list-style-type: none"> <li>• U.S. Postal Service via the Berkeley Lab Mail Room, including non-time-sensitive letters</li> <li>• Kewill Netship</li> <li>• Local courier deliveries</li> <li>• FedEx</li> </ul> <p>All other nonprinted material shipments must go through Berkeley Lab Central Shipping at Building 69, or an authorized Berkeley Lab shipping group listed in Section E.2, <i>Authorized Berkeley Lab Shipping Groups for Nonprinted Materials</i>.</p>
Facilities Division Operations Manager	Oversees Central Shipping at Building 69
Facilities Division Technical Supervisor	<ul style="list-style-type: none"> <li>• Responsible for Building 69 Central Receiving</li> <li>• Provides line management to the Shipping Material Specialist</li> <li>• Ensures staff compliance with all Berkeley Lab, DOE, DOT 49 CFR, and IATA shipping requirements</li> <li>• Conducts safety meetings and coordinates training for Shipping Material Specialist</li> <li>• Works with Berkeley Lab Transportation staff to receive deliveries at the Building 69 Shipping Department</li> </ul>
Facilities Division Shipping Department	The central point-of-contact for all outbound shipments from the Laboratory. This includes all packages containing hazardous materials and personal property. Shipping (ext. 5084) is part of the Facilities Division and is located in Building 69, Room 150.
Facilities Division Shipping Material Specialist	<ul style="list-style-type: none"> <li>• Acts as prime point-of-contact for material shipped from Berkeley Lab (Shipping Department, ext. 5084)</li> <li>• Prepares material for transport</li> <li>• Ensures that all DOE laboratory equipment identified as high risk in Sunflower has received written approval from Berkeley Lab Property Management to be shipped off site</li> <li>• Removes all government markings, including bar codes, in those cases where title to the asset will no longer rest with DOE</li> <li>• Determines method of transport, and prepares required documentation</li> <li>• Coordinates all shipment with outside couriers, freight forwarders, and U.S. customs brokers</li> <li>• Provides guidance and direction to Berkeley Lab staff wishing to ship material from the Laboratory</li> <li>• Ensures all shipments are prepared and sent out per DOT 49 CFR, IATA, and export-control requirements</li> </ul>

## E.2 Authorized Berkeley Lab Shipping Groups for Nonprinted Materials

The following Berkeley Lab groups are delegated specific limited authority to ship on behalf of the Laboratory. These groups must maintain documented procedures to ensure compliance with this policy.

<b>Group</b>	<b>Standard Shipments</b>	<b>Dry Ice</b>	<b>Hazardous Materials</b>	<b>Radiological Materials</b>	<b>Live Animals</b>	<b>Rad, Mixed, Hazardous, Medical, Biohazard Waste</b>
Berkeley Lab Shipping Department	X	X	X			
JGI Shipping	X	Domestic only				
ALS Shipping	X	Domestic only	X			
Field locations (e.g. Washington, D.C., Projects Office)	X					
Human and Animal Regulatory Committee (HARC)					X	
EHSS Radiation Protection Group				X		
EHSS Waste Management Group						X

## F. Definitions/Acronyms

Term	Definition
Carrier	Transportation company contracted (e.g., FedEx, UPS, DHL)
Courier	Company that provides door-to-door delivery services (e.g., Berkeley Lab contract courier, IDS Courier)
Hazardous Material	Material regulated by the Department of Transportation (DOT) and the International Air Transport Association (IATA). Materials classified as hazardous can be chemicals, dry ice, radioactive materials, etc.
Kewill Netship	Berkeley Lab's online shipping system
Property	Equipment, supplies, and materials owned by DOE in support of Berkeley Lab's mission-driven work
Requester	Individual who requires shipping services
Shipment	Laboratory property transported by commercial carrier or hand-delivered by a Laboratory employee to a domestic or foreign location for any purpose related to the execution of the Laboratory's mission as defined by Contract 31 with the Department of Energy
Shipper	Office or individual responsible for arranging transportation services, preparing transportation contract documents, and processing property for shipment
Shipping Document	Form that must accompany all material shipped from the Laboratory to domestic or international destinations via FedEx, UPS, or DHL
Traveler Document	A Kewill Netship-generated form that electronically captures the requester's shipping information and is printed and attached to the package being forwarded to the Shipping Department
Materials of Trade (MOT)	Instructions specifying packaging and transport requirements for small quantities of hazardous material for the purpose of conducting fieldwork outside the scope of normal Laboratory use or to transport the chemical constituent to another location

## G. Recordkeeping Requirements

- Berkeley Lab/Kewill Netship system (auto-capture system)
- Berkeley Lab Central Shipping Department per DOT 49 CFR and IATA regulations (retains all relevant Shipping Document forms)
- All other Berkeley Lab approved shipping locations per DOT 49 CFR and IATA regulations (retains all relevant Shipping Document forms)

## H. Implementing Documents

Document Number	Title	Type
LOGIS-007	<a href="#">Domestic and International Shipping Procedure</a>	Procedure
	<a href="#">Berkeley Lab Shipping Department home page</a>	Web page

## I. Contact Information

[Warehouse, Materials, and Shipping Manager](#)  
Facilities Division

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	L. Chen	Rewrite for wiki (brief)	All	Minor
12/6/2012	1	L. Chen	Rewrite for wiki (policy)	All	Minor

### Procedure

Title:	Shipping, Domestic and International
Publication date:	12/6/2012
Effective date:	1/2/2012

## PROCEDURE

### A. Printed Material (Berkeley Lab Requester/Staff)

Berkeley Lab employees are authorized to ship printed materials only via:

- U.S. Postal Service via the Berkeley Lab Mail Room
- Local courier
- Berkeley Lab Shipping
- Kewill Netship

Note: A valid Berkeley Lab Project ID number must be listed in the Netship "cost center" field. Only printed material may be dropped off at off-site FedEx locations. All other packages must be routed through Berkeley Lab Shipping.

### B. Nonprinted Material (Berkeley Lab Requester/Staff)

Employees may hand-deliver nonhazardous and hazardous materials to Berkeley Lab Shipping using the Materials of Trade (MOT) guidelines, or [request a Transportation pickup](#) for nonhazardous materials. For hazardous materials not meeting MOT guidelines, contact Shipping to make arrangements for pickup and or transport. (See the Berkeley Lab MOT policy in the *Chemical Hygiene and Safety Plan*, under [Transporting Small Quantities of Hazardous Materials by Laboratory Employees, Subcontractors, and Casual and Participating Guests](#).)

1. Access Sunflower database and determine whether property is identified as sensitive, equipment, or high risk.
2. Enter DOE tag number and justification/reason in Point and Ship for Property Management approval.
  - a. Obtain written approval from Property Management if shipping any property identified in Sunflower as high risk outside of the Point and Ship system.
  - b. If material is categorized as high risk, contact the Berkeley Lab Property Management Group for guidance before taking further action.
3. Prepare material for delivery to Building 69-100, Shipping.
4. Enter shipment in Kewill Netship, or complete the Shipping Document form for shipments other than FedEx, UPS, or DHL per instructions in [Section C.5](#) of this procedure.
5. Provide the value of the material and special handling instructions on the Shipping Document.
6. Ensure that the DOE bar-code number on all property-tagged assets is annotated in Kewill Netship with reason.
7. Contact Facilities carpenters (ext. 6274) if a specialized shipping crate is required.
8. Bring material to Building 69-100 or arrange for pickup by Berkeley Lab Transportation.
9. Alert Berkeley Lab Shipping if shipment requires special handling.
10. Ensure that a specific deliver-to address and contact name is noted in Point and Ship.
11. Drop off or arrange for delivery of material to Shipping, Building 69.
12. Ensure that a full description of any hazardous material is included in the Shipping Document.
13. Notify Berkeley Lab Shipping if the material requires carrier pickup from the requester's location.
14. Contact Berkeley Lab Shipping at ext. 5084 for all inquiries.

### C. Printed and Nonprinted Material (Berkeley Lab Shipping Material Specialist)

1. Ship all material per DOT guidelines.
2. Ensure that the shipment has signed approval by an employee with account authorization.
3. Verify whether the property is identified as high risk in the Sunflower database and has been approved by Property Management in Kewill Netship.
4. Determine current and/or future property status of asset (e.g., return to vendor, repair, exchange).
  - a. Remove DOE bar-code tag if/when title to the asset no longer rests with DOE.
  - b. Affix removed bar-code tag to copy of airbill or Shipping Document and send to Property Management.
5. If not shipping via FedEx, UPS, or DHL, assign a Shipping Document "B" number generated from an electronic stamp machine.
6. If a shipment is categorized as hazardous, prepare and document per DOT/IATA guidelines.
7. If a shipment is associated with a purchase order, work with Berkeley Lab Purchasing and enter required information in Point and Ship.
8. If a shipment is associated with a loan number, Berkeley Lab Property Management approval is required.
9. Prepare ABF freight carriers bill of lading for large shipments (weighing more than 150 pounds).
10. Affix deliver-to address label to material.
11. If an alternate carrier is requested, use the generic bill of lading.
12. Notify the carrier if the declared value is greater than \$50,000.
13. Provide a copy of the bill of lading to the driver.
14. Obtain the carrier/driver signature on the shipper's copy of the bill of lading.
15. Attach the bill of lading to the Shipping Document and place it in the "complete" file.
16. Prepare a Commercial Invoice for International Shipments (printed matter excluded).
17. Prepare a Declaration of Dangerous Goods form for international hazardous-material shipments.
18. Contact Berkeley Lab's customs broker (Aeronet).
19. Stage the material in the specified area.
20. Retain a signed pickup receipt from the carrier.
21. Print and sign four copies of the bill of lading or commercial invoice.
  - a. Attach three copies to the material(s).
  - b. Attach one copy to the Shipping Document for filing non-FedEx, non-UPS, or non-DHL shipments.
22. Shipments processed through Kewill Netship are officially stored in the Kewill Netship system.
23. Place the completed Shipping Document and carrier receipts in the "complete" file.

## **D. Shipping Administrative Assistant – Forms Distribution**

1. Enter Shipping Document information into the Shipping database.
2. File the Shipping Document by B-Number.
3. Send the accounting copy of the Shipping Document to Accounts Payable.
4. Send the purchasing copy to Procurement.
5. Send the accounting copy to Property Management if a DOE or loan number is indicated.
6. Send the requester copy to the original requester.
7. Ensure that data entry and filing is completed in one business day.

### **Document Information**

## DOCUMENT INFORMATION

Title:	Shipping, Domestic and International
Document number	09.03.004.000
Revision number	1
Publication date:	12/6/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Shipping and Receiving
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- [Code of Federal Regulations Title 49](#), Transportation, Parts 100–1699, Other Regulations Relating to Transportation
- [IATA Federal Air Dangerous Goods Transport Regulations](#)

## Implementing Documents

Document Number	Title	Type
LOGIS-007	<a href="#">Domestic and International Shipping Procedure</a>	Procedure
	<a href="#">Berkeley Lab Shipping Department home page</a>	Web page

# Sick Leave Policy

Title:	Sick Leave Policy
Publication date:	5/29/2012
Effective date:	3/2/2012

## BRIEF

### Policy Summary

Berkeley Lab provides paid sick leave to continue the salary of eligible employees who are absent from work because of their own illness or injury; for medical appointments; for parental bonding; for family illness; or while on specified Administrative and California Leaves as outlined within the Sick Leave Policy or other related policies.

### Who Should Read This Policy

- This policy applies to the following employee classifications: Career, Term, Postdoctoral Fellow, Limited employees working 50% or more (fixed time), and Visiting Researcher.
- This policy applies to nonrepresented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).
- The following employee classifications are not eligible to accrue sick leave credit: Faculty, Limited employees working either variable time or less than 50%, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- Sick-leave eligibility and accruals for Senior Management Group (SMG) members holding dual academic appointments are determined by this policy rather than by the [Academic Personnel Manual \(APM\) Policy 710, Leaves of Absence/Sick Leave/Medical Leave](#).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Sick Leave Policy
Publication date:	5/29/2012
Effective date:	3/2/2012

## POLICY

### A. Purpose

## Other leaves of interest

- Curtailment Leave
- Leave for Blood Donation
- Leave for Laboratory Functions
- Literacy Leave
- Professional Development Leave
  - Professional Research or Teaching Leave (PRT)
  - Professional Renewal Leave
- Public Operational Emergencies
- Rehabilitation Leave
- School Activities
- School Suspensions
- Victims of Domestic Violence or Sexual Assault
- Victims of Serious or Violent Felonies

Lawrence Berkeley National Laboratory (Berkeley Lab) provides paid sick leave to continue the salary of eligible employees who are absent from work because of their own illness or injury; for medical appointments; for parental bonding; for family illness or while on specified Administrative and California Leaves as outlined below or other related policies.

## B. Persons Affected

- This policy applies to the following employee classifications: Career, Term, Postdoctoral Fellow, Limited employees working 50% or more (fixed time), and Visiting Researcher.
- This policy applies to nonrepresented employees. Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).
- The following employee classifications are not eligible for accruing sick leave credit: Faculty, Limited employees working either variable time or less than 50%, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
- Sick leave eligibility and accruals for Senior Management Group (SMG) members holding dual academic appointments are determined by this policy rather than by the Academic Personnel Manual (APM) Policy 710, [Leaves of Absence/Sick Leave/Medical Leave](#).

## C. Exceptions

Requests that exceed what is allowed or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, Chief Human Resources Officer (CHRO) approval.

## D. Policy Statement

Read more information on Berkeley Lab's [Medical Return to Work Procedure](#) and [Transitional Medical Return to Work Procedure](#)

1. **Eligibility for Sick Leave:** Berkeley Lab provides paid sick leave to eligible employees (see B. [Persons Affected](#), above) who are on pay status at least one-half of the working hours of the month or quadriweekly cycle in which it was earned.
2. **Accrual of Sick Leave**
  - a. An employee accrues sick leave based on pay status. Eligible employees who are on full-time pay status (40 hours a week) accrue approximately one day (eight hours) of sick leave per month. On-call and overtime hours are not included for purposes of computing the amount of sick leave accrued.
  - b. Eligible employees appointed at less than full-time status accrue sick leave on a prorated basis that corresponds with the hours they are scheduled to work. See the [Part-time Employee Sick Leave Accrual Schedule](#).
  - c. An employee on pay status less than half the working hours of the month earns no sick leave credit for that month. However, a half-time biweekly employee who works a normal half-time schedule will be credited with four hours of sick leave even if the employee was on pay status less than half the working hours of a particular month.

3. **When Sick Leave Is Credited:** Accrued sick leave is credited and available for use on the next workday following each month or quadriweekly pay cycle in which it was earned. Eligible separating employees earn proportionate sick leave credit through their last day on pay status.
4. **Sick Leave Accrual during Leave of Absence with Pay:** Sick leave continues to accrue during leave with pay, except for [Professional Research or Teaching \(PRT\) leave](#) (RPM Section 2.04[H]).
5. **Sick Leave Accrual during Leave of Absence without Pay**
  - a. A full-time Career employee on an approved leave without pay accrues full sick leave credits for the month or quadriweekly cycle if the employee is on pay status at least one-half the working hours of the month (including holidays) or quadriweekly cycle.
  - b. An employee on leave without pay and receiving workers' compensation temporary disability payments accrues sick leave on the same basis as someone who is actually working; however, accrued sick leave is credited to the employee only upon return to work.
  - c. An employee who is on leave without pay may not use newly accrued sick leave while on leave.
  - d. Employees on [Professional Research or Teaching \(PRT\) leave](#) (RPM Section 2.04[H]) do not accrue sick leave.
6. \*Maximum Sick Leave Approval Limit: \*There is no maximum limit on the amount of sick leave that can be accrued.
7. **Use of Accrued Sick Leave**
  - a. Employees who are not on Family and Medical Leave Act (FMLA) leave and are subject to certain limitations may use accrued sick leave as follows:

<b>If you need time away from work:</b>	<b>You may be eligible to use the following amount of accrued sick leave:</b>
For your own illness, injury, or quarantine; or for medical, dental, or optical appointments	All accrued sick leave
To attend to or care for ill family members (spouse, domestic partner, parent, child [including the child of a domestic partner], sibling, grandparent, in-law, or step relative in the previously mentioned relationships) not designated under FMLA leave, or to attend to or provide care for other persons residing in your household who are ill	Up to 30 workdays in a calendar year. An eligible employee who has requested vacation leave donations from other employees for his or her own catastrophic illness or to care for a catastrophically ill person must first exhaust his or her accrued vacation leave and sick leave balances, even when doing so results in exceeding the 30-day sick leave usage limit. See the <a href="#">Voluntary Leave Donation Policy</a> .
For pregnancy disability leave	Up to four work months per pregnancy
For parental bonding leave	Up to 30 workdays per <a href="#">parental leave</a>
For a work-related injury or illness	The difference between workers' compensation payment received and your salary
For bereavement leave	Up to 10 workdays for the death of a family member or person residing in your household Up to five workdays in a calendar year for the death of an individual who is not a family member or a person residing in your household Refer to the <a href="#">Bereavement Leave</a> policy for more information.
To donate bone marrow or an organ	Up to five workdays for bone marrow donation and 30 workdays for organ donation in a calendar year
To voluntarily enter and participate in an alcohol or drug rehabilitation program	All accrued sick leave



Because you are a victim of domestic violence or sexual assault	All accrued sick leave
Because you are a victim of a serious or violent felony	All accrued sick leave

b. Employees on FMLA leave and subject to certain limitations may use accrued sick leave as listed below. (An employee who has exhausted his or her entitlement to FMLA leave for the calendar year should refer to the previous table.)

<b>If you need time away from work:</b>	<b>You may be eligible to use the following amount of accrued sick leave:</b>
As FMLA leave for your own serious health condition	Up to 12 workweeks in a calendar year
As FMLA leave to care for a spouse, domestic partner, child, or parent with a serious health condition	Up to 12 workweeks in a calendar year
As University of California-provided supplemental FMLA leave	If the initial FMLA leave was due to your own serious health condition, up to 12 additional workweeks in a calendar year. If the initial FMLA leave was to care for a family member with a serious health condition, up to 30 workdays in a calendar year
<div style="border: 1px dashed black; padding: 10px;"> <p style="text-align: center;"><b>Did you know that California's Kin Care Leave</b></p> <p>Requires any employer who provides sick leave for employees to allow employees to use at least half their annual accrual in any calendar year to attend to an illness of a child, parent, spouse, registered domestic partner, or child of the registered domestic partner?</p> <p>At Berkeley Lab, half of a full-time employee's annual sick-leave accrual is 48 hours. Laboratory policy allows employees to use 240 hours (30 days) for this purpose.</p> </div>	
To provide for a family member or next of kin who is a covered service member undergoing medical treatment, recuperation, or therapy for a serious injury or illness (military caregiver leave)	Up to 26 workweeks in a single 12-month period beginning with the first day of military caregiver leave and ending 12 months after that date
For pregnancy disability leave	Up to four work months per pregnancy
For parental bonding	Up to 30 workdays per <a href="#">parental leave</a>

c. An employee may not use accrued sick leave:

## Other policies of interest

- [Vacation Leave](#)
- [Bereavement Leave](#)
- [Bone Marrow or Organ Donation Leave](#)
- [Crime Victim Leave](#)
- [Domestic Violence Leave](#)
- [Drug or Alcohol Rehabilitation Leave](#)

- As a personal day off. Employees must use their accrued vacation for personal day off.
  - After their effective date of separation, retirement, or layoff
  - In excess of their scheduled hours of work (e.g., an employee who is scheduled to work six hours a day would not take eight hours of sick leave a day) up to a maximum of eight hours per day and 40 hours per week, including extended workweek situations
  - During work deferment or leave without pay
  - On an intermittent basis for purposes of eligibility for holiday pay and employer-paid contributions towards benefits. If the employee is taking FMLA leave on an intermittent or reduced-schedule basis, refer to the applicable policies ([Family & Medical Leave Policy](#), [Pregnancy Disability Leave](#), [Parental Bonding Leave](#)) for further details
8. \*Advance Notice of Need for Leave: \*Before using sick leave, an employee:
- Is required to provide at least one week advance notice of foreseeable medical needs (e.g., a planned medical treatment) or as soon as possible and
  - May be required to submit satisfactory proof of an inability to work, an illness in the family, or bereavement

### Health Services

Building 26

510-486-6266

Hours M-F: 7:30 a.m.-3:30 p.m.

In case of emergency, dial: 7-911

9. **Use of Sick Leave during Vacation:** An employee who becomes ill while on vacation will be permitted to use sick leave based upon satisfactory verification of the employee's illness or injury. Upon returning to work, an employee may be required to report to Health Services with a medical release to return to work. See D.13 [Medical Clearance to Return to Work](#), below.
10. **Use of Sick Leave during Berkeley Lab Holidays:** During a [Laboratory holiday](#), employees may not use sick leave. During the Laboratory's December shutdown, employees may use sick leave if they are on an approved [FMLA leave](#) and or [workers' compensation leave](#).
11. **Use of Sick Leave for Variable-time Employees:** Employees who work variable time do not accrue sick leave credit. Employees who had a change of status from eligibility to ineligibility to accrue sick leave may continue to use sick leave credit as long as the employee was scheduled to work the days and hours for which sick leave is claimed. Use of sick leave is limited to the number of hours the employee was scheduled to work.
12. **Sick Leave Pay:** Pay during a sick leave is at the employee's rate of pay in effect at the time the leave was taken, not the rate of pay in effect when the sick leave was accrued.
13. **Medical Clearance to Return to Work**

Read more information on Berkeley Lab's [Medical Return to Work Procedure](#) and [Transitional Medical Return to Work Procedure](#)

- On returning to work after any lost time due to illness or injury occurring at work, employees must report to Health Services for an evaluation of their condition and ability to resume customary work.
  - On returning to work after five or more consecutive workdays due to the employee's illness or injury unrelated to work, the employee must report to Health Services for an evaluation of his or her condition and ability to resume customary work. If the employee receives medical services during his or her absence from work, he or she is required to provide a medical release to return to work. This release must include any information regarding medical restrictions that may affect the employee's ability to perform his or her job, as certified by the treating physician.
  - For more information on the Lab's Return to Work Program, go to [http://www.lbl.gov/ehs/health\\_services/pp/index.shtml](http://www.lbl.gov/ehs/health_services/pp/index.shtml).
14. **Return to Work**

- a. An employee is expected to return to work no later than the next regularly scheduled workday after the expiration of the approved leave. If an extension is desired, the employee must request and receive approval from his or her supervisor in advance of the expected date of return.
- b. An employee who unexpectedly cannot return to work on the next regularly scheduled workday following the expiration of the approved leave of absence must notify his or her supervisor as soon as possible to explain the reason for the absence.
- c. Failure to return to work after an approved leave of absence may be considered an unauthorized absence. Five consecutive workdays of unauthorized absence constitutes job abandonment and may lead to disciplinary action. See [Unauthorized Absences & Job Abandonment Policy](#).

**15. Transfer between University of California and Berkeley Lab, and Reinstatement of Accrued Sick Leave**

- a. An employee who terminates without a break in service from a position in which sick leave credit is accrued at another part of the University of California (UC or University) for the purpose of accepting employment in a position at Berkeley Lab will have all such credit transferred. If the Berkeley Lab position is one in which sick leave credit is not accrued, the employee's prior credit is not transferable. If the employee later changes to a position in which sick leave credit is accrued, the previously accrued credit will be reinstated.
- b. An employee who terminates with a break in service from a position in which sick leave credit is accrued at another part of the University and is later employed at Berkeley Lab may have his or her sick leave credits reinstated per the table below. If the Berkeley Lab position is one in which sick leave credit is not accrued, the employee's prior credit is not transferable.

<b>If a former Berkeley Lab, UC, or State of California employee is employed at Berkeley Lab:*</b>	<b>Then:</b>
Without a break in service	The full sick balance is transferred
With a break in service less than 90 calendar days	The full sick balance is reinstated
With a break in service greater than 90 calendar days but less than six months	Up to 80 hours of the employee's balance is reinstated
With a break in service greater than six months	No sick leave is reinstated
Under recall status or preferential rehire status	The full sick balance is reinstated

- c. \*For purposes of this subsection only, service with the State of California (including Hastings College of the Law) and the California State of University (CSU) will be treated as University service.

**16. Separation from Employment**

- a. An employee does not receive pay for sick leave upon separation from Berkeley Lab employment.
- b. An employee who separates from Berkeley Lab employment and elects to retire within four months of separating from Berkeley Lab employment will have any unused sick leave converted to UC Retirement Plan (UCRP) service credit under the terms and conditions of the UCRP. For employee's electing a lump-sum cash-out from the UCRP, any unused sick leave is not converted to UCRP service credit.

**17. Misuse of Leave**

- a. Misrepresenting reasons for requesting time off, including but not limited to misrepresentations that could lead to concerns of conflict of interest and/or fraud, may result in disciplinary action, suspension without pay, and/or termination from employment.
- b. Individuals on approved leave of absence for which a medical certification is required may jeopardize their right to leave benefits and or their continued employment by engaging in activities that are incompatible with the medical certification submitted in support of the leave.

## E. Roles and Responsibilities

<b>Role</b>	<b>Responsibility</b>

Chief Human Resources Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Health Services	Has the responsibility to advise division management on recommended restrictions on an employee's work assignment or activities
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
LETS timekeepers	Have the responsibility to follow procedures in support of this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy
Payroll	Has the responsibility to develop procedures in support of this policy

Roles, responsibilities, authority, and accountability are documented in applicable procedures. See H. [Implementing Documents](#), below.

## F. Definitions/Acronyms

Term	Definition
Child	<ul style="list-style-type: none"> <li>• A biological, adopted, step-, or foster child of the employee or a legal ward of the employee or</li> <li>• A person for whom the employee stands in loco parentis, meaning "in place of the parent," for whom the employee has day-to-day caretaking or financial responsibilities</li> <li>• A person under 18 or incapable of self-care due to a mental or physical disability</li> </ul> <p>NOTE: For purposes of this policy, a child of an employee or domestic partner can be over the age of 18.</p>
Domestic Partner	<p>The individual designated as an employee's domestic partner under one of the following methods:</p> <ul style="list-style-type: none"> <li>• Registration of the partnership with the state of California</li> <li>• Establishment of a same-sex legal union, other than marriage, formed in another jurisdiction that is substantially equivalent to a state of California-registered domestic partnership</li> <li>• Filing of a Declaration of Domestic Partnership form with the University of California</li> </ul> <p>If an individual has not been designated as an employee's domestic partner by any of the above methods, the following criteria are applicable in defining domestic partner:</p> <ul style="list-style-type: none"> <li>• The individual is the employee's sole domestic partner in a long-term, committed relationship with the intention to remain so indefinitely and</li> <li>• Neither individual is legally married to someone else or a partner in another domestic partnership and</li> <li>• The individuals are not related by blood to a degree of closeness that would prohibit legal marriage in the state of California and</li> <li>• Each individual is 18 years of age or older and capable of consenting to the relationship and</li> <li>• The individuals share a common residence and are financially interdependent</li> </ul>
Fixed Time	An employee's work schedule that is not subject to change or fluctuation from week to week or month to month. There are two types of fixed time: full time and part time. Full-time employees work at 100% time. Part-time employees work less than 100% time.
Pay Status	Any period of time for which an employee receives pay for time worked. This includes time on paid leave.

Quadriweekly Pay Cycle	A payroll term denoting two biweekly pay periods, used by the University to be considered as a unit for the purpose of leave accrual
Senior Management Group (SMG) Employees	Individuals whose Career appointment is in the SMG personnel program. SMG employees with a dual academic appointment at 0% will be considered to possess a Career appointment in the SMG.
Servicemember (Covered Servicemember)	For purposes of Family and Medical Leave – Military Caregiver Leave, a "covered servicemember" is (a) A current member of the regular Armed Forces (including a member of the Reserves; a member of the National Guard; or a member of the Armed Forces, the National Guard, or the Reserves who is on the temporary disability retired list) who has a serious injury or illness incurred or aggravated in the line of active duty for which he/she is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is on the temporary disability retired list or (b) A veteran of the Armed Forces (including the National Guard or the Reserves), provided that the veteran is undergoing medical treatment, recuperation, or therapy for a serious injury or illness that was incurred or aggravated in the line of active duty, and that the treatment, recuperation, or therapy is occurring within five years of the date the veteran left the Armed Forces.
University of California	Also referred to as University or UC
Variable Time	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

## G. Recordkeeping Requirements

Role	Responsibility
Health Services	Is responsible for the confidentiality and maintenance of medical records as they pertain to the employees' medical leave requests
Office of the Chief Financial Officer (OCFO)	Is responsible for maintaining sick leave accrued and usage records by eligible employees, including the employee's current available leave balance and accrual rate  <i>Non-exempt employees:</i> Berkeley Lab will record leave used by non-exempt employees to the nearest quarter hour.  <i>Exempt employees.</i> Berkeley Lab will record leave used by employees in half-day increments or in increments of not less than that portion of the day during which an employee on less than full-time pay status is normally scheduled to work. The foregoing does not apply when an employee is taking FMLA leave on an intermittent or reduced-schedule basis.

## H. Implementing Documents

Audience	Document Number	Document Title
All Laboratory Staff	02.07.001.009	<a href="#">Verification of Prior Service</a>

All Laboratory Staff	02.07.002.001	<a href="#">Part-time Employee Sick Accrual Schedule</a>
All Laboratory Staff	UBEN250	<a href="#">UC Declaration of Domestic Partnership</a>
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)

## I. Contact Information

For more information, employees may contact their division's [Human Resources \(HR\) Center](#).  
Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
3/2/2012	1	M. Bello	Reformatted policy for wiki-RPM. Revised policy initially implemented through html site: increased sick balance reinstatement period, allow sick leave to be use for parental baby bonding leave.	All	Major + 30 days
1/2/2012	0	M. Bello	Reformat for the wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Sick Leave Policy
Document number	02.07.002.000
Revision number	1
Publication date:	5/29/2012
Effective date:	3/2/2012
Next review date:	3/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.09

Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.09

## Source Requirements Documents

Source	Document Number & Effective Date	Document title
Department of Energy (DOE)	DE-AC02-05CH11231, Mod No. M046, Sec. J, App. A	<a href="#">Advanced Understandings on Human Resources</a>
Department of Energy (DOE)	10 CFR 851	Worker Safety and Health Program
University of California (UC)	Policy 2.210, June 1, 2010	<a href="#">Absence from Work</a>

## Guidance Documents

Source	Document Number & Effective Date	Document title
Department of Energy (DOE)	G 440.1-1B 10/20/11	Worker Safety and Health Program for DOE (Including the National Nuclear Security Administration) Federal and Contractor Employees

## Implementing Documents

Audience	Document Number	Document Title	Form type
All Laboratory Staff	02.07.001.009	<a href="#">Verification of Prior Service</a>	Form
All Laboratory Staff	02.07.002.001	<a href="#">Part-time Employee Sick Accrual Schedule</a>	Process
All Laboratory Staff	UBEN250	<a href="#">UC Declaration of Domestic Partnership</a>	Form
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training

# Signature Authority for Financial Transactions

Title:	Signature Authority for Financial Transactions
Publication date:	11/25/2013
Effective date:	10/26/2011

## BRIEF

### Policy Summary

This policy and procedure defines (a) the process by which financial signature authority is delegated at Berkeley Lab, and (b) the roles and responsibilities of Laboratory and/or University of California (UC) employees who have been designated as authorized signers for approving financial transactions.

### Who Should Read This Policy

- Persons who initiate or manage financial transactions and/or expenditures on behalf of Berkeley Lab
- Persons who have been delegated signature authority to approve expenditures for Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[General Accounting Manager](#)

Title:	Signature Authority for Financial Transactions
Publication date:	11/25/2013
Effective date:	10/26/2011

## POLICY

### A. Purpose of This Policy

This policy and procedure defines (a) the process by which financial signature authority is delegated at the Lawrence Berkeley National Laboratory (Berkeley Lab), and (b) the roles and responsibilities of Berkeley Lab and/or UC employees who have been designated as authorized signers for approving financial transactions.

### B. Persons Affected

This policy applies to persons who initiate or manage financial transactions and/or expenditures on behalf of Berkeley Lab, and to persons who have been delegated signature authority to approve expenditures for Berkeley Lab.



## C. Exceptions

None

## D. Policy Statement

1. The Laboratory Director (or designee) is responsible for approving (or delegating the authority to approve) all financial transactions at Berkeley Lab, per authorization of the President of the University of California, Standing Order of the Regents 100.4, [UC Delegation of Authority \(DA\) 2100](#).
2. **Delegation:**
  - a. The following are authorized to **delegate** (assign) signature authority to approve expenditures for Laboratory and/or UC employees:
    - Laboratory Director
    - Deputy Director
    - Associate Laboratory Director
    - Chief Financial Officer
    - Division Directors
    - Department Heads
    - Business Manager
    - Other (with prior approval on file from one of the above)
3. **Changes to Delegation List**
  - a. On an annual basis, the Office of the Chief Financial Officer (OCFO) will formally request that each division review its list of individuals with signature authority and submit an updated list to the Controller's Office. A list of individuals with signature authority can be retrieved from the Signature Authorization System (SAS).
  - b. Department or division managers are responsible for submitting a [Delegation of Signature Authority form](#) to the Controller's Office:
    - i. When an employee having signature authority transfers to another department or division (the employee's new department or division submits the form)
    - ii. When the signature authority limit of an employee with signature authority has changed, or
    - iii. When an employee is delegated signature authority, or
    - iv. When signature authority of an employee is cancelled
4. **Responsibilities of Delegated Individuals**
  - a. Individuals delegated to approve financial transactions or expenditures are responsible for assuring the following:
    - There is an understanding of what is being approved.
    - The information and supporting documentation is accurate and complete.
    - The transaction is allowable, reasonable, and justified.
    - The transaction is charged to the correct project(s).
    - There are adequate funds to cover the expense.
    - The funding source is appropriate for the expenditure.
  - b. Individuals with signature authority must comply with all applicable Department of Energy (DOE), UC, and Laboratory policies, laws, regulations, and special restrictions on the use of funds. Unauthorized transactions will be subject to management review. Failure to comply may result in financial and/or criminal liabilities for the individual or UC.
  - c. Individuals must complete online [Laboratory Signature Responsibility Training](#) prior to obtaining signature authority.
5. **Evidence of Signature Authority:** Financial transactions may only be approved by Laboratory and/or UC employees with signature authority:
  - a. By personally signing the required document, or
  - b. By personally endorsing their approval online (if appropriate)
6. **Signature Authority Limits**
  - a. Individuals with signature authority may only approve financial transactions within their authorized dollar limit.
  - b. Signature authority and corresponding approval limits are to be granted by the individual's division and must have formal approval by the appropriate division management via the [Delegation of Signature Authority form](#).

## E. Roles and Responsibilities

See Section D.4, Policy Statement.

## F. Definitions/Acronyms

Term	Definition
Employee	For the purposes of this policy, any Laboratory employee who receives a paycheck from the Laboratory and any UC employee who has been granted signature authority at the Laboratory
Signature Authorization System (SAS)	A database located on the BLIS Reporting System (BRS) Web site that lists the dollar limits for each individual with signature authority

## G. Recordkeeping Requirements

Copies of completed [Delegation of Signature Authority forms](#) are to be kept on file by the responsible division delegating the signature authority.

## H. Implementing Documents

Document number	Title	Type
11.07.005.001	<a href="#">Delegation of Signature Authority form</a>	Form
11.07.005.002	<a href="#">Signature Authority Guidelines</a>	Guidelines/manual
11.07.005.003	<a href="#">Laboratory Signature Responsibility Training</a>	Online training

## I. Contact Information

[General Accounting Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/25/2013	1.1	Beedle	Editorial fixes	Various and D.3.a and F	Minor
1/2/2011	1	Hegarty	Conversion to wiki format	All	Minor

## DOCUMENT INFORMATION

Title:	Signature Authority for Financial Transactions
Document number	11.07.005.000
Revision number	1.1

Publication date:	11/25/2013
Effective date:	10/26/2011
Next review date:	10/31/2015
Policy Area:	Financial General Policies and Information
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.43
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.43

## Source Requirements Documents

- University of California Office of the President, [UC Delegation of Authority \(DA\) 2100](#)
- [UC Standing Order of the Regents 100.4](#)

## Implementing Documents

Document number	Title	Type
11.07.005.001	<a href="#">Delegation of Signature Authority form</a>	Form
11.07.005.002	<a href="#">Signature Authority Guidelines</a>	Guidelines/manual
11.07.005.003	<a href="#">Laboratory Signature Responsibility Training</a>	Online training

# Site Access - B

Title:	Site Access
Publication date:	1/2/2012
Effective date:	7/22/2011

## BRIEF

### Policy Summary

The Site Access policy at Berkeley Lab guides individuals who do not have regular employee status, as well as their hosts and hosting institutions, on obtaining access to Berkeley Lab. The policy describes regulations governing their actions and privileges while at the Laboratory.

### Who Should Read This Policy

Visitors, employees, affiliates, contractors, subcontractors, consultants, undergraduate and graduate students, postdoctoral fellows, and faculty

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R1.06.html>

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/ops/site-access/>

## Contact Information

EH&S Division Deputy Director of Operations

Title:	Site Access
Publication date:	1/2/2012
Effective date:	7/22/2011

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R1.06.html>

## Contact Information

EH&S Division Deputy Director of Operations

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Meckel	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Site Access
Document number	08.02.001.000
Revision number	0
Publication date:	1/2/2012
Effective date:	7/22/2011
Next review date:	7/22/2014
Policy Area:	Physical Security
RPM Section (home)	Safeguards & Security
RPM Section (cross-reference)	Section 1.06
Functional Division	EH&S
Prior reference information (optional)	

## Source Requirements Documents

DOE P 454.1, *Use of Institutional Controls*

## Implementing Documents

Document Number	Other Reference	Title	Type
		TBD	


# sJHA Process – Subcontractor Job Hazards Analysis

## Brief

Title:	sJHA Process – Subcontractor Job Hazards Analysis
Publication date:	6/18/2013
Effective date:	10/25/2010

## BRIEF

### Policy Summary

The Subcontractor Job Hazards Analysis (sJHA) program at Berkeley Lab ensures that all nonconstruction subcontractor work is performed safely and in accordance with regulations by:

- Completing the Subcontractor Job Hazards Analysis (sJHA) form
- Reviewing the sJHA, and validating findings with the subcontractor
- Providing work oversight to ensure the subcontractor is performing the work as authorized

### Who Should Read This Policy

This policy applies to Berkeley Lab subcontractors, vendors, and affiliates who perform nonconstruction-related hands-on work and are not under direct supervisory control of Laboratory personnel.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH31.html>

### Contact Information

Subcontractor Safety Assurance Program Manager  
Technical Support Services  
Environment, Health, Safety, and Security (EHSS) Division

## Policy

Title:	sJHA Process – Subcontractor Job Hazards Analysis
Publication date:	6/18/2013
Effective date:	10/25/2010

## POLICY

### A. Purpose

The Subcontractor Job Hazards Analysis (sJHA) program at Lawrence Berkeley National Laboratory (Berkeley Lab) ensures that all nonconstruction subcontractor work is performed safely and in accordance with regulations by:

- Completing the Subcontractor Job Hazards Analysis (sJHA) form
- Reviewing the sJHA, and validating findings with the subcontractor
- Providing work oversight to ensure subcontractor is performing the work as authorized

The sJHA program is implemented through the password-protected online [sJHA Work Authorization](#) database.

## B. Persons Affected

This policy applies to Berkeley Lab subcontractors, vendors, and affiliates who perform nonconstruction-related hands-on work at facilities owned or leased by Berkeley Lab and are not under direct supervisory control of Laboratory personnel.

## C. Exceptions

This policy does not apply to:

- Most consultants
- Personal services agreements
- Contract labor
- Intra-university transactions
- Advanced Light Source and other user-facility affiliates addressed by another work authorization mechanism
- Other university agreements
- Subcontractors, vendors, or affiliates who have completed a Berkeley Lab Job Hazards Analysis and work authorization per the ES&H Manual *Job Hazards Analysis* program.

## D. Policy Statement

1. Berkeley Lab ensures that all subcontractors, vendors, and affiliates performing hands-on work at facilities owned or leased by Berkeley Lab do so in a safe manner that complies with applicable regulations. ([Work Process A](#))
2. Before hands-on work (see Section F, [Definitions/Acronyms](#)) can be performed by subcontractors, vendors, or affiliates at Laboratory facilities, the following activities must be completed:
  - a. A [Subcontractor Job Hazards Analysis \(sJHA\) form](#) must be created. ([Work Process B](#))
  - b. A pre-job meeting must take place between the requester and the subcontractor, vendor, or affiliate.
3. Nonconstruction subcontractors must review the [ES&H Orientation for Non-Construction Subcontractors, Vendors & Affiliates](#) at the pre-job meeting prior to working on site. ([Work Process C](#))
4. The sJHA work authorization process may also be used for simple facility modifications or repairs conducted by subcontractors. These simple "construction" activities are generally accomplished by a single craft on a single day. See the ES&H Manual [Construction Health & Safety](#) program for the work authorization process for typical construction projects.

## E. Roles and Responsibilities



Role	Responsibility
Managers, supervisors, and employees	<ul style="list-style-type: none"> <li>Adhere to the provisions of this policy by ensuring that subcontractors performing hands-on work at their request have completed the sJHA process before work begins.</li> </ul>
Division Safety Coordinator	<ul style="list-style-type: none"> <li>Provides his/her division with Environment, Safety &amp; Health (ES&amp;H) support for implementing the safety-assurance process defined in the ES&amp;H Manual <i>sJHA Process – Subcontractor Job Hazards Analysis</i> program.</li> <li>Requests support from the EHSS Division Non-Construction Safety Assurance Program Manager and EHSS subject matter experts, when necessary</li> </ul>
EHSS Division Non-Construction Safety Assurance Program Manager	<ul style="list-style-type: none"> <li>Provides the requesting division with guidance, leadership, and direct consultative services in sJHA policy and program implementation</li> <li>Monitors the Laboratory's performance in sJHA policy and program implementation, and enters that information into a database</li> <li>Maintains the sJHA program</li> </ul>
Procurement Department	<ul style="list-style-type: none"> <li>Communicates the sJHA policy and program requirements to subcontract bidders and awardees</li> <li>Requests that each subcontractor and vendor complete an sJHA and review the Berkeley Lab <i>ES&amp;H Orientation for Non-Construction Subcontractors, Vendors &amp; Affiliates</i> pamphlet before performing hands-on work at a Laboratory facility</li> <li>Monitors subcontractor and vendor performance, including ES&amp;H compliance</li> </ul>
Requester	<ul style="list-style-type: none"> <li>Ensures that an sJHA is prepared for the subcontractor, vendor, or affiliate who will perform hands-on work at a Laboratory facility, and that a pre-job meeting is held between the requester and the subcontractor, vendor, or affiliate before work is performed</li> <li>Signs the sJHA and thereby authorizes the work to be performed</li> <li>Obtains safe work authorizations for the scope of work to be performed by the subcontractor, vendor, or affiliate, when required</li> <li>Provides and records oversight of the subcontractors using the risk-based graded approach described in the ES&amp;H Manual <i>sJHA Process – Subcontractor Job Hazards Analysis</i> program.</li> </ul>
Subcontractor, vendor, and affiliate	<ul style="list-style-type: none"> <li>Provide input on the sJHA and submit it to the requester</li> <li>Review the Berkeley Lab <i>ES&amp;H Orientation for Non-Construction Subcontractors, Vendors &amp; Affiliates</i> pamphlet</li> <li>Attend the pre-job meeting and discuss the steps of the work scope and associated hazards and controls</li> <li>Sign the sJHA and any required safe work authorizations</li> <li>Agree to work in conformance with the authorized conditions</li> <li>Perform the scope of work as authorized.</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: facility users, scientific collaborators, students
Hands-on work	<p>Includes all activities except administrative office work and other similar activities. The following activities are examples of hands-on work:</p> <ul style="list-style-type: none"> <li>Use of hand or power tools</li> <li>Repair or service of a device, apparatus, machine, or mechanism</li> <li>Material handling</li> <li>Handling or disposing of a chemical; a compressed gas; or a hazardous, radioactive, or biohazardous material</li> </ul> <p>The following activities are not defined as hands-on work, unless they also include an activity associated with hands-on work (see above):</p> <ul style="list-style-type: none"> <li>Office and administrative duties</li> <li>Computer programming</li> <li>Attending or making a presentation</li> <li>Supervision of a worker(s) who is not performing hands-on work</li> <li>Document archiving</li> <li>Financial auditing</li> <li>Photography</li> <li>Language translation</li> </ul>

High-level hazard work	Any activity that requires a safe work authorization document (e.g., laser Activity Hazard Document, Radiological Work Authorization) as described in the ES&H Manual <i>Safe Work Authorizations</i> and <i>Radiation Safety</i> programs
Low-level hazard work	An activity that does not require an additional safe work authorization document
Nonconstruction work	<p>Activities that do not create a new facility, or alter, add to, rehabilitate, dismantle, or remove an existing facility, including any combination of engineering, procurement, erection, installation, assembly, demolition, or fabrication.</p> <p>Nonconstruction work also excludes the alteration and repair (including dredging, excavating, and painting) of buildings, structures, or other real property, as well as any construction and excavation activities conducted as part of environmental remediation efforts (See the ES&amp;H Manual <i>Construction Health &amp; Safety</i> program).</p>
Non-Construction Safety Assurance Program	An EHSS Division program that provides guidance, leadership, and direct consultative services to divisions for the implementation of the policy and requirements in this chapter
Requester/division	An individual in a Berkeley Lab division who requests and oversees the conduct of subcontractor, vendor, or affiliate services
Requisition preparer	A Berkeley Lab worker who is trained and authorized to use procurement software programs for initiating requisitions and purchase orders
Risk-Based Graded Approach	<ul style="list-style-type: none"> <li>• A process to ensure that work activities are efficiently managed through systems that are adequate to, and commensurate with, the risk involved in the activity</li> <li>• Risks include potential impact to worker or public health and safety, threats to the environment, consequences of noncompliance, and cost impacts</li> <li>• The risk-based approach considers whether or not work is hands-on, and includes low or high hazards in order to determine if a written authorization (beyond the sJHA) is required and what level of oversight is necessary</li> </ul>
Subcontractor	A firm that has sole contractual responsibility for execution of defined work related to a project, and for compliance with all safety, health, and environmental codes, standards, and regulations
Subcontractor Job Hazards Analysis (sJHA)	<p>An sJHA:</p> <ul style="list-style-type: none"> <li>• Describes the scope of work to be performed</li> <li>• Identifies work hazards and controls</li> <li>• Is the work authorization document for subcontractors, vendors, and affiliates</li> </ul> <p>When required, other safe work or electrical work authorizations are obtained and appended to the sJHA. Maximum duration of an sJHA is one year, but they may be renewed indefinitely.</p> <p>Authorizations and restrictions stipulated by any required safe work or electrical work authorizations supersede those in the sJHA.</p>
Vendor	An entity that sells a product for which installation or warranty service may be provided

## G. Recordkeeping Requirements

Completed sJHAs and related documents (i.e., safe work authorizations, evidence of training) must be maintained in the sJHA database by the requester.

## H. Implementing Documents

Document number	Title	Type
07.02.004.001	sJHA – Subcontractor Job Hazards Analysis	Program
07.02.004.002	Work Process A, <i>sJHA Process Overview</i>	Work Process
07.02.004.003	Work Process B, <i>Creating an sJHA</i>	Work Process
07.02.004.004	Work Process C, <i>Training and Orientation</i>	Work Process
	ES&H Orientation for Non-Construction Subcontractors, Vendors & Affiliates	Orientation pamphlet
07.02.003.001	Safe Work Authorizations	Program
07.07.011.001	Electrical Safety	Program
07.07.007.001	Construction Health & Safety	Program
07.02.001.001	Job Hazards Analysis	Program

## I. Contact Information

Subcontractor Safety Assurance Program Manager  
 Technical Support Services  
 Environment, Health, Safety, and Security (EHSS) Division

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	M. Ruggieri	Re-write for wiki (brief)	All	Minor
6/18/2013	1	M. Ruggieri	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	sJHA Process – Subcontractor Job Hazards Analysis)
Document number	07.02.004.000
Revision number	1
Publication date:	6/18/2013
Effective date:	10/25/2010
Next review date:	6/18/2016
Policy Area:	Safe Work Authorization
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 31

## Source Requirements Documents

- 10 CFR 851, *Worker Health and Safety Program*
- PUB-3581, *Work Health and Safety Program*, Section 1.6, *Flow Down of 851 Requirements to Subcontractor*

## Related Berkeley Lab Policies

- Safe Work Authorizations and Activity Hazard Document Policy

## Implementing Documents

Document number	Title	Type
07.02.004.001	sJHA – Subcontractor Job Hazards Analysis	Program
07.02.004.002	Work Process A, <i>sJHA Process Overview</i>	Work Process
07.02.004.003	Work Process B, <i>Creating an sJHA</i>	Work Process
07.02.004.004	Work Process C, <i>Training and Orientation</i>	Work Process
	ES&H Orientation for Non-Construction Subcontractors, Vendors & Affiliates	Orientation pamphlet
07.02.003.001	Safe Work Authorizations	Program
07.07.011.001	Electrical Safety	Program
07.07.007.001	Construction Health & Safety	Program
07.02.001.001	Job Hazards Analysis	Program

# Software Disclosure and Distribution

## Brief

Title:	Software Disclosure and Distribution
Publication date:	12/3/2012
Effective date:	2/1/2008

## BRIEF

### Policy Summary

Employees and affiliates who have written software that will be distributed to any third party or that will be useful either commercially or for other government contractors must submit a Software Disclosure and Abstract form to Technology Transfer and Intellectual Property Management (TTIPM). It is the developer's responsibility to report all software prior to distribution, and to obtain the appropriate license agreement from TTIPM.

### Who Should Read This Policy

All Berkeley Lab software developers, including full- and part-time employees and those with faculty appointments and affiliates

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## Policy

Title:	Software Disclosure and Distribution
Publication date:	12/3/2012
Effective date:	2/1/2008

## POLICY

### A. Purpose

Employees and affiliates who have written software that will be distributed to any third party or that will be useful either commercially or for other government contractors must submit a Software Disclosure and Abstract form to Technology Transfer and Intellectual Property Management (TTIPM). It is the developer's responsibility to report all software to TTIPM prior to distribution, and to obtain the appropriate license agreement from TTIPM in order for Lawrence Berkeley National Laboratory (Berkeley Lab) to meet Department of Energy (DOE) requirements, ensure that Berkeley Lab has the appropriate rights to distribute the software, and to distribute software under contracts that are appropriate for the particular software and type of distribution.

### B. Persons Affected

TTIPM staff and Berkeley Lab software developers, including full- and part-time employees and those with faculty appointments and affiliates

### C. Exceptions

Berkeley Lab's software-disclosure requirement does not apply to a bug fix, which for this policy is defined as a change to existing software that:

- Comprises less than 5% of the existing software
- Does not add any new functionality to the existing software and
- Does not improve the performance of the existing software in a novel way

## D. Policy Statement

1. Berkeley Lab software developers must report software to TTIPM before it can be distributed to anyone outside Berkeley Lab, the University of California, or DOE. This includes software shared with other academic institutions and software given away for free.
2. Software that must be reported includes both software developed at Berkeley Lab and derivative works of software obtained from third parties (other than bug fixes).
3. To facilitate distribution of Berkeley Lab software, avoid inserting code written outside Berkeley Lab, such as freeware, open-source code, shareware, and especially commercial packages. Using non-Berkeley Lab code in Laboratory software without written permission to do so may make it difficult or impossible to distribute your software outside Berkeley Lab.
4. If a project requires third-party software, Berkeley Lab software developers must document where the code was obtained and what legal terms apply to its use, i.e., download and keep a copy of the software license. Berkeley Lab software developers must also keep records of the individuals who contributed work on the code and the funding source that supported its development.
5. After disclosing to TTIPM, the Berkeley Lab software developer and TTIPM staff will discuss the software, and if the software will be distributed to third parties, TTIPM will seek requisite approvals from DOE and will provide the text of the appropriate license agreement and accompanying instructions to the software developer (for some types of no-cost licenses) or will directly provide licenses to interested external users of the software.
6. The Berkeley Lab software developer must track the number of licenses/downloads of software arising from a Web site managed by the developer and report that number annually to TTIPM upon request, for TTIPM's reporting to DOE.
7. TTIPM directly handles all licensing transactions in which Berkeley Lab is receiving compensation for the license, and will distribute a share of net licensing income to Berkeley Lab software developers annually.

## E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab Software Developer	<ul style="list-style-type: none"> <li>• Sends a written report of new software (i.e., a completed Software Disclosure and Abstract form) to TTIPM prior to distribution to third parties, and provides a copy of the software as requested by TTIPM</li> <li>• Keeps records of (1) software licenses for third-party software incorporated into the Berkeley Lab software, (2) individuals who contributed work on the code, and (3) funding supporting the software development</li> <li>• If authorized by TTIPM to distribute the software from the developer's Web site, tracks the number of annual licensed downloads</li> </ul>
Berkeley Lab TTIPM	<ul style="list-style-type: none"> <li>• Notifies the DOE Patent Counsel of new software</li> <li>• Reviews licenses for any incorporated third-party code, and assesses any other encumbrances on the software</li> <li>• Obtains DOE approvals prior to distribution</li> <li>• Deposits software with DOE's Energy Science and Technology Software Center (ESTSC)</li> <li>• Selects or drafts appropriate software license agreement</li> <li>• Provides instructions to the Berkeley Lab software developer for developer-distributed software</li> <li>• Reports annually on software to DOE</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Affiliates	Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students
Bug Fix	For the purpose of this policy, a change to existing software that (1) comprises less than 5% of the existing software, (2) does not add any new functionality to the existing software, and (3) does not improve the performance of the existing software in a novel way
Developer	One who writes software code
Net Royalty or Licensing Income	As used in this policy, royalties received by Berkeley Lab after deducting (1) amounts payable to non-Berkeley Lab owners or licensors of the intellectual property; and (2) patent or other intellectual-property protection costs (including litigation), reserves for bad debt, and licensing costs
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles. Example: Berkeley Lab Site Access
Software Disclosure	A description of the software that will be transferred. The Berkeley Lab Software Disclosure and Abstract form incorporates the DOE OSTI Software Disclosure form.
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

- The Berkeley Lab software developer keeps records of (1) software licenses for third-party software incorporated into the Berkeley Lab software, (2) individuals who contributed work on the code, and (3) funding supporting the software development.
- TTIPM keeps records of all software disclosures submitted to and software licensed through TTIPM.
- If TTIPM authorizes the software developer to distribute software electronically, the developer must record the number of licensed software downloads annually.

## H. Implementing Documents

Document number	Title	Type
10.04.007.001	<a href="#">Software Disclosure and Abstract Form</a>	Form

## I. Contact Information

Licensing Manager  
 Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H.Clark	New (brief)	all	Major
12/3/2012	1	V.Wolinsky	New (policy)	all	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Software Disclosure and Distribution
Document number	10.04.007.000
Revision number	1
Publication date:	12/3/2012
Effective date:	2/1/2008
Next review date:	12/3/2015
Policy Area:	Intellectual Property
RPM Section (home)	Info Management
RPM Section (cross-reference)	Asset management
Functional Division	Technology Transfer and Intellectual Property Management
Prior reference information (optional)	RPM Section 5.03(B)(1); RPM Section 5.05(A)

## Source Requirements Documents

- U.S. Department of Energy (DOE) Contract No. DE-AC02-05CH11231, Clause I.91, DEAR 970.5227-2, *Rights in Data – Technology Transfer (Deviation Jul 2006)*
- [University of California 1992 Policy on Copyright Ownership](#) (N.B. software at Berkeley Lab is "sponsored work" arising under Contract 31) -
- *Licensing Income and Royalty Distribution* policy, document number 10.05.001.000

## Implementing Documents

Document number	Title	Type
10.04.007.001	<a href="#">Software Disclosure and Abstract Form</a>	Form



# Soil and Groundwater Management Program

## Brief

Title:	Soil and Groundwater Management Program
Publication date:	11/29/2012
Effective date:	4/3/2009

## BRIEF

### Policy Summary

The Soil and Groundwater Management Program provides monitoring requirements and management controls to help ensure groundwater and soil contaminants at Berkeley Lab do not adversely impact human health or the environment and that soil and groundwater is handled, stored, disposed of, or reused on site following applicable laws, regulations, and Berkeley Lab policies.

### Who Should Read This Policy

All Berkeley Lab employees and subcontractors responsible for penetrations into soil where a Permit to Penetrate Ground or Existing Surfaces of LBNL Property must be obtained or are responsible for new building construction in areas of potential soil or groundwater contamination

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH61.html>

### Contact Information

Environmental Services Group  
Environmental Health and Safety Group  
EHSS Division  
[DABaskin@lbl.gov](mailto:DABaskin@lbl.gov)

## Policy

Title:	Soil and Groundwater Management Program
Publication date:	11/29/2012
Effective date:	4/3/2009

## POLICY

### A. Purpose

Soil and groundwater contaminants in some areas of Lawrence Berkeley National Laboratory (Berkeley Lab) can present potential health hazards to workers engaged in ground-penetration activities and to workers in new buildings who could potentially be exposed to contaminated soil vapor migration. In addition, previously unidentified areas of contamination may be encountered, particularly during the redevelopment of older developed areas of the site. The Soil and Groundwater Management Program provides monitoring requirements and management controls to help ensure that soil or groundwater contaminants do not adversely impact human health or the environment and that soil and groundwater is handled, stored, disposed of, or reused on site following applicable laws, regulations, and Berkeley Lab policies.

### B. Persons Affected

All Berkeley Lab employees and subcontractors responsible for penetrations into soil where a Permit to Penetrate Ground or Existing Surfaces of LBNL Property must be obtained or who are responsible for new building construction in areas of potential soil or groundwater contamination

### C. Exceptions

None

### D. Policy Statement

Due to the potential risk to human health and the environment from soil and groundwater contaminants at Berkeley Lab, the following controls are required (See [Work Process A](#) for information about this program's general requirements):

1. Excavated soil must be handled, stored, disposed of, or reused on site following applicable laws, regulations, and Berkeley Lab policies. A Facilities Division policy requires the preparation of soil management plans to address these issues.
2. The Facilities Division Permit to Penetrate Ground or Existing Surfaces of LBNL Property requires that the Environment, Health, Safety, and Security (EHSS) Environmental Services Group (ESG) be notified to initiate a preconstruction site evaluation for potential soil and groundwater contaminants.
3. Where groundwater contaminants are detected, the groundwater may not be discharged to the storm drain or sanitary sewer unless in compliance with a discharge permit issued by the East Bay Municipal Utility District for the sanitary sewer or the Regional Water Quality Control Board for the storm drain.
4. New buildings intended for human occupancy cannot be constructed in contaminated areas unless measures are implemented (e.g., building vapor barriers or completing additional cleanup) to mitigate potential risks, or additional data are collected to show that the risks are within acceptable levels. Activities that may encounter contaminated groundwater must have written procedures for site monitoring, spill contingency and treatment, and discharge for any extracted groundwater.
5. The Department of Energy (DOE) has placed a restriction on two abandoned radioactive waste storage tanks under Building 74 prohibiting the release of the structure, equipment, or area from any existing controls. DOE has prohibited release to the general public of the Building 5 former Decontamination Area and former Outdoor Radioactive Waste Storage Area, and the Building 4 former Radioactive Waste Storage and Staging Area. The Building 75A Radioactive Waste Storage Area was specifically designated for reuse by the Berkeley Lab Radiation Protection Group.

### E. Roles and Responsibilities

Role	Responsibilities
Project Managers and Supervisors	<ul style="list-style-type: none"> <li>• Ensure that environmental laws, regulations, and policies are followed</li> <li>• Request assistance from the Environmental Services Group (ESG) for technical advice on environmental requirements and potential environmental risks that apply to their projects</li> <li>• Notify the ESG before disturbing soil or groundwater</li> <li>• Request information from the ESG on soil/groundwater management requirements and/or the preparation of soil management plans if soil is to be disturbed</li> <li>• Provide employee training in operational requirements pertaining to contaminated soil and groundwater, and maintain records of such training</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable environmental laws, regulations, and policies</li> <li>• Observe excavated soil during field operations for evidence of potential chemical contamination and immediately stop work and notify the ESG if evidence of contamination is observed</li> <li>• Complete all training required by the Job Hazards Analysis (JHA)</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Laboratory policies and procedures to assure that operations are conducted in an environmentally safe manner and fully comply with all applicable laws and regulations and DOE orders</li> <li>• Evaluates proposed project locations to assess the nature and extent of any known or suspected contamination</li> <li>• Assists projects in developing soil management plans</li> <li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li> <li>• Determines on-site reuse criteria and disposal options for contaminated soil and groundwater</li> </ul>

### F. Definitions/Acronyms

Term	Definition
Clean soil or groundwater	Soil or groundwater containing metals at concentrations within Berkeley Lab background levels and not contaminated with hazardous organic compounds or radioactive substances
Department of Toxic Substances Control (DTSC)	The department within the California Environmental Protection Agency that regulates hazardous waste management and remedial actions
East Bay Municipal Utility District (EBMUD)	The local municipal wastewater treatment facility that accepts and regulates sanitary sewer discharges from Berkeley Lab
Hazardous soil	Soil with detectable levels of hazardous substances above applicable federal and California hazardous waste standards
Nonhazardous soil	Soil with detectable levels of hazardous substances below applicable federal and California hazardous waste standards
Radioactive soil	Soil with detectable concentrations of radionuclides above background levels

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Environmental Services Group	Resource Conservation and Recovery Act (RCRA) Facility Investigation (RFI) Report
Environmental Services Group	Corrective Measures Implementation Report
Environmental Services Group	Soil Management Plan
Environmental Services Group	Groundwater Monitoring and Management Plan
Environmental Services Group	Summary of Radionuclide Investigations

## H. Implementing Documents

Document number	Title	Type
07.09.012.001	Soil and Groundwater Management Program	Program
07.09.012.002	Soil and Groundwater Management Program, <i>Work Process A, General Requirements and Flowchart</i>	Process
07.09.012.003	Soil and Groundwater Management Program, <i>Work Process B, Preparing a Soil Management Plan</i>	Process
07.09.012.006	Soil Management Plan	Plan
07.09.012.007	Groundwater Monitoring and Management Plan	Plan
07.10.002.001	Waste Management	Program

## I. Contact Information

Environmental Services Group  
EHSS Division  
[DABaskin@lbl.gov](mailto:DABaskin@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	D. Baskin	Rewrite for wiki (brief)	All	Minor
11/29/2012	1	D. Baskin	Rewrite for wiki (policy)	All	Minor

## Document Information

### DOCUMENT INFORMATION

Title:	Soil and Groundwater Management Program
Document number	07.09.012.000
Revision number	1
Publication date:	11/29/2012
Effective date:	4/3/2009
Next review date:	11/29/2015
Policy Area:	Environmental Protection
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.7

### Source Requirements Documents

- 40 CFR, Parts 260-272, Resource Conservation and Recovery Act (Hazardous Waste Regulations)
- Resource Conservation and Recovery Act (42 U.S.C. Section 6901 et seq.)
- Toxic Substance Control Act (15 U.S.C. Section 2601 et seq.)
- 22 CCR, Division 4.5, Environmental Health Standards for the Management of Hazardous Waste, Sections 66001-67800.5
- California Water Code Section 13000 et seq.
- California Health and Safety Code Section 25249.5 et seq.
- Bay Area Air Quality Management District Rules and Regulations

### Other Driving Requirements

- 40 CFR, Part 141, Safe Drinking Water Act
- San Francisco Bay Basin Plan and Amendments, Regional Water Quality Control Board

### Implementing Documents

Document number	Title	Type
07.09.012.001	<a href="#">Soil and Groundwater Management Program</a>	Program
07.09.012.002	<a href="#">Soil and Groundwater Management Program, Work Process A, General Requirements and Flowchart</a>	Process
07.09.012.003	<a href="#">Soil and Groundwater Management Program, Work Process B, Preparing a Soil Management Plan</a>	Process
07.09.012.006	Soil Management Plan	Plan
07.09.012.007	Groundwater Monitoring and Management Plan	Plan
07.10.002.001	Waste Management	Program

# Space Management Policy

Title:	Space Management Policy
Publication date:	1/2/2012
Effective date:	12/14/2011

## BRIEF

### Policy Summary

This policy and its supporting processes establish the guidelines for the management of Berkeley Lab space as a critical mission-readiness resource in a strategically planned, principled, efficient, and cost-effective manner.

### Who Should Read This Policy

- All members of the Laboratory community are affected by this policy.
- A smaller set of persons drive the policy's implementation, including the Laboratory Director, the Associate Laboratory Director for Operations (ALDO) and his designees, directors of scientific and operations divisions, and the staff assigned by them to manage Berkeley Lab space allocation and utilization.

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### Contact Information

- Deputy Chief Operating Officer
- Berkeley Lab Space Planning, Facilities, [spaceplanning@lbl.gov](mailto:spaceplanning@lbl.gov)

Title:	Space Management Policy
Publication date:	1/2/2012
Effective date:	12/14/2011

## POLICY

### A. Purpose

This policy and its supporting processes establish the guidelines for the management of Lawrence Berkeley National Laboratory (Berkeley Lab) space as a critical mission-readiness resource in a strategically planned, principled, efficient, and cost-effective manner.

### B. Persons Affected

All members of the Laboratory community are affected by this policy. A smaller set of persons drive the policy's implementation, including the Laboratory Director, the Associate Laboratory Director for Operations (ALDO) and his designees, directors of scientific and operations divisions,

and the staff assigned by them to manage Laboratory space allocation and utilization.

## C. Exceptions

None

## D. Policy Statement

- 1. General:** Space plays a critical role in support of Berkeley Lab's mission readiness, defined as the capability of existing facilities and infrastructure to enable delivery of the scientific missions assigned. To ensure that Laboratory researchers can meet mission requirements and that Berkeley Lab's strategic objectives are attained at a reasonable cost to the community, the Laboratory assigns and reassigns multiprogram research, office, and other support space as missions evolve and requirements change. Berkeley Lab's policy on space management supports the optimal use of space as a mission-readiness resource in a strategically planned, principled, efficient, and cost-effective manner, which minimizes disruption of program activities.
- 2. Space Ownership and Stewardship**
  - The Laboratory controls all space in buildings on the Berkeley Lab site, and authority for its allocation vests in the Laboratory Director. The Laboratory Director has delegated the implementation of space policy and the authority to allocate space to the ALDO.
  - Space is allocated to Berkeley Lab scientific and operations divisions and user facilities for their programmatic use. These organizations serve as stewards of their assigned space allocations and must ensure that the space under their stewardship is used in accordance with the Laboratory's policy and procedures guiding space management.
- 3. Space Management Principles:** Effective space management is fundamental to Berkeley Lab's mission readiness. The following principles are guidelines for space allocation and utilization:
  - **Manage transparently.** All Laboratory space must be managed in a consistent manner and in accordance with established and clearly communicated principles and processes.
  - **Optimize productivity.** Space is allocated and used to maximize the productivity of Laboratory employees.
  - **Use as designed.** Each space is to be used for the purpose for which it was designed. Conversion of space to serve a different purpose may be done only with the prior written approval of the ALDO.
  - **Give research priority.** Research has priority for space over operations.
  - **Allocate research laboratory space to divisions.** Scientific divisions are allocated research space to meet their program requirements.
  - **Contiguous research space.** Optimal space allocation supports the contiguity of space allocations for research programs, including contiguity of space allocations for programs collaborating across divisional lines (e.g., programs within an Associate Laboratory Director Area or another broad, organized research effort).
  - **Allocate office space.** Office space is allocated among the scientific and operations divisions in accordance with Laboratory office-space metrics. Scientific and operations divisions receive allocations of office space based on the distribution of their personnel within classifications per the Laboratory's applicable [space metrics](#). Division directors or their designees assign office spaces to division personnel at their discretion, within the limit of their division's total space allocation. For cost effectiveness and maximum space utilization, Berkeley Lab encourages open and shared office space.
  - **Proximate laboratory and office space.** In buildings containing both offices and laboratories, groups with laboratory space in the building have priority for the associated office space. If a building has insufficient office space for those working in its laboratories, the laboratory personnel have priority over operations staff for office space in nearby buildings, as available. If a research program depends significantly on a major facility (e.g., the Advanced Light Source, 88-Inch Cyclotron, Molecular Foundry, etc.), the research program has priority for adjacent and nearby office and laboratory space.
- 4. Off-site Space**
  - Under certain circumstances, off-site space may be leased to accommodate Laboratory needs. The ALDO has designated the Facilities Division as the sole authorized agent for the acquisition of leased space for the Laboratory. See the PROCEDURES tab of this wiki page for specific details.
  - Off-site space acquisition is governed by a variety of University policies, and the Laboratory must also comply with 48 CFR 917.74 and Clause I.70 of Prime Contract 31 in making any agreement for real property. All rental rates and tenant improvement costs must be appropriately justified as required by DOE's *Standard Operating Practice on Real Estate Management*, dated 1/10/2005.
  - In addition to lease agreements, this policy applies to other real estate transactions, including licenses, easements, etc.
- 5. Space at the University of California at Berkeley (UC Berkeley)**
  - Each division using space in a UC Berkeley-managed facility to conduct Laboratory-funded research must report the building, room, and percentage of space used by Berkeley Lab at the beginning and end of occupancy, and upon any change to the percentage of space used by the Laboratory. This information will be reported to the Facilities Strategic Planning Office.

- Note: Donner Laboratory, located on the UC Berkeley campus, is a Laboratory-managed facility. The official Laboratory designation for Donner Laboratory is Building 1.

## E. Roles and Responsibilities

### 1. Laboratory

- The Laboratory Director has delegated the implementation of this policy and the authority to allocate space to the Associate Laboratory Director for Operations (ALDO), with support from the Facilities Division Strategic Planning Office and in consultation with the Berkeley Lab Space Advisory Committee (SPAC). Requests for exemptions to this policy must be approved in writing by the ALDO.
- The SPAC is chartered by the ALDO and includes representatives from the scientific and operations divisions and the ALDO or the ALDO's designee. The SPAC Charter may be found [here](#). The ALDO or the ALDO's designee assigns Facilities Strategic Planning Office staff to support the committee's work. The SPAC serves in an advisory capacity and makes recommendations for space-management policy and procedures. It reviews proposals for new and revised division space allocations and assignments and makes recommendations to the ALDO, who is the deciding official.

### 2. Scientific and Operations Divisions

- Each scientific and operations division is responsible for managing the utilization of the space allocated to it in accordance with the Laboratory's space-management policy, principles, and procedures.
- Each division director (or designee) is responsible for assignment of laboratory and office space to members of the division or unit.
- Each division designates a [division space coordinator](#), who serves as the point of contact for the division's space information.
- The division space coordinator works with staff from the Facilities Strategic Planning Office to establish and maintain accurate and timely space data in the institutional space database. The division space coordinator has access to the space database to create space reports and plans in support of division space management.

### 3. Facilities Division

- Supports the management and utilization of space, both on site and off site
- The Facilities Strategic Planning Office maintains the institutional space database, provides consultation and support for space utilization planning for the institution and for divisions, and assists in the coordination of space renovation and moves. Members of the Facilities Planning Office are appointed by the ALDO to provide staff support to the SPAC.

### 4. Procurement

- Assists in conducting a search for off-site space, as needed, obtains Department of Energy (DOE) and UC approvals, and facilitates execution of the lease
- Administers payments for tenant improvements, rent, and operating expenses

## F. Definitions/Acronyms

No special terms

## G. Recordkeeping Requirements

As noted in Section E(3) above, a database system containing space utilization information is maintained by the Facilities Strategic Planning Office.

## H. Implementing Documents

- [Space Planning, Facilities Web site](#)
- [Space Advisory Committee \(SPAC\) Charter](#)
- [Office Space Metrics](#)
- [Space Type Definitions](#)
- [List of Division Space Coordinators](#)
- [Unified Project Call Process](#)

## I. Contact Information

- Deputy Chief Operating Officer
- Berkeley Lab Space Planning, Facilities, [spaceplanning@lbl.gov](mailto:spaceplanning@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	L. Young	Prepare for wiki	All	Minor

Title:	Space Management Policy
Publication date:	1/2/2012
Effective date:	12/14/2011

## PROCEDURES

### A. Space Utilization Review

Space plays a critical role in support of Berkeley Lab's mission readiness, which is the capability of existing facilities and infrastructure to enable delivery of the scientific missions assigned. To ensure the optimal use of all space on an ongoing basis, Berkeley Lab will conduct regular space-utilization reviews.

**Laboratory space.** Utilization of research laboratories will be peer reviewed biennially by teams appointed by the ALDO and supported by staff from the Facilities Strategic Planning Office. Ratings will be assigned to indicate the degree of utilization of each laboratory space. Data will be reported to the ALDO and shared with the entire Laboratory. Divisions are expected to consider underutilized space within their own space allocations before requesting new space from the Laboratory. When Laboratory space is no longer being well utilized, the division has a responsibility to manage space proactively and to return it if the space is no longer needed. In the case of overuse, the division must mitigate the issue promptly.

When responding to requests for new space, the SPAC and ALDO, in consultation with a division that is managing underutilized laboratory space, may reassign the space to the requestor.

**Office space.** Divisions must update their office-space assignments as needed and conduct an annual review of the utilization of their division office spaces. The detailed procedure is part of the annual Unified Project Call (Uni-Call) process (see [Uni-Call policy](#)). Divisions are expected to consider their own underutilized office space before requesting new space from the Laboratory.

### B. Changes in Use of Space

**Laboratory space.** Major modifications to a laboratory or conversion of laboratory space for nonlaboratory use should be approved in writing by the ALDO in advance.

When a divisional laboratory space is vacated for other use, the releasing division must ensure that the space is cleared of materials and equipment and is devoid of any contamination. Financial responsibility for the space returns to the Laboratory when the space has been cleared and decontaminated.

**Office space.** No notice to or approval by the ALDO is required when a single divisional office space is vacated and reassigned for immediate reuse by the same division. When a divisional program vacates multiple office spaces, however, the division must notify the ALDO of the vacancy before reassigning the vacated office spaces to another divisional program. Reuse of the vacated office spaces will be reviewed for consistency with Laboratory-wide mission-readiness needs and space-management principles.

When divisional office spaces are vacated for use by another division, the releasing division must ensure that the spaces are clean and cleared of



materials. Berkeley Lab's [Archives and Records Office](#) can assist with the proper storage and disposition of scientific records.

## C. Requests for Space

When a division has new space needs, it must examine all possibilities within its existing space allocations before submitting a request for additional space.

To provide an orderly and transparent process, and because space modernization may be required in assignments of additional space, the space request procedure links institutional space planning with the annual Berkeley Lab Unified Project Call process for institutional project identification, prioritization, and funding (see [Uni-Call policy](#)).

Biennial space utilization reviews of laboratory and office spaces provide supporting data for the annual space call and related considerations. A list of available and underutilized Berkeley Lab spaces will be developed and maintained. The SPAC will review new space-use proposals, along with spaces identified as candidates for satisfying the requests. It makes recommendations to the ALDO, who decides on space requests and communicates space-assignment changes to the divisions involved. The ALDO makes final decisions on space requests and communicates changes in space assignments to the affected divisions.

Divisions can submit requests for new space, or for help with space modification, on an as-needed basis throughout the year. These requests will be considered in relation to available resources. For detailed information on submitting a space request off-cycle from the Uni-Call process, contact [Facilities Planning](#).

Division directors work together to resolve space issues when reallocations take place across division lines. Interdivisional negotiations may result in a mutually beneficial plan for strategic changes in space assignments involving several divisions. Before implementation, these plans must be submitted to the ALDO for evaluation and approval. All reassignments of space between divisions must be approved by the ALDO.

## D. Funding Space Renovation and Moves

Costs related to moving into or alterations to newly assigned space are normally borne by the incoming division. When moves are required by the Laboratory, costs will be borne by Laboratory overhead and/or the benefiting division.

## E. Off-site Space

Under certain circumstances, off-site space may be leased\* to accommodate Laboratory needs. The Facilities Division has been designated by the ALDO as the sole authorized agent for the acquisition of leased space for the Laboratory. Should off-site space be needed, the division (or other entity) needing it must first send a request to the ALDO for approval. Upon approval, the Facilities Division will assist the division in assessing the amount, type, and other parameters of need and will engage the Procurement Department to acquire appropriate space. Off-site space acquisition is governed by a variety of University policies, and the Laboratory must also comply with 48 CFR 917.74 and Clause I.70 of Prime Contract 31 in making any agreement for real property. The Procurement Department will assist in conducting a search for space, as needed, obtain DOE and UC approvals, and facilitate execution of the lease. The Facilities Division will manage modifications, tenant improvements, and moves to the newly leased space. All rental rates and tenant improvement costs will need to be appropriately justified as required by DOE's *Standard Operating Practice on Real Estate Management*, dated 1/10/2005.

Once the Laboratory has taken beneficial occupancy of the space, it commences the payment of rent. The Procurement Department administers payments for tenant improvements, rent, and operating expenses. The use of such space is guided by all applicable Laboratory Space Management policy and procedures.

During the term of the lease, tenants must notify the Facilities Division of any needed major modifications and/or improvements to the leased space. Upon request, the Facilities Division may assess the specific parameters of the desired modifications, engage the Procurement Department to obtain the approvals required, and manage such modifications.

The Facilities Division and Procurement Department will manage and conduct activities associated with closeouts upon the termination of any lease agreement.

\*Note: In addition to lease agreements, this policy applies to other real estate transactions including licenses, easements, etc.

## F. Implementing Documents

- [Space Planning, Facilities Web site](#)
- [Space Advisory Committee \(SPAC\) Charter](#)
- [Office Space Metrics](#)

- [Space Type Definitions](#)
- [List of Division Space Coordinators](#)
- [Unified Project Call Process](#)

## G. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	L. Young	Prepare for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Space Management Policy
Document number	12.04.001.000
Revision number	1
Publication date:	1/2/2012
Effective date:	12/14/2011
Next review date:	12/14/2014
Policy Area:	Space
RPM Section (home)	Asset Management
RPM Section (cross-reference)	Section 1.20
Functional Division	Lab Directorate
Prior reference information (optional)	RPM Section 1.20

## Source Requirements Documents

- Berkeley Lab Senior Management requirement
- 48 CFR 917.74, *Acquisition, Use, and Disposal of Real Estate*
- Contract 31, Clause I.70, DEAR 952.217-70, *Acquisition of Real Property* (APR 1984)

## Implementing Documents

Document number	Title	Type
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	Space Planning, Facilities Web site	Web
	Space Advisory Committee (SPAC) Charter	Charter
	Office Space Metrics	Web
	Space Type Definitions	Web
	List of Division Space Coordinators	Web
01.02.005.000	<i>Unified Project Call Process</i>	Policy

# Special Financial Reporting Terms for ARRA Sub-recipient WFO Agreements

Title:	Special Financial Reporting Terms for ARRA Sub-recipient WFO Agreements
Publication date:	9/26/2013
Effective date:	12/15/2011

## BRIEF

### Policy Summary

This policy defines the Berkeley Lab guidelines for approval of special financial terms and conditions for American Recovery and Reinvestment Act (ARRA)-funded Work for Others (WFO) agreements. These guidelines ensure compliance with Department of Energy (DOE) reimbursable work cash-management requirements. Special financial terms and conditions are only considered when specifically requested by a sponsor.

### Who Should Read This Policy

All Laboratory division employees who manage ARRA-funded WFO agreements

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Business Services Manager  
Contract Accounting (ARhelp@lbl.gov)  
ARRA Analyst, Budget Office  
Office of Sponsored Projects and Industry Partnerships (OSPIP)

Title:	Special Financial Reporting Terms for ARRA Sub-recipient WFO Agreements
Publication date:	9/26/2013
Effective date:	12/15/2011

## POLICY

### A. Purpose

This policy defines standard financial reporting terms for Work for Others' agreements where Lawrence Berkeley National Laboratory (Berkeley Lab) is the sub recipient of an American Reinvestment and Recovery Act (ARRA) award. This policy also outlines the procedure for instances in which the sponsor requests special financial reporting beyond the defined standard.

## B. Persons Affected

All Laboratory division employees who manage ARRA-funded WFO agreements

## C. Exceptions

None

## D. Policy Statement

Reporting terms are considered special if they do not meet the standard reporting terms as follows:

### 1. Prime Recipient Award Type

#### a. Contract

- i. Berkeley Lab is delegated to report to [FederalReporting.gov](http://FederalReporting.gov).
  1. Submission of the *LBNL as Sub-recipient ARRA Contract Report* to [FederalReporting.gov](http://FederalReporting.gov) (per the [FederalReporting.gov](http://FederalReporting.gov) quarterly reporting schedule)
- ii. Berkeley Lab is *not* delegated to report to [FederalReporting.gov](http://FederalReporting.gov).
  1. Submission of the *LBNL as Sub-recipient ARRA Contract Report* to the sponsor quarterly, no earlier than the third business day of the month after the end of the fiscal reporting quarter per the [FederalReporting.gov](http://FederalReporting.gov) quarterly reporting schedule
- iii. Berkeley Lab is *not* delegated to report to [FederalReporting.gov](http://FederalReporting.gov) (work for DOE Management and Operating [M&O] contractors only).
  1. Submission of the *LBNL as Sub-recipient ARRA Contract Report* to the sponsor quarterly, no earlier than the third business day of the month after the end of the fiscal reporting quarter per the [FederalReporting.gov](http://FederalReporting.gov) quarterly reporting schedule
  2. Submission of the *LBNL ARRA M&O Job Report* to the sponsor monthly, no earlier than the third business day of the month after the end of the fiscal reporting month

#### b. Grant

- i. Berkeley Lab is delegated to report to [FederalReporting.gov](http://FederalReporting.gov).
  1. Submission of the *LBNL as Sub-recipient ARRA Grant Report* to [FederalReporting.gov](http://FederalReporting.gov) per the [FederalReporting.gov](http://FederalReporting.gov) quarterly reporting schedule
  2. Submission of the *LBNL ARRA Job Report* to the sponsor quarterly, no earlier than the third business day of the month after the end of the fiscal reporting quarter per the [FederalReporting.gov](http://FederalReporting.gov) quarterly reporting schedule
- ii. Berkeley Lab is not delegated to report to [FederalReporting.gov](http://FederalReporting.gov).
  1. Submission of the *LBNL as Sub-recipient ARRA Grant Report* and *LBNL ARRA M&O Job Report* to the sponsor quarterly, no earlier than the third business day of the month after the end of the fiscal reporting quarter per the [FederalReporting.gov](http://FederalReporting.gov) quarterly reporting schedule

### 2. Approval Procedures

Signor	Purpose of Signature
Division Resource Analyst	Agrees to provide sponsor's requested special financial reporting requirements
Division Director(or designee – limited to Deputy Division Director or Business Manager)	Accepting that the terms are in the best interest of Berkeley Lab given required resources, agrees to provide sponsor's requested reporting requirements. Approves division's administrative effort to accommodate terms.
Office of Sponsored Projects and Industry Partnerships (OSPIP)	Completes Special Financial Reporting Terms Form and includes sponsor's justification
Budget Office ARRA Analyst	Identifies whether terms are possible to meet using standard ARRA reports or ARRA reporting tables

## E. Roles and Responsibilities

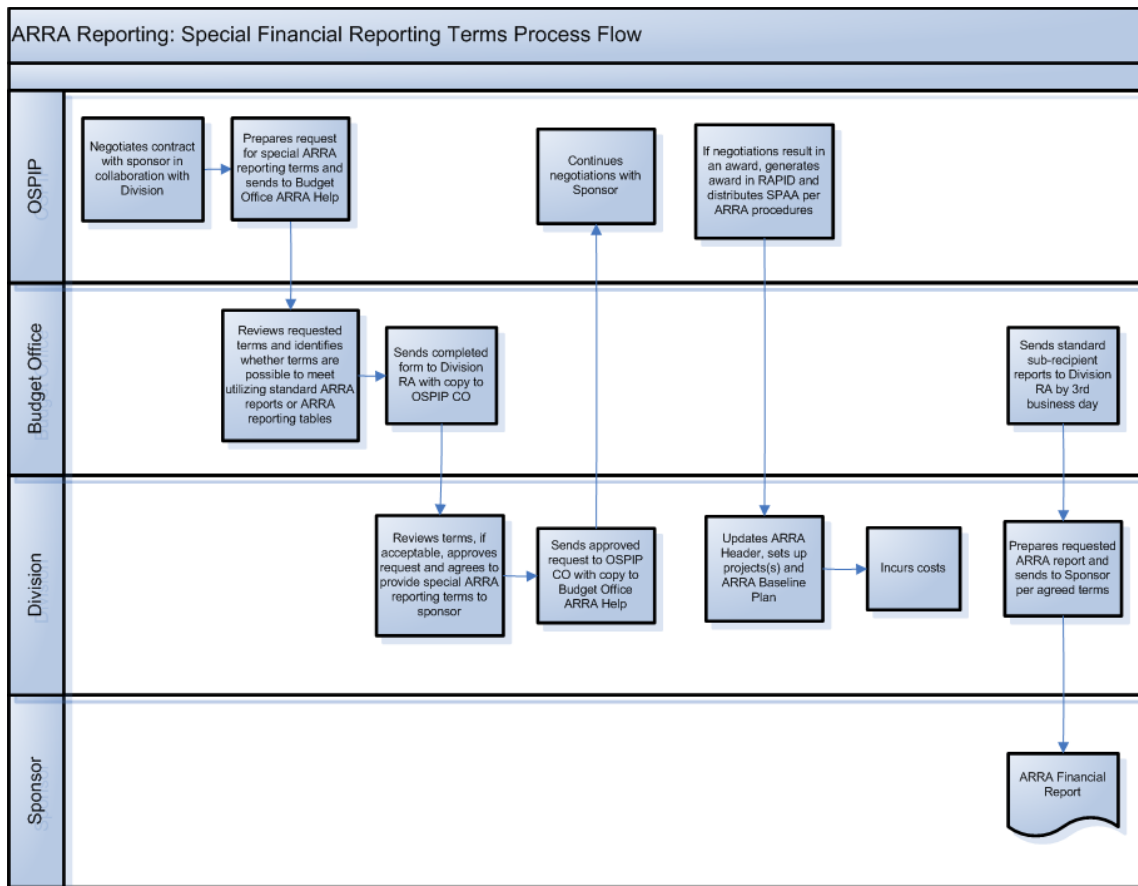
Prior to inclusion of special financial reporting terms in a reimbursable work agreement:

Role	Responsibility
OSPIP	<ul style="list-style-type: none"> <li>Submits sponsor's proposed terms on the Request for Special Financial Reporting Terms for ARRA-Funded Sub-recipient Work for Others Agreements, with the agreement language/report templates to the Budget Office-ARRA Help Analyst, <a href="mailto:ARRAHelp@lbl.gov">ARRAHelp@lbl.gov</a>, for review and comment</li> </ul>
Budget Office ARRA Help Analyst	<ul style="list-style-type: none"> <li>Reviews the financial reporting terms, identifies whether terms are possible to meet using standard ARRA reports or ARRA reporting tables within two business days from receipt of form from OSPIP</li> <li>Notifies OSPIP and the division resource analyst if there are any issues with the Request for Special Financial Reporting Terms for ARRA-Funded Sub-recipient Work for Others Agreements</li> <li>Forwards completed form to the division resource analyst for review and approval with copy to OSPIP</li> </ul>
Division Resource Analyst	<ul style="list-style-type: none"> <li>Reviews terms and evaluates administrative effort needed to meet identified accommodations; confirms with the principal investigator that the terms are acceptable</li> <li>Secures division director or designee's approval</li> <li>Sends notification of approval to OSPIP and the Budget Office-ARRA Help Analyst within two business days of receipt of completed form</li> </ul>

Prior to inclusion of special financial reporting terms in a reimbursable work agreement:

Role	Responsibility
OSPIP	<ul style="list-style-type: none"> <li>Includes all agreed-to special criteria in the contract and attaches this information to the Sponsored Project Award Authorization (SPAA)</li> <li>In the event the sponsor is late with payment of remittance due to the special financial reporting terms, assists Contract Accounting with payment resolution</li> </ul>
Budget Office ARRA Help Analyst	<ul style="list-style-type: none"> <li>Forwards standard ARRA sub-recipient reports to the division resource analyst by the third business day of the month</li> </ul>
Division Resource Analyst	<ul style="list-style-type: none"> <li>Prepares and submits the financial report per the agreed-upon terms to the sponsor with copy to the Budget Office ARRA Help Analyst, <a href="mailto:ARRAHelp@lbl.gov">ARRAHelp@lbl.gov</a></li> <li>If the sponsor is late with payment of remittance due to the special financial reporting terms, assists Contract Accounting with payment resolution</li> </ul>
Contract Accounting	<ul style="list-style-type: none"> <li>Notifies and requests assistance of the division resource analyst and OSPIP with payment resolution with the sponsor</li> <li>If sponsor is late with payment remittance (per the special financial reporting terms), contacts division resource analyst and OSPIP for assistance with resolution</li> </ul>

## High-Level Process Flow



## F. Definitions/Acronyms

Term	Definition
American Recovery and Reinvestment Act of 2009 (ARRA)	A \$787 billion economic stimulus package signed into law by President Barack Obama on February 17, 2009. A percentage of the package targets spending (contracts, grants, and loans) and the rest includes tax cuts and entitlements such as Medicaid and Social Security Administration payments.
DOE Management and Operating (M&O) Contractors	Private-sector companies, universities, and nonprofit organizations that manage DOE national labs and production installations through a Management and Operating (M&O) contract
FederalReporting.gov	The central government-wide data-collection system for federal agencies and recipients of federal awards under Section 1512 of ARRA. Recipients access FederalReporting.gov to fulfill their reporting obligations. Federal agencies, prime recipients, and sub-recipients are required to submit data on a quarterly basis for grants, loans, and federally awarded contracts under the Recovery Act.
Prime Recipient	A non-federal entity that receives ARRA funding in the form of a contract, grant, or loan directly from the federal government
Sponsored Project Award Authorization (SPAA)	A report from the RAPID system, issued by OSPIP, that authorizes initial award and post-award administrative and funding actions

Sub-recipient	A non-federal entity awarded ARRA funding through a legal instrument from a prime recipient. Sub-recipients typically receive a contract, grant, or loan from the prime recipient to support performance of any portion of a project or program funded with Recovery dollars. A prime recipient may delegate responsibility to its sub-recipient to report information into FederalReporting.gov.
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.02.013.001	<a href="#">LBNL OCFO ARRA Web site</a>	Web site

## I. Contact Information

Business Services Manager  
Contract Accounting ([ARhelp@lbl.gov](mailto:ARhelp@lbl.gov))  
ARRA Analyst, Budget Office  
Office of Sponsored Projects and Industry Partnerships (OSPIP)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/26/2013	1.1	Frainier	Review completed 9/3/2013, no changes	Publ & Next Review dates	Minor
1/2/2012	1	Frainier	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Special Financial Reporting Terms for ARRA Sub-recipient WFO Agreements
Document number	11.02.013.000
Revision number	1.1
Publication date:	9/26/2013
Effective date:	12/15/2011



Next review date:	8/30/2015
Policy Area:	Budget, Controller
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.53
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.53

## Source Requirements Documents

- [ARRA Act of 2009, Section 1512, Reports on Use of Funds](#)
- [OMB Recovery Act Guidance \(6/22/09\)](#)
- [Interim FAR to Complement Section 1512 of the ARRA Act of 2009](#)

## Implementing Documents

Document Number	Title	Type
11.02.013.001	<a href="#">LBNL OCFO ARRA Web site</a>	Web site

# Spill Prevention, Control, and Countermeasures

## Brief

Title:	Spill Prevention, Control, and Countermeasures
Publication date:	4/25/2013
Effective date:	4/25/2013

## BRIEF

### Policy Summary

Berkeley Lab's *Spill Prevention, Control, and Countermeasure (SPCC) Plan* prevents petroleum and vegetable oil products from being released to storm drains and nearbcreeks by:

- Providing standards for the use and storage of petroleum or vegetable oil products in drums or aboveground storage tanks (engine generators) that are 55 gallons or larger
- Defining training requirements for employees involved in the maintenance of petroleum storage in drums and tanks
- Defining inspection requirements and schedules for drum storage areas, aboveground storage tanks (ASTs), oil-filled electrical equipment, and rainwater disposal from secondary containment

### Who Should Read This Policy

- All Berkeley Lab employees, visitors, affiliates, and subcontractors involved in the storage of petroleum and vegetable oil products, including temporary use of portable aboveground storage tanks 55 gallons or larger
- All employees responsible for ordering fuel and responding to fuel spills

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH56.html>

## Contact Information

Tanks, Petroleum Storage Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Spill Prevention, Control, and Countermeasures
Publication date:	4/25/2013
Effective date:	4/25/2013

## POLICY

### A. Purpose

The Lawrence Berkeley National Laboratory (Berkeley Lab) *Spill Prevention, Control, and Countermeasure (SPCC) Plan* prevents petroleum and vegetable oil products from being released to storm drains and nearby creeks by:

- Providing standards for the use and storage of petroleum or vegetable oil products in drums or aboveground storage tanks (engine generators) that are 55 gallons or larger
- Defining training requirements for employees involved in the maintenance of petroleum storage in drums and tanks
- Defining inspection requirements and schedules for drum storage areas, aboveground storage tanks (ASTs), oil-filled electrical equipment, and rainwater disposal from secondary containment

## B. Persons Affected

- All Berkeley Lab employees, visitors, affiliates, and subcontractors involved in the storage of petroleum products and vegetable oil in tanks or drums 55 gallons or larger, including temporary use of portable aboveground storage tanks 55 gallons or larger
- All employees responsible for ordering fuel and responding to fuel spills

## C. Exceptions

Petroleum products and vegetable oil containers and drums smaller than 55 gallons

## D. Policy Statement

1. Petroleum and vegetable oil product storage requirements are prescribed by federal and state regulations, which are driven by:
  - a. The Clean Water Act
  - b. The Petroleum Pollution Prevention Act (40 CFR 112)
  - c. The California Aboveground Petroleum Storage Act
2. Petroleum and vegetable oil products stored in drums or tanks 55 gallons and greater are governed by these requirements.
3. The details of the petroleum storage requirements are described in the Berkeley Lab *Spill Prevention, Control, and Countermeasure Plan* (main site and the Joint Genome Institute), which is available on the [EHSS Environmental Services Group Web site](#) (also see [Work Process A, General Requirements](#)).

## E. Roles and Responsibilities

Role	Responsibilities
Principal Investigators and Supervisors	<ul style="list-style-type: none"> <li>• Ensure that environmental laws, regulations, and policies are followed</li> <li>• Request assistance from the Environmental Services Group for technical advice on what spill prevention and spill control requirements apply to their operations and what would be an appropriate compliance strategy</li> <li>• Provide training for employees in operational requirements pertaining to spill prevention and spill control, and maintain records of such training (EHS0680, <i>Spill Prevention, Control, and Countermeasures Training</i>)</li> <li>• Ensure that activities are performed within acceptable operating standards and that any required records are current (training, AST inspections, rainwater disposal inspections)</li> <li>• Notify the EHSS Division immediately of any unplanned accidental releases</li> <li>• Prepare budget requests for and manage spill prevention upgrades and corrective actions for division projects</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable environmental laws, regulations, and policies</li> <li>• Be fully aware of the environmental impact of their activities and comply with all requirements that govern those activities</li> <li>• Perform activities within acceptable operating standards and maintain current records whenever required</li> <li>• Take immediate action to stop unplanned releases to the environment and report all instances of unplanned environmental releases to the EHSS Division</li> <li>• Complete all required training provided by supervisors and the EHSS Division, including annual completion of EHS0680, <i>Spill Prevention, Control, and Countermeasures Training</i>)</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Berkeley Lab policies and procedures to ensure that operations are conducted in an environmentally safe manner and in full compliance with all applicable environmental laws and regulations</li> <li>• Assesses current and planned Berkeley Lab programs and assists in defining spill prevention and spill control compliance upgrades and corrective actions</li> <li>• Provides training, makes presentations, and participates in discussions regarding petroleum storage, spill prevention, and spill control matters with Berkeley Lab employees and regulatory agencies</li> <li>• Manages the recertification of the SPCC Plan every five years and SPCC Plan amendments prepared by a certified professional engineer</li> <li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li> <li>• Investigates reports of unplanned environmental releases and notifies federal, state, and local authorities in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by regulatory agencies</li> </ul>

## F. Definitions/Acronyms

See the ES&H Manual [Spill Prevention, Control, and Countermeasures Program](#) for technical terms related to the details of this policy and its implementation.

Term	Definition
AST	Aboveground storage tank
Pollution prevention	Reducing or eliminating waste at the source by modifying production processes, promoting the use of non-toxic or less-toxic substances, implementing conservation techniques, and re-using materials rather than putting them into the waste stream
Spill prevention	The reduction in risk of a petroleum spill from reaching storm drains and creeks by installing secondary containment, monitoring systems, spill kits, and other engineering controls
Secondary containment	Containment designed to hold the contents of the largest single tank or drum plus sufficient freeboard to allow for precipitation (4.78-inch freeboard)

## G. Recordkeeping Requirements

- Rainwater disposal procedure and records are maintained by the Facilities Division
- Aboveground storage tank inspection programs and records are maintained by the Facilities Division.
- EHS0680, *Spill Prevention, Control, and Countermeasures Training* records are maintained by the EHSS Division.

## H. Implementing Documents

Document number	Title	Type
07.09.006.001	Spill Prevention, Control, and Countermeasures Program	Program
07.09.006.002	Work Process A, <i>General Requirements</i>	Process
N/A	Lawrence Berkeley National Laboratory <i>Spill Prevention, Control, and Countermeasure Plan (SPCC)</i>	Plan
N/A	Joint Genome Institute <i>Spill Prevention, Control, and Countermeasure Plan (SPCC)</i>	Plan

## I. Contact Information

[Tanks, Petroleum Storage Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division  
End Brief

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Fox	Reformat for wiki (brief)	All	Minor
4/25/2013	1	R. Fox	Reformat for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Spill Prevention, Control, and Countermeasures
Document number	07.09.006.000
Revision number	1
Publication date:	4/25/2013
Effective date:	4/25/2013
Next review date:	4/25/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Sections 11.3.9 and 11.3.13 moved to Chapter 56

## Source Requirements Documents

- 40 CFR 112, *Oil Pollution Prevention*
- California Health and Safety Code 25270-25270.13, *Aboveground Petroleum Storage Act*

## Implementing Documents

Document number	Title	Type
07.09.006.001	Spill Prevention, Control, and Countermeasures Program	Program
07.09.006.002	Work Process A, <i>General Requirements</i>	Process
N/A	Lawrence Berkeley National Laboratory <i>Spill Prevention, Control, and Countermeasure Plan (SPCC)</i>	Plan
N/A	Joint Genome Institute <i>Spill Prevention, Control, and Countermeasure Plan (SPCC)</i>	Plan

# Stop Work Policy

Title:	Stop Work Policy
Publication date:	8/20/2012
Effective date:	8/20/2012

## BRIEF

### Policy Summary

This policy describes stopping work activities considered to be an imminent danger. An "imminent danger" is defined as any condition or practice that could reasonably be expected to cause death or serious injury, or environmental harm. This policy applies to all activities conducted at Berkeley Lab and to all off-site facilities operated by Laboratory personnel.

### Who Should Read This Policy

This policy applies to all persons who work at or visit Berkeley Lab.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH01/CH01.html>

## Contact Information

Safety Compliance Program Manager  
EHS&S Division

Title:	Stop Work Policy
Publication date:	8/20/2012
Effective date:	8/20/2012

## Policy

### A. Purpose

This policy describes stopping work activities considered to be an imminent danger. An "imminent danger" is defined as any condition or practice that could reasonably be expected to cause death or serious injury, or environmental harm. This policy applies to all activities conducted at Lawrence Berkeley National Laboratory (Berkeley Lab) and to all off-site facilities operated by Laboratory personnel.

## B. Persons Affected

This policy applies to all persons who work at or visit Berkeley Lab.

## C. Exceptions

None

## D. Policy Statement

1. All Berkeley Lab employees, affiliates, and contractors are responsible for stopping work activities considered to be an imminent danger. This policy applies to all activities conducted at Berkeley Lab and to all off-site facilities operated by Laboratory personnel.
  - a. An "imminent danger" is defined as any condition or practice that could reasonably be expected to cause death or serious injury, or environmental harm.
2. Whenever an employee, affiliate, or contractor encounters conditions or practices that appear to constitute an imminent danger, such individuals have the authority and responsibility to:
  - a. Alert the affected worker(s) engaged in the unsafe work creating an imminent-danger condition and request that the work be stopped.
  - b. Call ext. 6999 to report the incident. Environment, Health, Safety & Security (EHS&S) Division staff will investigate it.
  - c. Notify the immediate supervisor and/or responsible division/department manager (if known).
3. EHS&S staff will ensure that the supervisor or work lead is notified and will assist the supervisor in preparing a report to the EHS&S Division Director, describing the unsafe activity and identifying corrective actions and responsibilities.
4. Resumption of work will not proceed until after the condition has been evaluated and the appropriate remedial actions have been taken.

## E. Roles and Responsibilities

All persons working at or visiting the Laboratory are expected to know they may take action as prescribed by this policy should an imminent danger situation arise.

## F. Definitions/Acronyms

Terms	Definitions
Imminent Danger	Any condition or practice that could reasonably be expected to cause death, serious injury, or environmental harm

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
PUB-3000, Ch 1	General Policy and Responsibilities	Program

## I. Contact Information

Safety Compliance Program Manager  
EHS&S Division



## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
8/20/2012	0	W. Wells	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Stop Work Policy
Document number	07.01.006.000
Revision number	0
Publication date:	8/20/2012
Effective date:	8/20/2012
Next review date:	8/20/2015
Policy Area:	ESH General Policy
RPM Section (home)	ESH
RPM Section (cross-reference)	
Functional Division	EHS&S
Prior reference information (optional)	PUB-3000 Chapter 1

## Source Requirements Documents

- Contract 31, I.79, DEAR Clause 970.5204-2 *Laws, Regulations and DOE Directives (Dec 2000)*
- Contract 31, Appendix I, *Environment, Safety and Health Standards for LBNL*
- 10 CFR 851, *DOE Worker Safety and Health Program Rule*
- *ES&H Core Policy*, document number 07.01.001.000
- *Integrated Environment, Safety, & Health Management Plan (PUB-3140)*
- *Worker Safety and Health Program (PUB-3851)*

## Implementing Documents

Document number	Title	Type
PUB-3000, Ch 1	<a href="#">General Policy and Responsibilities</a>	Program

# Stop Work Process for Funds Control Compliance

Title:	Stop Work Process for Funds Control Compliance
Publication date:	3/4/2014
Effective date:	12/31/2011

## BRIEF

### Policy Summary

This policy defines the guidelines for the initiation of the Stop Work process for the Berkeley Lab to ensure compliance with federal regulations and the University of California (UC) Department of Energy (DOE) Contract 31. The policy provides steps by which to mitigate situations arising from potential funds-control issues (i.e., incurring uncollectible and/or unallowable costs), with the goal of safeguarding the Laboratory while supporting its scientific mission.

### Who Should Read This Policy

Any Berkeley Lab employee with financial responsibilities

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Budget Officer](#)

[Field Operations Manager](#)

Title:	Stop Work Process for Funds Control Compliance
Publication date:	3/4/2014
Effective date:	12/31/2011

## POLICY

### A. Purpose

This policy defines the guidelines for the initiation of the Lawrence Berkeley National Laboratory (Berkeley Lab's) Stop Work process to ensure compliance with federal regulations and the UC-DOE Prime Contract (Contract 31). It is intended as a tool to mitigate situations arising from potential funds-control issues (i.e., incurring uncollectible and/or unallowable costs), with the goal of safeguarding the Laboratory while supporting its scientific mission.

A Stop Work to mitigate a funds-control violation would only be exercised after all other options have been exhausted (e.g., bridge funding or negotiation with the sponsor) — refer to the Stop Work Process Flowchart.

## B. Persons Affected

Any Berkeley Lab employee with financial responsibilities

## C. Exceptions

## D. Policy Statement

1. The scope of this policy is limited to work activities funded by DOE and Work for Others (WFO) sponsors. A funds-control violation may result in a reduction in the Laboratory's fee, the assessment of fines, and/or a decrease in the Contract 31 performance measure rating, which could ultimately jeopardize the Laboratory's Contract 31 extension.
2. As a federal contractor, the Laboratory is required to adhere to Contract 31 regulations. If it is determined that an actual funds-control violation exists, work activities must stop until the issue is resolved.
3. Possible funds-control violations may include:
  - a. DOE Direct-Funded Work
    - i. Costs and/or commitments incurred in excess of funds available
    - ii. Costs and/or commitments incurred prior to receipt of funds in the Contract Modification (Mod)
    - iii. Costs and/or commitments incurred for activities outside of the purpose specified in the DOE work authorization
    - iv. Costs and/or commitments incurred after the expiration of limited-appropriation funds
  - b. Work for Others (WFO)
    - i. Costs incurred prior to receipt of an accepted reimbursable work agreement. A written agreement to perform work or provide a service for another federal agency or non-federal sponsor, signed by a contracting officer or an official with delegated authority to commit the Laboratory to perform WFO, and approved by an authorized approver of the sponsor.
    - ii. Costs incurred prior to receipt of DOE Approval.
    - iii. Costs incurred outside the reimbursable work agreement period of performance
    - iv. Costs incurred after the expiration of limited-appropriation funds
    - v. Costs incurred outside of the reimbursable work agreement terms (Statement of Work). Activities must be allowable and allocable.
    - vi. Costs incurred in excess of funding
      1. For a federal reimbursable work agreement, "funding" is defined as the contract value.
      2. For a non-federal reimbursable work agreement, "funding" is defined as cash received (advance payments + invoice payments), plus approved bridge funding.
    - vii. Financial terms of reimbursable work agreement are not met by the sponsor
      1. Delinquent payment of invoices (generally invoices outstanding for 120 days or more)
      2. Sponsor refuses to reimburse the Laboratory
4. Other nonfinancial factors may result in the requirement to Stop Work
5. Initial Notification
  - a. A potential funds-control violation may be identified by a division resource analyst, business manager, accounts receivable manager, Office of Sponsored Projects and Industry Partnerships (OSPIP) Contracts Officer, manager, Budget Office analyst, etc., and may result in the initiation of a Stop Work process (refer to Stop Work Process Flowchart). If a potential funds-control violation is identified, the identifier must notify the following individuals via e-mail:

POSITION	NOTIFICATION
Field Operations Manager	Mandatory
Division Resource Analyst	Mandatory
Budget Office Analyst	Mandatory
Business Manager	Mandatory

Division Director/Deputy Director	Division discretion
Principal Investigator (PI)	Division discretion
OSPIP Contracts Officer	If applicable
Accounts Receivable Manager	If applicable
Budget Officer	Field operations manager discretion

b. The Chief Financial Officer (CFO) has the option of declaring a temporary Stop Work at any time during this process.

#### 6. Determination

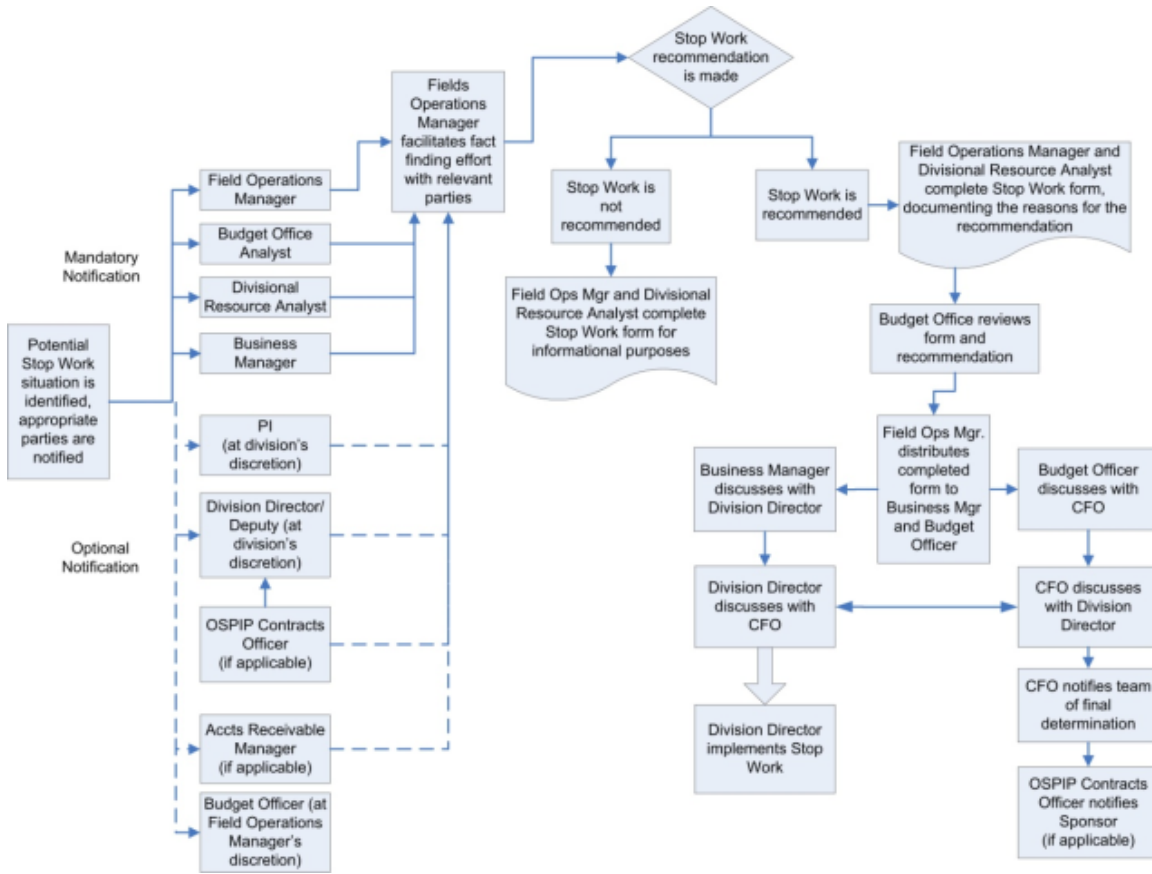
- a. The field operations manager establishes and facilitates a fact-finding team within two business days of receipt of notification in order to gather details and explore whether other funding sources are available and appropriate. The team should include those individuals noted as mandatory under the initial notification section, and others as appropriate. Based on the team's findings, a recommendation is made.
- b. If the team determines that a Stop Work course of action is unnecessary, the division resource analyst and field operations manager must still complete a [Stop Work Initiation Form](#), summarizing the issue and the team's recommendation. The completed form is distributed by the field operations manager to the team for informational purposes.
- c. If the team recommends a Stop Work course of action, the division resource analyst and field operations manager complete the [Stop Work Initiation Form](#), summarizing the team's recommendation and outlining the funding alternatives that were explored but determined not to be viable options. The Budget Office reviews the completed form.
- d. The field operations manager distributes the completed form simultaneously to the division's business manager and to the Budget Officer. The business manager reviews the Stop Work recommendation with the division director and notifies the Budget Officer if there are additional concerns prior to the CFO review. The Budget Officer reviews the recommendation with the CFO for final determination.
- e. Given the severity of a Stop Work situation, the determination process should be completed expeditiously.

#### 7. Stop Work Notification

- a. If a Stop Work is the recommended course of action, the CFO reviews the issues with the division director, or designee. The division director is responsible for implementing the Stop Work. The Stop Work status is in effect until the funds-control violation is resolved.
- b. Once the division director concurs with the Stop Work recommendation, the sponsor will be notified. The OSPIP officer will handle the formal sponsor notification for WFO, and the division director for DOE direct-funded projects.

#### 8. Resource Allocation

- a. Since activities on the project at issue must cease, principal investigators and staff effort must be redirected to other appropriate activity such as work on other projects or employee-between-assignment activity funded through Organization Burden.
- b. It is inappropriate to charge Research and Development costs to Organization Burden (see Organization Burden Policy). If alternatives are unavailable, the division must pursue appropriate alternatives with Human Resources (e.g., administrative leave, termination, etc.).
- c. In cases of abrupt funding termination, the division may seek non-Contract 31 funds (e.g., Fee or Gifts).



## E. Roles and Responsibilities

Role	Responsibility
Stop Work Initiator	<ul style="list-style-type: none"> <li>Notifies appropriate parties of potential funds-control violation as outlined in policy procedures</li> <li>Participates on fact-finding team</li> </ul>
Division Resource Analyst	<ul style="list-style-type: none"> <li>Participates on fact-finding team</li> <li>Completes Stop Work Initiation Form with field operations manager</li> </ul>
Field Operations Manager	<ul style="list-style-type: none"> <li>Establishes and facilitates fact-finding team</li> <li>Completes Stop Work Initiation Form with division resource analyst</li> <li>Distributes completed form as outlined in policy procedures</li> </ul>
Budget Office Analyst	<ul style="list-style-type: none"> <li>Participates on fact-finding team</li> <li>Reviews completed Stop Work Initiation Form</li> </ul>
Accounts Receivable Manager (if applicable)	<ul style="list-style-type: none"> <li>Participates on fact-finding team</li> </ul>
OSPIP Contracts Officer (if applicable)	<ul style="list-style-type: none"> <li>Participates on fact-finding team</li> <li>Notifies WFO sponsor of Stop Work implementation, if applicable</li> </ul>
Business Manager	<ul style="list-style-type: none"> <li>Participates on fact-finding team</li> <li>Reviews Stop Work recommendation with division director, if applicable</li> </ul>
Budget Officer	<ul style="list-style-type: none"> <li>Reviews Stop Work recommendation with CFO, if applicable</li> </ul>

Chief Financial Officer (CFO)	<ul style="list-style-type: none"> <li>• Reviews Stop Work recommendation with division director, if applicable</li> <li>• Notifies team of Stop Work concurrence, if applicable</li> </ul>
Division Director (or designee)	<ul style="list-style-type: none"> <li>• Implements Stop Work, if applicable</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Contract Modification (Mod)	DOE-produced document that provides Berkeley Lab the budget authority to enter into obligations that will result in immediate or future outlays involving government funds
DOE Work Authorization	DOE-produced programmatic document that specifies activities for which the funds are to be used
Limited-Appropriation Funds	Funding authority provided by Congress designated as one-year, multiyear, or no-year funding. This designation describes the period of time the funds are available for obligation and expenditure. One-year and multiyear funds expire and cannot be costed or committed after the expiration date. Funds available for a limited period of time are referred to as limited-appropriation funds.
Reimbursable Work Agreement	A written agreement to perform work or provide a service for another federal agency or non-federal customer
Work for Others (WFO)	Work for non-DOE entities performed by DOE/contractor personnel and/or utilizing DOE facilities and which are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
11.02.006.001	Stop Work Initiation Form	Form

## I. Contact Information

Budget Officer  
Field Operations Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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1/2/2012	1	M. Mock	Reformat for wiki	All	Minor
3/4/2014	1.1	Lundell	Clarification if funds-control violation; add additional example	Section D.1, insert D.3.b.ii	Minor

## DOCUMENT INFORMATION

Title:	Stop Work Process for Funds Control Compliance
Document number	11.02.006.000
Revision number	1.1
Publication date:	3/4/2014
Effective date:	12/31/2011
Next review date:	2/1/2016
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.45
Functional Division	OCFO
Prior reference information (optional)	RPM Chapter 11, Section 11.45

## Source Requirements Documents

- [Department of Energy Accounting Handbook, Chapter 2, Administrative Control of Funds](#)
- [DOE Order 481.1C, Work for Others \(Non-Department of Energy Funded Work\)](#)
- [Principles of Federal Appropriations Law](#)

## Other Driving Requirements

Document Number	Title	Type
11.02.001.000	<a href="#">Bridge Funding Policy</a>	Policy

## Implementing Documents

Document Number	Title	Type
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11.02.006.001	Stop Work Initiation Form	Form
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## Other References

Document Number	Title	Type
11.02.004.000	Organization Burden Policy	Policy
11.07.004.000	Cost Allowability Policy	Policy



# Storm Water Pollution Prevention

## Brief

Title:	Storm Water Pollution Prevention
Publication date:	8/2/2013
Effective date:	8/2/2013

## BRIEF

### Policy Summary

In accordance with U.S. Environmental Protection Agency regulations, Berkeley Lab notified the State Water Resources Control Board (SWRCB) in 1992 that it will comply with the National Pollutant Discharge Elimination System's general permit for storm-water discharges associated with industrial activity.

Berkeley Lab must:

- Maintain an effective and appropriate storm-water drainage system
- Ensure that no water other than storm water or SWRCB-approved non-storm-water discharges such as irrigation water, fire-sprinkler-testing water, and air-conditioner condensate enters the storm-water drainage system
- Collect, monitor, and properly dispose of all non-storm water.
- Identify all operations that could contaminate storm water, and take appropriate corrective measures to prevent storm-water pollution

### Who Should Read This Policy

All Berkeley Lab employees and subcontractors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH57.html>

### Contact Information

Storm Water Discharges Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Storm Water Pollution Prevention
Publication date:	8/2/2013
Effective date:	8/2/2013

## POLICY

### A. Purpose

Berkeley Lab's Storm Water Pollution Prevention Program ensures that the Laboratory implements the best-available cost-effective technology to reduce or eliminate storm-water pollution.

### B. Persons Affected

All Berkeley Lab employees and subcontractors

## C. Exceptions

None

## D. Policy Statement

1. In accordance with U.S. Environmental Protection Agency regulations, Berkeley Lab notified the State Water Resources Control Board (SWRCB) in 1992 that it will comply with the National Pollutant Discharge Elimination System's general permit for storm-water discharges associated with industrial activity.
2. Berkeley Lab must:
  - a. Maintain an effective and appropriate storm-water drainage system
  - b. Ensure that no water other than storm water or SWRCB-approved non-storm-water discharges such as irrigation water, fire-sprinkler-testing water, and air-conditioner condensate enters the storm-water drainage system
  - c. Collect, monitor, and properly dispose of all non-storm water.
  - d. Identify all operations that could contaminate storm water, and take appropriate corrective measures to prevent storm-water pollution
3. In addition, Berkeley Lab will notify and secure a General Construction Permit from the SWRCB for any construction projects exceeding one acre in size ([Work Process A](#)).
4. Berkeley lab will incorporate post-construction storm-water management controls into new development and redevelopment plans to protect related watersheds and water bodies from hydrologic-based impacts and pollution associated with the post-construction landscape. Those post-construction requirements are included in the California SWRCB General Construction Permit for construction projects exceeding one acre in size, and in the federal Energy Independence and Security Act, Section 438, for federal developments greater than 5,000 square feet.

## E. Roles and Responsibilities

<b>Role</b>	<b>Responsibilities</b>
Principal investigators and supervisors	<ul style="list-style-type: none"> <li>• Ensure that environmental laws, regulations, and policies are followed</li> <li>• Request assistance from the Environmental Services Group (ESG) for technical advice on which environmental requirements apply to their operations, and what would be an appropriate compliance strategy</li> <li>• Provide training for employees in operational requirements pertaining to environmental protection, and maintain records of such training</li> <li>• Ensure that activities are performed within acceptable operating standards and that any required records are current</li> <li>• Notify the Environment, Health, Safety, and Security (EHSS) Division immediately of any unplanned accidental releases</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable environmental laws, regulations, and policies</li> <li>• Must be fully aware of the environmental impact of their activities, and must comply with all requirements that govern those activities</li> <li>• Adhere to all environmental requirements contained in Berkeley Lab storm-water permits</li> <li>• Perform activities within acceptable operating standards, and maintain current records whenever required</li> <li>• Take immediate action to stop unplanned releases to the environment, and report all instances of unplanned environmental releases to the EHSS Division</li> <li>• Complete all required training provided by supervisors and the EHSS Division</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Berkeley Lab policies and procedures to ensure operations are conducted in an environmentally safe manner and in full compliance with all applicable environmental laws and regulations and DOE orders</li> <li>• Prepares environmental compliance plans and reports as mandated by SWRCB regulations and DOE orders</li> <li>• Assesses current and planned Berkeley Lab programs, and assists in defining environmental-protection compliance upgrades and corrective actions</li> <li>• Prepares budget requests for, and manages, environmental protection upgrades and corrective actions for institutional projects.</li> <li>• Provides training, makes presentations, and participates in discussions regarding environmental-protection matters with Berkeley Lab employees, regulatory agencies, concerned public citizens, community organizations, and the media</li> <li>• Manages and applies for storm-water permits</li> <li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li> <li>• Monitors laboratory discharges to the environment to verify compliance with applicable regulations and permits</li> <li>• Investigates reports of unplanned environmental releases, and notifies federal, state, and local authorities in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by regulatory agencies and DOE</li> <li>• Responds to information requests from the public</li> <li>• Participates in DOE audits of off-site analytical laboratories to ensure the quality of analytical results received for environmental-monitoring programs</li> </ul>

## F. Definitions/Acronyms

<b>Term</b>	<b>Definition</b>
Pollution prevention	Reducing or eliminating waste at the source by modifying production processes, promoting the use of nontoxic or less-toxic substances, implementing conservation techniques, and reusing materials rather than putting them into the waste stream
State Water Resources Control Board (SWRCB)	The agency responsible for promulgating the California General Permit for Storm Water Discharge Associated with Industrial Activities and the Permit for Storm Water Discharge Associated with Construction Activities. At Berkeley Lab, these permits are administered and enforced by the San Francisco Regional Water Quality Control Board, with assistance from the City of Berkeley.
U.S. Environmental Protection Agency (EPA)	A federal agency responsible for enforcing environmental laws. In California, some of this responsibility is typically delegated to state and local regulatory agencies.

## G. Recordkeeping Requirements

Storm-water sampling results are maintained by the Environmental Services Group.

## H. Implementing Documents

Document number	Title	Type
07.09.007.001	Storm Water Pollution Prevention	Program
07.09.007.002	Work Process A, General Requirements	Process
07.09.007.003	Alternative Storm Water Monitoring Plan	Plan
07.09.007.004	Storm Water Pollution Prevention Plan for the Lawrence Berkeley National Lab	Plan
07.09.007.005	Storm Water Pollution Prevention Plan for Old Town Demolition and Environmental Restoration	Plan
07.09.007.006	Storm Water Pollution Prevention Plan for Seismic Phase II Project	Plan
07.09.007.007	Storm Water Pollution Prevention Plan for Building 90 User Test Bed Facility	Plan
07.09.007.008	Storm Water Pollution Prevention Plan for Computational Research and Theory Facility	Plan
07.09.007.009	Storm Water Pollution Prevention Plan for Solar Energy Research Center (SERC)	Plan
07.09.007.010	Environmental Monitoring Plan (storm-water discharge section)	Plan
07.09.007.011	ESG Procedure 200, Environmental Reporting and Correspondence	Procedure
07.09.007.012	ESG Procedure 201, Environmental Permitting	Procedure
07.09.007.013	ESG Procedure 206, On-Site Analysis of Environmental Samples	Procedure
07.09.007.014	ESG Procedure 252, Data Quality Objectives and Assessment	Procedure
07.09.007.015	ESG Procedure 254, Sample Processing , Packaging, and Transport	Procedure
07.09.007.016	ESG Procedure 256, ESG Database Verification and Validation	Procedure
07.09.007.017	ESG Procedure 260, Sampling Unauthorized Non-Stormwater Discharges	Procedure
07.09.007.018	ESG Procedure 263, Surface Water Sampling	Procedure
07.09.007.019	ESG Emergency Response Protocol for Sewage and Potable Water Releases.	Procedure

## I. Contact Information

[Storm Water Discharges Subject Matter Expert](#)  
 Environmental Services Group  
 EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	T. Bauters	Rewrite for wiki (brief)	All	Minor
8/2/2013	1	R.Fox	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Storm Water Pollution Prevention
Document number	07.09.007.000
Revision number	1
Publication date:	8/2/2013
Effective date:	8/2/2013
Next review date:	8/2/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Section 11.3.12 moved to Chapter 57

## Driving Requirements

- 33 United States Code Ch 26, 1311 et seq., Clean Water Act
- 42 USC, Chapter 103 Section 9601 et seq., Comprehensive Environmental Response Compensation and Liability Act, as amended
- 42 USC, Chapter 133, 13101-13109 Pollution Prevention Act of 1990
- 40 CFR 110, 112, 116, 117, 122, 136, 300, 302, 355, 372, 401
- CCR Title 23 CCR Division 3, Chapter 9, Waste Discharge Reports and Requirements, and Chapter 9.2 Sections 2250, 2251, 2260, Reportable Quantities and Reporting Requirements, discharges of non-AEA to waters of the state
- California Health and Safety Code, Division 5 Sections 5410, 5411, and 5411.5, Reporting Discharges of sewage or other waste to the waters of the state
- California Health and Safety Code, Division 20 Chapter 6.67, Aboveground Storage of Petroleum, to the extent involving discharges or potential discharges to waters of the state
- California Water Code, Division 7, Water Quality, to the extent involving discharges or potential discharges of non AEA materials to waters of the state
- SWRCB Water Quality Order #2006-003-DWQ Statewide General Waste Discharge Requirements for Sanitary Sewer Systems
- SWRCB Water Quality Order #97-003-DWQ Statewide General Permit Requirements for Stormwater Discharges Associated with Industrial Activity
- SWRCB Water Quality Order #99-008-DWQ Statewide General Permit for Construction Stormwater Discharges
- Berkeley Municipal Code 17.20, City of Berkeley, Discharge of Non-Storm Water into the City's Storm Drain System—Reduction of Storm Water Pollution (except discharges of Atomic Energy Act materials)
- Oakland Municipal Code Ordinance 12024, City of Oakland, Creek Protection, Storm Water Management, and Discharge Control, (except discharges of Atomic Energy Act materials)
- Section 438 of the Energy Independence and Security Act of 2007 (EISA),
- EPA SW 846 Test Methods for Evaluating Solid Waste
- Standard Methods for the Examination of Water and Wastewater
- California Health and Safety Code Sections, 25270, 25501, 25503 and 25507
- California Water Code Sections 13260, 13267, 13271 and 13273

## Implementing Documents

<b>Document number</b>	<b>Title</b>	<b>Type</b>
07.09.007.001	Storm Water Pollution Prevention	Program
07.09.007.002	Work Process A, General Requirements	Process
07.09.007.003	Alternative Storm Water Monitoring Plan	Plan
07.09.007.004	Storm Water Pollution Prevention Plan for the Lawrence Berkeley National Lab	Plan
07.09.007.005	Storm Water Pollution Prevention Plan for Old Town Demolition and Environmental Restoration	Plan
07.09.007.006	Storm Water Pollution Prevention Plan for Seismic Phase II Project	Plan
07.09.007.007	Storm Water Pollution Prevention Plan for Building 90 User Test Bed Facility	Plan
07.09.007.008	Storm Water Pollution Prevention Plan for Computational Research and Theory Facility	Plan
07.09.007.009	Storm Water Pollution Prevention Plan for Solar Energy Research Center (SERC)	Plan
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07.09.007.011	ESG Procedure 200, Environmental Reporting and Correspondence	Procedure
07.09.007.012	ESG Procedure 201, Environmental Permitting	Procedure
07.09.007.013	ESG Procedure 206, On-Site Analysis of Environmental Samples	Procedure
07.09.007.014	ESG Procedure 252, Data Quality Objectives and Assessment	Procedure
07.09.007.015	ESG Procedure 254, Sample Processing , Packaging, and Transport	Procedure
07.09.007.016	ESG Procedure 256, ESG Database Verification and Validation	Procedure
07.09.007.017	ESG Procedure 260, Sampling Unauthorized Non-Stormwater Discharges	Procedure
07.09.007.018	ESG Procedure 263, Surface Water Sampling	Procedure
07.09.007.019	ESG Emergency Response Protocol for Sewage and Potable Water Releases.	Procedure

# Sustainability Standards for New Construction

## Brief

Title:	Sustainability Standards for New Construction
Publication date:	9/18/2013
Effective date:	9/18/2013

## BRIEF

### Policy Summary

This policy identifies sustainability standards for new facilities construction at Berkeley Lab. New facilities construction presents a unique opportunity to pursue integrated, performance-driven designs to minimize energy use and other environmental impacts associated with buildings at the lowest possible cost. The purpose of this policy is to:

1. Reduce constraints on growth of Laboratory research
2. Establish a practical path to comply with federal and University of California (UC) sustainability requirements
3. Drive continuous improvement in the area of high-performance, low-cost building design that is consistent with the leadership position demonstrated by Berkeley Lab research
4. Minimize life-cycle costs within the constraints of capital budgets
5. Provide leadership and support for state climate-related policy and strategic goals for greenhouse gas emissions reduction

### Who Should Read This Policy

This policy applies to persons involved with the management of new building construction projects undertaken by the Laboratory. Section D.14, *Large Procurements*, in the POLICY tab of this policy also applies to persons involved with the procurement of major energy-consuming equipment or systems. This policy does not apply to persons involved with renovations (major or minor), retrofits, or installation of temporary structures.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Chief Sustainability Officer  
Directorate  
[sbl@lbl.gov](mailto:sbl@lbl.gov)

## Policy

Title:	Sustainability Standards for New Construction
Publication date:	9/18/2013
Effective date:	9/18/2013

## POLICY

### A. Purpose

This policy identifies sustainability standards for new facilities construction at Berkeley Lab. New facilities construction presents a unique opportunity to pursue integrated, performance-driven designs to minimize energy use and other environmental impacts associated with buildings at the lowest possible cost. The purpose of this policy is to:

1. Reduce constraints on growth of Laboratory research
2. Establish a practical path to comply with federal and University of California (UC) sustainability requirements
3. Drive continuous improvement in the area of high-performance, low-cost building design that is consistent with the leadership position demonstrated by Berkeley Lab research
4. Minimize life-cycle costs within the constraints of capital budgets
5. Provide leadership and support for state climate-related policy and strategic goals for greenhouse gas emissions reduction

## B. Persons Affected

This policy applies to persons involved with the management of new building construction projects undertaken by the Laboratory. Section D.14, *Large Procurements*, below, also applies to persons involved with the procurement of major energy-consuming equipment or systems. This policy does not apply to persons involved with renovations (major or minor), retrofits, or installation of temporary structures.

## C. Exceptions

Exceptions to this policy require formal approval by the Laboratory Director. Exceptions are expected to be rare and not violate the spirit of the policy.

## D. Policy Statement

1. **Living Laboratory.** Berkeley Lab will strive to cultivate a living laboratory in its buildings to:
  - a. Support, strengthen, and apply research
  - b. Ensure that new knowledge is systematically generated to inform future projects or improve current operations
  - c. Collect information on how a building performs relative to initial goals as an important feedback to future designs
2. **Energy Efficiency – Whole Building Performance Targets.** Building designs must meet whole-building energy performance targets based on type of use. A committee will develop specific whole-building performance targets based on guidance from the Laboratory Director's *Committee Consensus Policy Recommendations – Sustainability Standards for New Construction* (see Other References in the Document Information tab of this policy), along with reference to comparable facilities and other applicable data. Targets will initially be less than half of typical equivalent facilities benchmarked to average energy use at the turn of the millennium. Efficiency targets will be made more stringent over time following demonstrated practical achievement of initial targets, and recognizing efficiency-enabling technology advancements. Design teams must prepare energy models to confirm compliance with targets. Models are to be developed beginning at schematic design or Critical Decision 2 (CD-2), updated with building program and material changes at end of design and end of construction administration, and represent the best estimate of as-operated building energy use and peak demands, before accounting for on-site energy generation. Targets are intended to be verifiable in actual operation.
3. **Energy Efficiency – Code Compliance.** In addition to meeting whole-building performance targets, building designs must demonstrate energy performance 30% lower than the maximum allowed by ASHRAE 90.1-2010, before accounting for on-site energy generation. This requirement will be revisited with each new code release. Current California Title 24 may be designated as an alternate code reference for energy performance requirements by the building design and construction project manager.
4. **Energy Efficiency – Mechanical Systems.** Refrigeration cycle-based cooling may be employed in office and other low-heat-load spaces built in the mild Berkeley climate only after all other options are proven to be inadequate. An example of measures to provide appropriate space temperatures during warm weather to be pursued before refrigeration cycle-based cooling include:
  - a. Building orientation where possible
  - b. Careful window and envelope design
  - c. Shading and thermal mass
  - d. Reductions in internal thermal loads from lighting and equipment
  - e. High-performance glazing
  - f. High R-value for insulation
  - g. Pre-cooling with nighttime outside air
  - h. Occupant-controlled or automated natural ventilation
  - i. Low-energy means to improve personal comfort (such as ceiling fans)
  - j. Evaporative cooling including cooling towers (waterside economizers)
5. **Energy Efficiency – Lighting Systems.** Lighting circuits and lighting controls must be designed to allow for separate control for any area with a distinct occupancy pattern. Exterior and interior lighting controls must be installed consistent with mandatory requirements in the 2013 nonresidential California energy building code (Title 24). These requirements involve multilevel lighting controls, demand-response controls, automatic daylighting controls, occupant-sensing controls, security and egress lighting, secondary interior spaces, exterior luminaires, exterior building facade and ornamental hardscape lighting, and glare control.



6. **Renewables.** In an effort to support a 100% renewable energy goal for all new office and laboratory facilities, and after pursuing aggressive energy efficiency through the policies above, new building projects should pursue on-site renewable energy generation, direct interest in off-site renewable generation, or purchase of green power products. In keeping with federal requirements, renewable generation must be designed to generate at least 7.5% of the estimated project energy consumption from a renewable energy source. New projects must at a minimum be solar ready, i.e., designed to the maximum extent feasible to enable the installation of solar photovoltaic and heating systems even if they are installed after the building is constructed. Project-specific renewable energy goals will be defined as a Key Performance Parameter at the time the project is baselined for CD-2.
7. **Green Building.** Building designs for projects exceeding \$5 million must achieve a minimum LEED Gold certification and where applicable meet at least the prerequisites of the Laboratories for the 21st Century (Labs21) or Environmental Performance Criteria (EPC) for Data Centers. For high-energy mission-specific facilities (HEMSFs), non-office and non-laboratory portions of the project without directly applicable LEED or EPC criteria may be excluded from the project submitted for certification, consistent with U.S. Green Building Council guidance.
8. **Waste Minimization and Diversion.** Building designs must comply with a zero-waste action plan that will be developed for each project by the Berkeley Lab Chief Sustainability Officer. Construction waste diversion of 90% (by weight) must be targeted and a minimum achievement of 75% (by weight) of construction waste must be diverted from the landfill.
9. **Water.** All new construction projects must achieve the following credits that are not currently required as prerequisites within the LEED rating system:
  - a. Water-use reduction (WEc3) for 30–40% fixture savings
  - b. Water-efficient landscaping (WEc1) designed to not require irrigation after an initial establishment period of 18 months
  - c. Process water efficiency (EPC Cr 4) that requires documentation of baseline annual process water use and process wastewater generation and implementation of strategies to reduce 20% from baseline
10. **Transportation.** All new construction projects must:
  - a. Achieve the alternative transportation (SSc4.2) credit within the LEED rating system for bicycle storage, showers, and changing rooms (currently voluntary within LEED and not required as a prerequisite)
  - b. Be served by the Berkeley Lab shuttle system or other means to reduce vehicle parking requirements
11. **Metering.** Interval metering is required to confirm as-operated building performance. Meters are to be integrated to an electronic system that will allow ongoing monitoring of metered data. Interval metering is required for:
  - a. Each energy commodity at the building level (electricity, natural gas, delivered chilled water, delivered hot water, delivered steam)
  - b. Inputs and outputs to major energy-using systems (chiller plants, boiler plants, water-heating systems) sufficient to calculate operational efficiencies
  - c. Electricity end-use metering (which can be achieved cost-effectively if electrical circuits are separated by end-use and metering is specified as part of the electrical breaker) for the categories of HVAC (heating, ventilation, and air conditioning), lighting, plug loads, significant atypical loads (including high-performance computing clusters, data centers, server rooms, commercial kitchens, high-energy mission-specific facilities, and other (i.e., all remaining loads))
  - d. On-site generation, such as renewable electric or thermal systems
  - e. Water end-use metering for the categories of potable water, hot water, industrial water, and cooling tower makeup
12. **Metrics.** The following information will be documented by design teams for each building design:
  - a. Most likely maximum (MLM) loads, design loads, and lowest partial load conditions assumed for the mechanical, electrical, and plumbing basis of design.
    - i. For all equipment and subsystems, the applied margins of safety between the MLM and the design conditions must be reviewed to ensure that they represent an appropriate balance between extra capacity and the available budget.
  - b. Solar-ready on-site renewable generation potential per building (annual kWh or MMBtu/gsf)
    - i. This number will be maintained going forward along with actual project generation.
13. **Reporting.** The Chief Sustainability Officer will collaborate with site contacts to compile an annual performance report that includes as-operated performance in comparison to whole-building performance targets and metering points identified in Section D.11, *Metering*, of this policy. All underlying data will be made transparent and available.
14. **Large Procurements.** Award of procurement contracts for major energy-consuming equipment or systems (i.e., expected use greater than 1,000 MWh or 3,412 MMBtu annually), which includes high-performance computing clusters) must consider a life-cycle cost that includes estimated energy cost over the useful life of the equipment.
15. **Peer Reviews.** External peer reviews, managed by the Senior Project Manager, are required for mechanical, electrical, and plumbing designs to confirm compliance with this policy.

## E. Roles and Responsibilities

Role	Responsibility
Facilities Division Director	Implements this policy
Chief Sustainability Officer	<ul style="list-style-type: none"> <li>Assesses consistency or conflict with this policy at all major project milestones, including design team selection, input and review of schematic and detailed design, value engineering, construction, and commissioning</li> <li>Coordinates and prepares Zero Waste Action Plans</li> <li>Reports annually as defined in <a href="#">Section D.13</a> of this policy</li> </ul>
New Building Senior Project Director	After each new building project has been commissioned for occupancy, provides an update to the Laboratory Director that includes: (1) a summary of project performance with respect to the policy, (2) successes and challenges in implementing the policy, and (3) an assessment of the effectiveness and cost-appropriateness of the policy with suggestions for improvement
Laboratory Director	As needed, convenes a committee to update the policy

## F. Definitions/Acronyms

Term	Definition
High-energy mission-specific facility (HEMSF)	High-energy mission-specific facilities (HEMSFs) are defined by the U.S. Department of Energy. HEMSFs are separately constructed missionspecific facilities, such as accelerators (particle and light sources), reactors (fusion and fission), high-performance computers, high-performance lasers and similar facilities, and the closely coupled conventional facilities necessary for their operations.
Living laboratory	A living laboratory refers to an operational built environment in which applied research projects are conducted. The intent of a living laboratory is to ground research questions in a relevant operational context and enable quicker adoption of new techniques to achieve operational goals.
Major energy-consuming equipment or systems	Major energy-consuming equipment or systems are equipment or collections of equipment operating together that use greater than 1,000 MWh or 3,412 MMBtu annually, including high-performance computing clusters.
LEED rating system	LEED or Leadership in Energy and Environmental Design is a program that provides third-party verification of green buildings. Building projects satisfy prerequisites and earn points to achieve different levels of certification. Prerequisites and credits differ for each rating system. The rating system referenced by this policy is LEED 2009 for New Construction and Major Renovations.
Solar-ready	Solar-ready is defined as a building design that includes key aspects to enable solar photovoltaic and heating systems at some time after the building is constructed. For guidance, see the <i>Solar Ready Buildings Planning Guide</i> (NREL/TP-7A2-46078). Solar-ready includes steps to define a viable third-party (or self-financed) renewable energy project within the project boundary and steps to lower the cost of the project, such as orienting structures for maximum energy generation potential, maximizing free rooftop or parking-lot space, and providing open conduit and breaker space.
Zero Waste Action Plan	<p>A written plan that:</p> <ol style="list-style-type: none"> <li>Includes an estimate of the weight and volume of all waste streams, including at least solid waste (where construction and demolition waste is tracked separately from routine waste), medical waste, and hazardous waste</li> <li>Targets zero waste for solid waste, and encourages waste minimization and diversion for all waste streams</li> <li>Describes the management approach for each waste stream</li> <li>Describes how the building design supports the chosen management approaches for each waste stream</li> <li>Identifies further actions necessary to support the action plan</li> <li>Establishes diversion metrics to be reported</li> </ol>

## G. Recordkeeping Requirements

See [Section D.13, Reporting](#), of this policy.

## H. Implementing Documents

Not applicable

## I. Contact Information

Chief Sustainability Officer  
Directorate  
sbl@lbl.gov

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/18/2013	0	J. Elliott	New	All	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Sustainability Standards for New Construction
Document number	09.01.004.000
Revision number	0
Publication date:	9/18/2013
Effective date:	9/18/2013
Next review date:	9/18/2016
Policy Area:	Major Construction
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	None
Functional Division	Sustainability Office
Prior reference information (optional)	None

## Source Requirements Documents

- Federal sustainability requirements contained in EO 13514, EISA 2007, EO 13423, and EPACT 2005
- UC Sustainable Practices Policy, effective August 22, 2011, and specific requirements found at <http://sustainability.universityofcalifornia.edu/policy.html>
- DOE O 436.1, Departmental Sustainability
- Contract 31, Clause I.139 (EO 13423)
- Contract 31, Clause I.140, DEAR 970.5223-7, Sustainable Acquisition Program (Sep 2010)
- Contract 31, Clause I.138, DEAR 952.223-78 Sustainable Acquisition Program (Sep 2010)

## Other References

- Laboratory Director's Committee Consensus Policy Recommendations – Sustainability Standards for New Construction, February 2013.

## Implementing Documents

Not applicable

# Teaching or Other Services for University of California

## Brief

Title:	Teaching or Other Services for University of California
Publication date:	2/26/2013
Effective date:	12/2009

## BRIEF

### Policy Summary

This policy provides information and guidance for Berkeley Laboratory employees who are considering either teaching or providing any work/service at a University of California (UC) location. Under no circumstances should an employee's combined appointments from the Lab and UC locations exceed 100 percent.

### Who Should Read This Policy

- This policy applies to all employees, except for Faculty appointment employees, who are considering either teaching a course or seminar or providing any work/service at a UC location.
  - This policy does apply to Lab employees with an adjunct faculty appointment at a UC location.
- Employees who are represented by an exclusive bargaining agent should refer to their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

[http://www.lbl.gov/Workplace/RPM/R10.02\\_tableE.html](http://www.lbl.gov/Workplace/RPM/R10.02_tableE.html)

### Contact Information

For more information, contact your [division's Human Resources Center](#).  
Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Teaching or Other Services for UC
Publication date:	2/26/2013
Effective date:	12/2009

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

[http://www.lbl.gov/Workplace/RPM/R10.02\\_tableE.html](http://www.lbl.gov/Workplace/RPM/R10.02_tableE.html)

## Contact Information

For more information, contact your [division's Human Resources Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
2/26/2013	0	M. Bello	Post Brief with link to old		Minor

## Document Information

## DOCUMENT INFORMATION

Title:	Teaching or Other Services for UC
Document number	02.06.010.000
Revision number	0
Publication date:	2/26/2013
Effective date:	12/2009
Next review date:	
Policy Area:	
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Appendix I: Table 10.02 (E)
Functional Division	Human Resources, RIIO
Prior reference information (optional)	

## Source Requirements Documents

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Technical Area Designation Policy

## Brief

Title:	Technical Area Designation Policy
Publication date:	2/21/2014
Effective date:	2/21/2014

## BRIEF

### Policy Summary

Technical Area Designation is intended to facilitate communication between the technical area contact person (e.g., area safety leader, facility manager, lab lead PI, work lead) and non-resident worker(s), regarding hazards that are associated within the workplace operation(s)/experiment(s) (i.e., not building/facility infrastructure).

### Who Should Read This Policy

Berkeley Lab employees and affiliates who have been identified by their division as the technical area contact person

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[EHS Technical Program Deputy](#)

## Policy

Title:	Technical Area Designation Policy
Publication date:	2/21/2014
Effective date:	2/21/2014

## POLICY

### A. Purpose

Technical Area Designation is intended to facilitate communication between the technical area contact person (e.g., area safety leader, facility manager, lab lead PI, work lead) and non-resident worker(s) regarding hazards that are associated within the workplace operation(s)/experiment(s) (i.e., not building/facility infrastructure).

### B. Persons Affected

Berkeley Lab employees and affiliates who have been identified by their division as the technical area contact person

### C. Exceptions

There are no exceptions to this policy. All divisions must maintain a current list of all hazardous technical areas and contact persons for those technical areas.

### D. Policy Statement

Divisions must identify technical areas in which work environment hazards exist that could potentially adversely affect worker health or safety (e.g., result in worker injury or sickness) if there is a potential for a worker to be exposed to hazards, which include radiological, chemical, industrial, biological, and other types of hazards. Divisions must identify a contact person and backup for each technical area designated as hazardous. The contact person must have sufficient knowledge of hazards and controls associated with the operation(s)/experiment(s) (i.e., not hazards and controls associated with the building/facility infrastructure) within the area to communicate those hazards and controls to non-resident workers. Divisions must maintain technical area location and contact person information in an accessible technical area institutional database.

The Technical Area Designation process is intended to facilitate communication between the technical area contact person (e.g., area safety leader, facility manager, lab lead PI, work lead) and non-resident workers coming into that area to carry out assigned work. The primary purpose is to facilitate the technical area contact person's communication with non-resident workers of hazards and controls associated with operations/processes/experiments (not including those associated with building/facility infrastructure) carried out in the technical area. A second purpose is to facilitate communication between the technical area contact person and non-resident workers to ensure the integrity of processes, experiments, and equipment in the technical area.

## D.1 Division-Specific Requirements

Divisions providing services performed by non-resident workers will have access to technical area location and contact person information. Divisions incorporate technical area information into their work planning and control following a risk-based approach. Before its workers enter a technical area, a division may require that the division assigned to that location release the space for the work scope performed by the non-resident workers (e.g., Facilities Division Work Order process).

## E. Roles and Responsibilities

Role	Responsibilities
Technical area contact person	<ul style="list-style-type: none"> <li>Maintains sufficient knowledge of hazards associated with the technical area's operation(s)/experiment(s) (i.e., not building/facility infrastructure) to communicate those hazards with non-resident worker(s)</li> </ul>
Division directors	<ul style="list-style-type: none"> <li>Ensure all spaces assigned to that division are evaluated for hazards and technical area designation</li> <li>Ensure all division hazardous technical areas are identified and current in the institutional technical area database</li> <li>Ensure that a contact person is assigned for each hazardous technical area and identified in the technical area institutional database</li> </ul>
Facilities Division Director	<ul style="list-style-type: none"> <li>Maintains institutional software, procedures, and other support tools necessary for divisions to maintain technical area and technical area contact person information in the institutional technical area database</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Technical areas	Technical areas generally include laboratories, shops, workrooms, and similar areas. Offices, conference rooms, food preparation, and consumption areas such as the cafeteria, kitchenettes, and break rooms are generally not technical areas.
Technical area contact person	The individual assigned by the division who has sufficient knowledge of hazards associated with the technical area's operation(s)/experiment(s) (i.e., not building/facility infrastructure) to communicate those hazards with non-resident worker(s). The technical area contact person may also be an area safety leader, manager, supervisor, or work lead.
Worker – resident	<p>A resident worker is one performing work in a space under the control of the worker's work lead.</p> <p>A matrixed employee working in the host division technical area is generally considered a resident worker since that worker typically receives daily direction from the host group, department, or division.</p>
Worker – non-resident	A non-resident worker is one performing work in a space not under the control of the worker's work lead.
Work lead	A work lead is anyone who directs, trains, and/or oversees the work and activities of one or more workers. Work leads provide instruction on working safely and the precautions necessary to use equipment and facilities safely and effectively. Work leads do not need to be line managers, HEERA-designated supervisors, or Berkeley Lab employees.
Work release	An approval for a non-resident worker to access and perform work in a Berkeley Lab space



## G. Recordkeeping Requirements

None

## H. Implementing Documents

[Technical Area Designation / Facilities Work Release System](#)

## I. Contact Information

[EHS Technical Program Deputy](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
2/21/2014	0	M. Flynn	Initial release	all	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Technical Area Designation Policy
Document number	07.02.005.000
Revision number	0
Publication date:	2/21/2014
Effective date:	2/21/2014
Next review date:	2/21/2017
Policy Area:	Hazard Analysis & Work Authorization Programs
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	none

## Source Requirements Documents

- 10 CFR 851, *Worker Safety and Health*

## Other Driving Requirements

- LBNL Senior Management Requirement

## Implementing Documents

Document number	Title	Type
n/a	<a href="#">Technical Area Designation / Facilities Work Release System</a>	System

# Technology Transfer Courses - Financial Management

Title:	Technology Transfer Courses - Financial Management
Publication date:	1/2/2012
Effective date:	12/15/2011

## BRIEF

### Policy Summary

This policy prescribes guidelines for the financial management of Berkeley Lab Technology Transfer courses, including project setup, revenues, other financing sources, expenses, and closeout activities.

Each Technology Transfer course will be evaluated to ensure consistency with the Berkeley Lab mission before any costs are incurred and work is performed.

### Who Should Read This Policy

Any employee responsible for the financial management of Technology Transfer courses offered by Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Technology Transfer Licensing Manager](#)

[Indirect Budget Manager](#)

Title:	Technology Transfer Courses - Financial Management
Publication date:	1/2/2012
Effective date:	12/15/2011

## POLICY

### A. Purpose

This policy prescribes guidelines for the financial management of Technology Transfer courses offered by Lawrence Berkeley National Laboratory (Berkeley Lab), including project setup, revenues, other financing sources, expenses, and closeout activities.

### B. Persons Affected

Any employee responsible for the financial management of Technology Transfer courses offered by Berkeley Lab

## C. Exceptions

None

## D. Policy Statement

1. Each Technology Transfer course will be evaluated to ensure consistency with Berkeley Lab's mission before any costs are incurred and work is performed.
2. **Revenues:** Technology Transfer courses may be funded from a number of external sources, including registration fees, to offset costs of developing course material and providing the course. All receipts will be deposited into the non-DOE Bank Account.
3. **Other Financing Sources:** In the event of a project cost overrun, funds must be provided from the sponsor's division royalty-income allocation. If the division's royalty-income allocation is insufficient to cover the cost over-run, the division director of the sponsoring organization will prepare a formal request to the Laboratory Director to obtain institutional royalty income.
4. **Expenses**
  - a. All course disbursements are drawn on the Non-DOE Bank Account via a transfer of funds by General Accounting.
  - b. **Allowable Costs**
    - i. Berkeley Lab scientific and support staff labor required to develop, administer, and present the course
    - ii. Recharges associated with holding the event on site (e.g., space rental, conference services, facilities support, computer support, and others)
    - iii. Appropriate funds and fees may be used for but are not limited to the following:
      1. Rental charges incurred for off-site meeting facilities or necessary equipment (e.g., poster boards, computers, audiovisual equipment and support)
      2. Announcements, programs, proceedings, summaries, or other publications issued in connection with the meeting
      3. Expenses paid for speakers (e.g., registration fees, honoraria, travel)
      4. Credit card usage fees
      5. Transportation to and from the meeting facilities or tours scheduled as part of the program and not as entertainment
      6. Modest meals and light refreshments at breaks when: (1) the meals or refreshments are an integral part of the business agenda; (2) attendance is necessary for full participation in the business of the course; and (3) attendees are not free to take meals or refreshments elsewhere without being absent from essential course discussions, lectures, or speeches
  - c. **Unallowable Costs**
    - i. The course sponsor must comply with restrictions on expenditures of funds. The course project shall incur costs consistent with the Laboratory's Cost Allowability policy with business justification and approval by Conference Services as consistent with University policy. Examples of typical costs that may not be incurred without specific authorization are:
      1. Alcoholic beverages
      2. Entertainment, including but not limited to bands, entertainers, banquets, social events, and tours not associated with the technical purpose of the meeting
      3. Decorative items, including flowers and balloons
  - d. **External Charges**
    - i. To pay invoices to or reimburse off-site vendors, hotels, or facilities, submit a [Request for Issuance of Check \(RFIC form\)](#) to Disbursements (Accounts Payable). Attach supporting documentation, including the invoice or detailed paid receipt, business justification, and cost analysis. The course sponsor should retain copies of the form and documentation.
  - e. **Indirect Costs**
    - i. Technology Transfer course projects will be charged all applicable indirect costs. Costs accumulated under Technology Transfer course projects are not included in the General and Administrative (G&A) allocation base and will not be allocated G&A expenses.
5. **Procedures**
  - a. **Division**
    - i. Ensures the course is important to the Laboratory's programs and consistent with the Laboratory's technology transfer mission
    - ii. Prepares the [Course Request & Authorization form](#), which includes a description of purpose, objectives, and a budget of expected revenues and costs. This budget and other course information is sent to the Technology Transfer Department

Licensing Manager for approval. After approval is received, the information and approval is sent to Conference Services for final approval.

- iii. Sets up the appropriate Project ID in the Financial Management System (FMS). Notifies Conference Services of the new project.
- iv. After the project is open, charges costs of conducting the course to the project
- v. Tracks the course's income and expenses, and strives to assure that costs equal revenue
- vi. When all conference revenues and expenses are recorded, notifies Conference Services that the conference is ready for closeout
- vii. Prepares a memo to the Technology Transfer Department Head summarizing the course. This memo should include but is not limited to: participants list, evaluation forms, discussion on highlights, benefits, and results of the course.
- viii. Sets up a Project ID beginning with "18493C" in the Financial Management System (FMS). Notifies Conference Services of the new project.
- ix. Determines whether the division or the institution will receive the major benefit from the course. The project is assigned the appropriate Department ID based on this determination.
- x. Ensures the Budget Office opens the project

**b. Conference Services**

- i. Works with the divisions to formulate a budget for the course
- ii. Reviews and approves the [Course Request & Authorization form](#)
- iii. Once a Project ID is opened by the Budget Office, prepares the registration Web site and forwards the Web site URL to the division
- iv. Accepts and processes registration fees
- v. Works with the divisions and General Accounting to close out the course project

**c. Technology Transfer**

- i. Provides oversight of event activities to ensure the event is important to Laboratory programs and consistent with the Laboratory's mission in technology transfer
- ii. Reviews the [Course Request & Authorization form](#) and provides approval notification to Conference Services and the division via e-mail

**d. General Accounting**

- i. Receives and processes registration fees from attendees in FMS through the RegOnline Web-based service used by the Laboratory
- ii. After the course is completed and all related invoices are paid, determines in conjunction with Conference Services if the project is underrun (revenues > costs), or overrun (revenues < costs)
- iii. If a project is underrun, the residual will be credited to the division based on the project's Department ID and amount. Only nominal underruns are retained by the divisions; large underruns are credited to the institution's royalty income.
- iv. If a project is overrun, the deficit will be charged to the division based on Department ID to remove the deficit. Transfers of overruns to divisions are subject to available funding; institutional royalty income will cover amounts in excess of what the divisions cannot cover.
- v. Closes the project after the final resource adjustment is made

## E. Roles and Responsibilities

Managers, supervisors, and employees must adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
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11.01.019.005	Request for Issuance of Check (RFIC) form	Form
11.01.017.001	Course Request & Authorization form	Form

## I. Contact Information

Technology Transfer Licensing Manager  
Indirect Budget Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Technology Transfer Courses - Financial Management
Document number	11.01.017.000
Revision number	1
Publication date:	1/2/2012
Effective date:	12/15/2011
Next review date:	12/15/2013
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.46
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.46

## Source Requirements Documents

DEAR 970.5227-3, *Technology Transfer Mission*

## Implementing Documents

Document number	Title	Type
11.01.019.005	Request for Issuance of Check (RFIC) form	Form
11.01.017.001	Course Request & Authorization form	Form

## Other References

Document number	Title	Type
11.07.004.000	Cost Allowability Policy	Policy

# Technology Transfer Ombudsman

Title:	Technology Transfer Ombudsman
Publication date:	9/14/2012
Effective date:	11/20/2009

## BRIEF

### Policy Summary

The Technology Transfer and Intellectual Property Management (TTIPM) Department will provide a Technology Partnership Ombudsman to help resolve complaints from outside organizations about policies and actions with respect to technology partnerships (e.g., Cooperative Research and Development Agreements [CRADAs]), patents owned by Berkeley Lab, and technology licensing.

### Who Should Read This Policy

- Berkeley Lab researchers who work with non-DOE sponsors
- TTIPM and OSPIP staff
- All outside organizations interested in Berkeley Lab technology

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Department Head  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

Title:	Technology Transfer Ombudsman
Publication date:	9/14/2012
Effective date:	11/20/2009

## POLICY

### A. Purpose

The Technology Transfer and Intellectual Property Management (TTIPM) Department will provide a Technology Partnership Ombudsman (Ombuds) to help resolve complaints from outside organizations about policies and actions with respect to technology partnerships (e.g., Cooperative Research and Development Agreements [CRADAs]), patents owned by Berkeley Lab, and technology licensing.

### B. Persons Affected

- Berkeley Lab researchers who work with non-DOE sponsors
- TTIPM and OSPIP staff
- All outside organizations interested in Berkeley Lab technology

### C. Exceptions

No exceptions

### D. Policy Statement

1. The Ombuds is a designated neutral party whose services are confidential and resolution-focused. The Ombuds provides an informal means of communication and complaint resolution between industry and Berkeley Lab regarding licensing, CRADAs, and other technology-transfer issues.
2. The mission of the Ombuds is to facilitate communication and problem solving between industry and Berkeley Lab as well as to help businesses understand the complaint-resolution processes already in place at Berkeley Lab. The Ombuds encourages resolution at the Berkeley Lab division, department, or other work group closest to or at the origin of the complaint.
3. The Ombuds does not handle contract negotiation or other legal issues, act as a decision maker, draw conclusions, formally investigate, or make formal recommendations or findings of fact. The Ombuds does not replace, override, or influence formal review or appeal mechanisms, or serve as an intermediary when legal action is involved or when legal counsel represents a party.

### E. Roles and Responsibilities

Role	Responsibility
Ombuds	<ul style="list-style-type: none"> <li>• Provides an informal means of communication and complaint resolution between industry and the Laboratory</li> <li>• Provides quarterly reports to the Department of Energy</li> </ul>
Deputy Laboratory Director	Receives reports from the Ombuds
Technology Transfer and Intellectual Property Management Department Head	<ul style="list-style-type: none"> <li>• Refers individuals or companies with unresolved concerns to the Ombuds</li> <li>• Receives advice from the Ombuds</li> </ul>

### F. Definitions/Acronyms

Term	Definition
Cooperative Research and Development Agreement (CRADA)	An agreement between the University of California and one or more non-Federal participants under which the government (through Berkeley Lab) provides personnel services, facilities, equipment, intellectual property, or other resources (with or without reimbursement) and the non-Federal parties provide funds, personnel, services, facilities, equipment, intellectual property, or other resources (with or without reimbursement) towards the conduct of specified research or development efforts that are consistent with the mission of the Laboratory
Invention	A new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement that is patentable under the laws of the U.S. or a foreign country. Certain software may be a patentable invention.



Intellectual Property	Intellectual property (IP) refers to creations of the mind: inventions, creative, literary and artistic works, and symbols, names, images, and designs used in commerce. The means to protect IP include patents, trademarks, copyright, and trade secrets. Patents protect inventions. Trademarks protect words, names, symbols, sounds, or colors that distinguish goods and services. Copyrights protect works of authorship, such as writings, software, music, and works of art that have been tangibly expressed. Trade secrets are information that companies keep secret to give them an advantage over their competitors. While Berkeley Lab has discretion to secure and license patents, trademarks, and copyrights, it is prohibited by DOE policy from licensing trade secrets.
License	Agreement to authorize a use (such as copying software or using a patented invention) to a licensee
OSPIP	Office of Sponsored Projects and Industry Partnerships
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles Example: Berkeley Lab Site Access
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

Because the Ombuds is a neutral and independent facilitator, he/she must keep all records. A quarterly report is sent to the DOE Technology Transfer Coordinator.

## H. Implementing Documents

None

## I. Contact Information

Department Head  
 Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Clark	Rewrite for wiki	All	Minor
9/14/2012	1	H. Clark	Rewrite for wiki (policy)	All	Minor

## DOCUMENT INFORMATION

Title:	Technology Transfer Ombudsman
Document number	03.05.001.000

Revision number	1
Publication date:	9/14/2012
Effective date:	11/20/2009
Next review date:	9/14/2015
Policy Area:	Reporting to DOE
RPM Section (home)	Conduct of R&D
RPM Section (cross-reference)	Technology Transfer
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	RPM, Chapter 10, Section 10.08

## Source Requirements Documents

U.S. Department of Energy Contract No. DE-AC02-05CH11231, [Clause I.92\(p\)\(1\)](#) Technology Partnership Ombudsman – DEAR 970.5227-3  
Technology Transfer Mission (Deviation July 2006)

## Implementing Documents

None

## PROPOSED POLICY

Title:	Temporary Change-of-Station (TCOS) Policy
Publication date:	TBD
Effective date:	TBD

## BRIEF

### Policy Summary

A temporary change-of-station (TCOS) is a temporary assignment away from a primary (home) work location to an off-site location. A TCOS assignment involves a temporary relocation to the new work location and a subsequent return to the primary (home) work location upon completion of the TCOS assignment. The employee on a TCOS must be on an assignment supporting Lawrence Berkeley National Laboratory's (Berkeley Lab's) mission.

Berkeley Lab may provide TCOS assistance by reimbursing allowable expenses related to TCOS travel, relocation, and dislocation; and/or by providing a dislocation allowance for eligible employees when it is in Berkeley Lab's interest for an employee to accept a TCOS assignment. A TCOS at an off-site location is for a minimum of 12 months to a maximum of 36 months. Domestic assignments may not exceed 36 months. For international assignments, an employee may be on a TCOS for more than 36 months with additional approval. Employees are expected to return to their primary (home) work location at the end of the assignment. This policy defines the types of domestic and international TCOS allowances and reimbursable expenses.

### Who Should Read This Policy

- New and current employees in [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [Graduate Student Research Assistant \(GSRA\)](#) appointments who are offered a TCOS assignment
- The following employee classifications are not eligible for TCOS assistance: Limited, Rehired Retiree, and Student Assistant.
- This policy does apply to employees on Work-for-Others assignments.
- This policy does not apply to employees on Interlocation Appointments (ILA), including Multiple Location Appointments (MLA), Interjurisdictional Employee Exchange (IJE), and Intergovernmental Personnel Act (IPA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## PROPOSED POLICY

End Brief

Title:	Temporary Change-of-Station (TCOS) Policy
Publication date:	TBD
Effective date:	TBD

## POLICY

### A. Purpose

A temporary change-of-station (TCOS) is a temporary assignment away from a primary (home) work location to an off-site location. A TCOS assignment involves a temporary relocation to the new work location and a subsequent return to the primary (home) work location upon completion of the TCOS assignment. The employee on a TCOS must be on an assignment supporting Lawrence Berkeley National Laboratory's (Berkeley Lab's) mission.

Berkeley Lab may provide TCOS assistance by reimbursing allowable expenses related to TCOS travel, relocation, and dislocation; and/or by providing a dislocation allowance for eligible employees when it is in Berkeley Lab's interest for an employee to accept a TCOS assignment. A TCOS at an off-site location is for a minimum of 12 months to a maximum of 36 months. Domestic assignments may not exceed 36 months. For international assignments, an employee may be on a TCOS for more than 36 months with additional approval. Employees are expected to return to their primary (home) work location at the end of the assignment. This policy defines the types of domestic and international TCOS allowances and reimbursable expenses.

### B. Exceptions

Requests for TCOS assignments, allowances, and/or reimbursements that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, approval by the Chief Human Resources and Diversity Officer (CHRO).

### C. Persons Affected

- New and current employees in [Career](#), [Term](#), [Faculty](#), [Visiting Researcher](#), [Postdoctoral Fellow](#), or [Graduate Student Research Assistant \(GSRA\)](#) appointments who are offered a TCOS assignment
- The following employee classifications are not eligible: Limited, Rehired Retiree, and Student Assistant.
- This policy does apply to employees on Work-for-Others assignments.
- This policy does not apply for employees on Interlocation Appointments (ILA), including Multiple Location Appointments (MLA), Interjurisdictional Employee Exchange (IJE), and Intergovernmental Personnel Act (IPA).

### D. Policy Statement

**PROPOSED POLICY**

1. **General.** At the discretion and approval of management, Berkeley Lab may request or approve a TCOS assignment for eligible employees. Employees on a TCOS may receive relocation assistance and/or a dislocation allowance. The employee’s new work location must reside outside reasonable commuting distance of their primary (home) work location to which he or she has been assigned. To qualify for TCOS, the new TCOS location must be at least 50 miles farther from the employee's current residence than the primary (home) work location is from the same residence. For example, if the primary (home) work location is three miles from the employee’s current home residence, the new TCOS location must be at least 53 miles from that same residence.
2. **Length of Assignment.** A TCOS assigned to an off-site work location must be a minimum of 12 months. A domestic TCOS assignment may not exceed 36 months. International assignments may be extended beyond 36 months with additional approvals.

If the Assignment Is	Read
Greater than 30 days but does not exceed 12 months	The Travel Policy – Section D.3.4, <a href="#">Long-Term Travel (Domestic or Foreign)</a>
<b>NOTE:</b> If, at any time during an extended travel assignment, it is determined that the assignment will exceed 12 months, the extended travel assignment will be subject to the TCOS policy and requirements. The division is responsible for initiating the TCOS justification request at the time when it is initially identified. For example, if an employee is on an eight-month extended travel assignment and the division knows at the fourth month that the assignment will exceed 12 months, the division must initiate the TCOS process at the fourth month.	
Greater than 12 months but does not exceed 36 months for both domestic and international assignments	This TCOS policy
Greater than 36 months	The <a href="#">Relocation Assistance Policy</a>

- a. **All Assignments Greater than One Year with a Field Work Proposal**
  - i. All assignments greater than one year must be explicitly identified in the Field Work Proposal (FWP).
  - ii. FWPs must include the following for each assignee:
    1. Description of and reason for the assignment
    2. Initial start date and projected end date
    3. An estimated cost to be incurred for the assignment, including costs incurred to date as a separate element of cost
- b. **International Assignments Greater than Three Years – Work Authorization Requirements.** Work authorizations must include explicit approval for all international assignments expected to exceed three years.
3. **Justification for Assignment.** All TCOS assignments require a business justification specific to the assignment approved by Berkeley Lab management. The justification must contain the following elements:
  - a. Employee(s) name, job title, employee class
  - b. Anticipated length of TCOS (regardless of current funding for it), including estimated start and end dates
  - c. Description and purpose of assignment
  - d. Relevance to Berkeley Lab’s programmatic goals and benefit to the Laboratory; if applicable, benefit to host organization

## PROPOSED POLICY

- e. Programmatic impact that may result from the employee's absence from the primary (home) work location
  - f. TCOS Costs
    - i. Temporary Relocation Assistance. Identify temporary relocation assistance to be provided to the employee. Include a pre-decision relocation estimate from the third-party vendor to support justification.
    - ii. Dislocation Allowance (if Applicable). Identify recurring costs and dislocation allowance(s) to be provided. Include a Dislocation Allowance Worksheet (see [Implementing Documents](#)).
  - g. Potential Conflicts of Interest, if any. Include both organizational and personal conflicts of interest. Contact the Research and Institutional Integrity Office for information at [coi@lbl.gov](mailto:coi@lbl.gov).
4. **Approval.** TCOS requires approval from the Laboratory Director (or designee). No commitment, verbal or written, to a requester or to an employee will be made and no costs will be incurred without the approval of the Laboratory Director (or designee).
5. **TCOS Agreement.** Once a TCOS assignment is approved by the Laboratory Director (or designee), a TCOS Agreement must be executed by the division and the employee. The TCOS details the TCOS assignment and costs associated with the TCOS. The TCOS Agreement will be coordinated through the division's HR contact.
- a. The employee must also sign the Repayment Agreement for Temporary Relocation (see Section D.6.C, [Repayment Agreement](#), below).
6. **Temporary Relocation.** The Laboratory offers a TCOS relocation assistance program for costs related to the travel and temporary relocation costs of a TCOS. TCOS relocation benefits are available before the effective date of the location change or when it is determined that an extended travel assignment will exceed 12 months. The current program allows flexibility for managers to determine costs within program and project budgets.
- a. **Dependents' Eligibility**
    - i. TCOS relocation benefits are available to employees and their dependents. When dependents are relocating with the employee, this definition of "dependents" will apply: "The employee's spouse/domestic partner and family member(s) who reside with the employee at the time of acceptance of a job offer or reassignment to a new work location, and who will reside with the employee at the destination location."
    - ii. If Berkeley Lab employs both the employee and spouse/domestic partner, only one set of coordinated TCOS assistance benefits will apply.
  - b. **Program Counseling, Payments and Reimbursement.** The Laboratory's temporary relocation program is managed through a third-party vendor. Employees must consult with the third-party vendor regarding temporary relocation and reimbursable costs prior to committing any relocation expenditures.
  - c. **Repayment Agreement.** Employees must sign a repayment agreement, which states that employees who decide to return to their original work location before the end of their TCOS assignment or who voluntarily terminate employment prior to completing their temporary assignment must refund Berkeley Lab the full amount of the travel and relocation costs.
  - d. **TCOS Relocation Expenses.** Relocation expenses and allowances will be detailed in the TCOS Agreement (see [Implementing Documents](#)). Available TCOS relocation expenses include travel to the new work location, movement of certain personal belongings, and other costs incident to the temporary relocation. See [Implementing Documents](#) for the list

## PROPOSED POLICY

of temporary relocation options that may be made available to employees for both domestic and international TCOS.

- i. Costs related to temporary relocation are to be incurred 120 calendar days from the employee's effective date of the assignment at the new work location. Berkeley Lab will process payments related to appropriate relocation expenses by using the following methods:
    1. Pay service providers directly for the relocation assistance that an employee receives.
    2. Reimburse employees for acceptable expenses that they have previously paid.
    3. Provide a lump-sum allowance for certain allowable categories of relocation expenses.
  - ii. Eligible expense reimbursements must be submitted through the third-party vendor's Web site. Original receipts should be provided to the third-party vendor within 30 calendar days of incurring the expense. It is important to remember that:
    1. Relocation expenses must be separate and distinct from business expenses. During the period in which relocation expenses are incurred, regular business (travel and entertainment) must not be reported with relocation expenses.
    2. The employee cannot use the Berkeley Lab credit card or other Berkeley Lab funds for relocation expenses.
  - iii. Credit card statements cannot be used in lieu of receipts.
  - iv. The employee should keep records and receipts of all his or her expenses, whether or not they are reimbursable under this policy, as this will assist in the completion of federal and state tax returns at year-end.
7. **Dislocation Allowance: Allowances and Reimbursable Expenses.** Employees on an approved TCOS may be eligible for monthly allowances and reimbursement of other allowable expenses during the course of the TCOS assignment. TCOS dislocation allowances are available before the effective date of the location change or when it is determined that an extended travel assignment will exceed 12 months. The current program allows flexibility for managers to determine costs within program and project budgets.
- a. Dislocation allowances, including reimbursable expenses, will be detailed in the TCOS Agreement. Available TCOS allowances and reimbursable expenses include housing assistance, post allowances for certain international assignments, and other costs related to a TCOS assignment. Go here for the list of allowances and reimbursable expenses that may be made available to employees for both domestic and international TCOS. [\[will link to the Temporary Change of Station Allowable Dislocation Allowances chart in Implementing Documents.\]](#)
  - b. Dislocation allowances will cease if the TCOS becomes a permanent relocation.
8. **Tax Implications.** Most relocation and dislocation allowance payments made to an employee or on behalf of the employee that are directly related to a TCOS are considered taxable income. More information on tax implications can be found in the [Implementing Documents](#).
9. **Health & Welfare Benefits.** A TCOS is considered a qualifying event and allows employees to modify their health insurance within 30 calendar days of their move. Employees should contact the Benefits Office before they move to their new location. This applies when employees move to their temporary duty station and upon their return to their primary (home) work location.

## PROPOSED POLICY

10. **Foreign Assignments.** All international TCOS assignments are subject to the Laboratory's foreign travel authorization process, as described in the Laboratory [Travel Policy](#).
11. **Extension of Assignment.** Extension of a TCOS assignment must be approved in advance of the date detailed in the TCOS Agreement to the employee. The justification must be reviewed and updated.
12. **Completion of Assignment.** Due to the temporary nature of the TCOS, the employee and accompanying dependents will return directly to their primary (home) work location at the completion of the assignment. As stated in Section D.6, [Temporary Relocation](#), of this policy, the Laboratory offers TCOS relocation assistance for costs to return the employee and dependents to the primary (home) work location.
  - a. Available TCOS relocation expenses at the completion of the assignment include travel to the primary (home) work location, movement of certain personal belongings, and other costs incident to the return home. The terms and conditions of the return are defined in the TCOS Agreement, executed prior to the start of the assignment. See [Implementing Documents](#) for the list of temporary relocation options that may be made available to employees for their return from either domestic and international TCOS.
  - b. Dislocation allowance payments and eligible reimbursable expenses will cease upon the employee's return to his or her primary (home) work location.
13. **Separation of Employment**
  - a. **Voluntary Separation**
    - i. If an employee voluntarily resigns from Berkeley Lab during the TCOS assignment, eligibility for relocation benefits and/or dislocation allowances will cease immediately, and all relocation benefits that are under way will be concluded. Any eligible relocation benefits that have not been utilized or received by the employee as of the termination date will be forfeited. Also see Section D. 6.c, [Repayment Agreement](#), above.
    - ii. If an employee retires from Berkeley Lab upon completion of the TCOS assignment and meets the eligibility requirements, the employee may be returned to the primary (home) work location in accordance with Section D.12, [Completion of Assignment](#), above.
  - b. **Involuntary Separation.**
    - i. Employees laid off or affected by a Reduction in Force will be returned to the primary (home) work location in accordance with Section D.12, [Completion of Assignment](#), above.
    - ii. Employees who are dismissed for cause may, at the discretion of Laboratory management, have their relocation benefits and/or dislocation allowances discontinued immediately, and have all their relocation benefits that are under way concluded.

## E. Roles and Responsibilities

Role	Responsibility
Chief Human Resources and Diversity Officer (CHRO)	Has the functional responsibility for this policy and overall administration of the TCOS program
Office of the Chief Financial	<ul style="list-style-type: none"><li>• Serves as a resource for cost-allowability considerations related to the TCOS program</li></ul>



**PROPOSED POLICY**

Officer (OCFO)	<ul style="list-style-type: none"> <li>Processes payments to the employee or vendors based on information provided by the third-party vendor</li> </ul>
Employees	Has the responsibility to adhere to the provisions of this policy and its implementing procedures
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and supervisors	Have the responsibility to adhere to the provisions of this policy
Third-party relocation vendor	<ul style="list-style-type: none"> <li>Provides general advice to prospective employees of eligible relocation expenses during the offer process</li> <li>Assists and counsels relocating employees on the elements of the relocation program</li> <li>Processes requests for relocation payments and reimbursement</li> <li>Advises Berkeley Lab on allowable, reimbursable relocation costs</li> </ul>

**F. Definitions/Acronyms**

Term	Definition
Temporary Change of Station (TCOS)	A temporary assignment away from the primary (home) work location to an off-site location. A TCOS assignment involves a temporary relocation to the new work location and a subsequent return to the primary (home) work location upon completion of the TCOS assignment.
CHRO	Chief Human Resources and Diversity Officer
Reasonable Commute Distance	A reasonable commute distance is 50 miles or less from the employee's primary (home) work location. To qualify for temporary change-of-station (TCOS), the new TCOS location must be at least 50 miles farther from the employee's current residence than the primary (home) work location is from the same residence. For example, if the primary (home) work location is three miles from the current residence, the new official station must be at least 53 miles from that same residence.
Conflict of Interest	Contract 31, Clause I.66, <i>Organizational Conflicts of Interest</i> , ensures that the UC Regents (and its employees) are not biased because of financial, contractual, organizational, or other interests that relate to the work under the Contract, and that there is no unfair competitive advantage over other parties due to the performance under the Contract.
Dependents	"Dependents" refers to the employee's spouse/domestic partner and family member(s) who reside with the employee at the time of acceptance of a job offer or reassignment to a new work location, and who will reside with the employee at the destination location.
Field Work Proposal (FWP)	Proposal forms frequently used in responding to a DOE request for proposal
Third-party relocation vendor	<ul style="list-style-type: none"> <li>Provides general advice to prospective employees of eligible relocation expenses during the offer process</li> <li>Assists and counsels relocating employees on relocation program</li> </ul>

## PROPOSED POLICY

Term	Definition
	benefits <ul style="list-style-type: none"><li>Processes requests for relocation payments and reimbursements</li><li>Advises Berkeley Lab on allowable reimbursable relocation costs</li></ul>

### G. Recordkeeping Requirements

Role	Responsibility
Budget Office	Maintains FWP documents
Controller's Office	Maintains documentation to support payments made through the Accounts Payable and Payroll payment processes
HR Department	<ul style="list-style-type: none"><li>Maintains information regarding TCOS agreements.</li><li>Maintains the Laboratory Director's delegation of authority</li></ul>

### H. Implementing Documents

Audience	Document Number	Document Title	Type
Lab Staff	02.04.005.001	TCOS Temporary Relocation Options – Relocation to and from Temporary Duty Station	Chart
Lab Staff	02.04.005.002	Temporary Change of Station Allowable (TCOS) Dislocation Allowances	Chart
Lab Staff	02.04.005.003	International TCOS Allowance Worksheet for Justification	Form
Lab Staff	02.04.005.004	Domestic Allowance Worksheet for Justification	Form
Lab Staff	02.04.005.005	Temporary Change-of-Station Agreement	Form

### I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

### J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor
6/24/2013	2	M. Bello	Divided Relocation and Change-of-Station policies into two separate policies and renamed them Relocation Assistance and Change-of-Station.	All	Minor

**PROPOSED POLICY**

			Change-of-Station assigned its own policy number, 02.04.005.00. Added this note: "This policy is under review for revision. New employees should read the Relocation Assistance policy. Current employees should read this policy."		
TBD	3	M. Bello	Rewrite policy to define the Lab's revised TCOS program.	All	Major + 30 days

End Policy.

## DOCUMENT INFORMATION

Title:	Temporary Change-of-Station Policy
Document number	02.04.005.000
Revision number	3
Publication date:	TBD
Effective date:	TBD
Next review date:	3 years from TBD
Policy Area:	Recruitment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 4.01
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 4.01

### Source Requirements Documents

- DOE Contract No. DE-AC02-05CH11231, Federal Acquisition Regulation (FAR) 31.205-35, [Relocation Costs](#)
- DOE Contract No. DE-AC02-05CH11231, Federal Acquisition Regulation (FAR) 31.205-46, [Travel Costs](#)
- DOE Contract No. DE-AC02-05CH11231, Mod No. M046, Section J, Appendix A, [Advanced Understandings on Human Resources](#)

### Other Driving Requirements

- LBNL RPM Travel Policy, 11.06.001.000
- LBNL RPM Interlocation Appointments (ILAs) – Financial Management

### Other References

Temporary Change-of-Station (TCOS) Policy **PROPOSED POLICY**  
 Document #: 02.04.005.000-03

**PROPOSED POLICY**

- Federal Travel Regulations (FTR) 302, [Relocation Allowances](#)
- Federal Travel Regulations (FTR) 302, [Temporary Duty \(TDY\) Travel](#)

**Implementing Documents**

<b>Audience</b>	<b>Document Number</b>	<b>Document Title</b>	<b>Type</b>
Lab Staff	02.04.005.001	TCOS Temporary Relocation Options – Relocation to and from Temporary Duty Station	Chart
Lab Staff	02.04.005.002	Temporary Change of Station Allowable (TCOS) Dislocation Allowances	Chart
Lab Staff	02.04.005.003	International TCOS Allowance Worksheet for Justification	Form
Lab Staff	02.04.005.004	Domestic Allowance Worksheet for Justification	Form
Lab Staff	02.04.005.005	Temporary Change-of-Station Agreement	Form

End Document Info.

**ADDITIONAL INFORMATION**

Title:	Temporary Change-of-Station Policy
Document number	02.04.005.000
Revision number	3
Publication date:	TBD
Effective date:	TBD
Next review date:	3 years from TBD
Policy Area:	Recruitment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 4.01
Functional Division	Human Resources
Author name/contact info	M. Bello
Revision 0 publication date	11/2/2010
Retirement date	n/a
Prior reference information (optional)	RPM Section 4.01
Inputs from more than one Functional Area?	Yes
List additional Functional Areas &	Rachelle Jeppson, OCFO

**PROPOSED POLICY**

contacts	Ann del Simmone, Legal Jeff Blair, Legal Faye Mistchang, OCFO Molly Stouffer, RIIO Yvonne Deshayes, OCFO
Inputs from more than one Policy Area?	Yes
List additional Policy Areas & contacts	Rachel Carl, HR Center Manager Mari Cook, Employee/Labor Relations Manager Patricia Montano, Interlocation Appointments
30-day notification needed?	Yes
30-day start date	TBD
30-day end date	TBD
LDAP protected?	Yes
Need TABL reminders?	No
Frequency	n/a
Brief reminder text:	n/a
Approval Sheet for this revision received (date) [Note: author is responsible]	

**Key labels/tags:**

**New terms that need to be added to Glossary/Acronym list:**

Term	Definition
Third-Party Relocation Vendor	<ul style="list-style-type: none"> <li>• Provides general advice to prospective employees of eligible relocation expenses during the offer process</li> <li>• Assists and counsels relocating employees on relocation program benefits</li> <li>• Processes requests for relocation payments and reimbursements</li> <li>• Advises Berkeley Lab on allowable reimbursable relocation costs</li> </ul>

**Implementing Documents restricted to department/functional use**

Audience	Document Number	Document title

## PROPOSED POLICY

### Side bars:

(D)(3) Justification for TCOS

For information on Conflict of Interest, read the Conflict of Interest policies [\[add link to https://commons.lbl.gov/display/rpm2/Section+-+Conflict+of+Interest\]](https://commons.lbl.gov/display/rpm2/Section+-+Conflict+of+Interest) and visit the Research and Institutional Integrity Office's Conflict of Interest website [\[add link to http://www.lbl.gov/Workplace/RIIO/coi/index.html\]](http://www.lbl.gov/Workplace/RIIO/coi/index.html)

(D)(3) Justification for TCOS

For help in calculating expenses, refer to the following documents:

- TCOS Temporary Relocation Options – Relocation to and from Temporary Duty Station
- Temporary Change of Station Allowable Dislocation Allowances

And submit one of the worksheets to support your justification:

- Domestic Allowance Worksheet for Justification or
- International Allowance Worksheet for Justification

End Additional Information

# Terms & Conditions of Employment

Title:	Terms & Conditions of Employment
Publication date:	1/2/2012
Effective date:	6/14/2011

## BRIEF

### Policy Summary

Berkeley Lab policy defines the following terms and conditions that individuals must meet to be hired at the Laboratory:

- Background checks
- Work status requirement
- Employment of foreign nationals
- Medical evaluation
- Probationary period
- New employee orientation and safety training
- Criminal conviction reporting

### Who Should Read This Policy

All employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Terms & Conditions of Employment
Publication date:	1/2/2012
Effective date:	6/14/2011

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) defines certain terms and conditions that individuals must meet to be hired at the Laboratory. The contents of this policy are not intended to serve as an exhaustive list of requirements or conditions of employment, and some or

all of the requirements and conditions described in this policy may not apply to every individual who is hired by the Laboratory.

## B. Persons Affected

This policy primarily impacts newly hired, transferred, or promoted employees in all employee classifications: [Career](#), [Term](#), [Faculty](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), [Rehired Retiree](#), [Graduate Student Research Assistant \(GSRA\)](#), and [Student Assistant](#). It also requires all current employees to report felony convictions that occur at any time during their employment. This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement.

## C. Exceptions

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Chief Human Resources Officer (CHRO). Contact your [division's Human Resources Center](#) if you have any questions.

## D. Policy Statement

1. **Eligibility for Employment:** In general, to be eligible for employment at the Laboratory, individuals must meet and/or fulfill the following requirements:
  - a. The employee is at least 15 years of age at the time of hire for any position; however, this age minimum may be higher for employment within a clinical or research laboratory.
  - b. If the employee is under 18 years of age, a work permit from the superintendent of the employee's school is required, and the employee's hours of employment must be consistent with the provisions of that work permit.
  - c. Staff is required to be licensed, certified, or credentialed must present documentation of such status before employment and as required thereafter.
  - d. Staff must authorize the Laboratory to conduct a background check. Employment is contingent upon the successful outcomes of this screening process.
  - e. Staff must agree to sign the [Intellectual Property Acknowledgement](#) form. For more information, see [RPM Section 5.03 \(Patents\)](#).
  - f. Staff who are U.S. citizens must sign the [Oath of Allegiance](#).
2. **Background Checks**
  - a. Information provided by final candidates on employment applications or resumes for any Laboratory position will be verified to ensure the selection of individuals who are qualified to perform the duties of a position, and who are likely to serve the Laboratory's interests. Additional background information may also be checked for positions designated as requiring additional review, as found on the list of [LBNL Background Checks Requirements](#). This list is maintained by the Berkeley Lab Human Resources (HR) Department, and may be changed if warranted.
  - b. The background check must be completed before the candidate begins employment. Adverse information found on the background check may result in the withdrawal of the job offer.
  - c. If programmatic needs require that the candidate begin employment prior to the completion of the background check, continued employment is contingent upon successful completion of the background check.
  - d. If adverse information is found on a background check and the hiring manager, division/department management, and the division's HR Center do not agree on a course of action, the (CHRO) will decide on the final course of action.
  - e. The Laboratory reserves the right to conduct background checks on internal applicants.
  - f. Background checks may be conducted by both Laboratory staff and a third-party service provider.
3. **Work Status Requirement:** The Laboratory, as a federal contractor, must verify the work status of an employee who is hired after November 6, 1986, and is directly performing work under a federal contract or subcontract that contains an E-Verify requirement clause using the E-Verify employment verification system. Use of the E-Verify employment verification system is in addition to the requirements currently specified in the Immigration Reform and Control Act of 1986.
4. **Employment of Foreign Nationals:**
  - a. Employment of foreign nationals must be in accordance with federal law and the regulations of the U.S. Citizenship and Immigration Services (USCIS).
  - b. Employment of [graduate student research assistants \(GSRA\)](#) and [student assistants](#) must also be in accordance with the student's educational institution's requirements.



## IRSO Information

International Researchers and Scholars Office (IRSO) is located in Building 65A, next to the main bus and shuttle stop.

1 Cyclotron Road, MS 65A  
Berkeley CA 94720  
fax: (510) 486-7563

- c. Determination of the work eligibility status of a nonimmigrant will be made by the Laboratory's [International Researchers and Scholars Office \(IRSO\)](#). IRSO will also make the job offer to nonimmigrants when authorized by the HR Center.
- d. Foreign nationals with permanent resident status do not require IRSO review.
- e. Recruitment policies as stated in [RPM §2.01E \(Recruitment and Selection\)](#) apply to employment of foreign nationals.

### 5. Medical Screening and Approval:

- a. All new employees are required to undergo a medical evaluation by Health Services. In some cases, Health Services may recommend restrictions on an employee's work assignment or activities and advise the division director or department head and the [division's HR Center](#), who will be jointly responsible for arranging a reasonable accommodation with the employee. See [RPM §1.12\(A\)\(1\) \(Laboratory Occupational Medical Program, Medical Surveillance\)](#) for additional information on medical services and requirements.
- b. The Laboratory requires preplacement, postemployment medical evaluations for all new employees when required by government regulations. Positions currently requiring a preplacement, postemployment physical may be found [here](#). When preplacement medical evaluation is required, the offer of employment is made contingent upon the applicant's passing those portions of a physical examination pertinent to the position.

### 6. Probationary Period

- a. **Requirements:** With the exceptions noted below, all new Career employees and Term employees hired with an initial appointment of a year or more must work a minimum probationary period of six months. During the probationary period, their work performance and general suitability for Laboratory employment are carefully evaluated. While the employee is serving his or her probationary period, the employee is considered to be an at-will employee.
  - i. Employees are not required to serve another probationary period if they have completed a full probationary period at a University of California (UC) location and transfer from that location without a break in service into a Career or Term appointment of one year or less at Berkeley Lab.
  - ii. Term-appointment employees who accept a Career position in the same classification, in the same division, reporting to the same supervisor, without a break in service are not required to serve a probationary period if their Term appointment lasted at least one year and they have received at least a "satisfactory" rating on either a probationary period review or annual performance evaluation.
  - iii. Limited-appointment employees who accept a Career position in the same classification, in the same division, reporting to the same supervisor, without a break in service are required to serve a probationary period. Time served on pay status by these employees during their Limited appointment, exclusive of on-call and overtime hours, shall be credited toward completion of their probationary period, up to a maximum of 1,000 hours.
  - iv. Individuals hired into Research Scientist/Engineer (Career-track), Staff Scientist/Engineer (Career-track), Divisional Fellow (Career-track), Senior Staff Scientist/Engineer, and Distinguished Scientist/Engineer appointments do not serve a probationary period. See [RPM §2.07 \(Professional Research Staff\)](#).
  - v. Employees who are rehired following a break in service shall serve a new probationary period whether or not they previously completed a probationary period.
  - vi. Time on cumulative leave of four weeks or longer with or without pay is not qualifying service for completion of the probationary period, and the employee's probationary period shall automatically be extended by the length of time spent on leave.
- b. **Progress Monitoring and Reports:** The supervisor is responsible for monitoring the progress and performance of probationary employees throughout the probationary period.
- c. **Extending the Probationary Period**
  - i. A manager or supervisor may request an extension of the probationary period. The division director and the CHRO may approve an extension of up to three (3) months.
  - ii. If an employee's probationary period is being extended because the employee was on cumulative leave of four weeks or longer during the probationary period, the extension is automatic and does not require the concurrence of the division director and CHRO.
- d. **Release of Probationary Employees:** An employee serving a probationary period may be released at any time during the

probationary period at management's discretion.

### New Employee Training Information

For more information:

- [New Employee Orientation & Training New Employee Briefing \(mandatory\)](#)
- [Overview of EH&S at LBNL \(mandatory\)](#)
- [General Employee Radiation Training \(mandatory\)](#)
- [Trafficking Victims Protection \(mandatory\)](#)
- [Computer Security Training \(mandatory for computer users\)](#)
- [Supervisor Responsibilities \(mandatory for new supervisors\)](#)
- [Supervisor Scenario Workshop---HR Issues \(mandatory for new supervisors\)](#)
- [Property at Berkeley Lab](#)
- [New Employee Benefits](#)
- [New Postdoctoral Fellow Benefits Orientation |](#)

- e. **Completion of Probationary Period:** The employee's probationary period is completed after six months of continuous service. If the employee's probationary period was extended, then the employee's probationary period is completed after the extension date. Employees who have received credit for working in a Limited appointment prior to beginning a Career appointment complete their probationary period after working the equivalent, in number of hours, of six months of continuous service.
7. **New Employee Orientation and Safety Training:** Each new employee must take the [New Employee Briefing \(NEB\)](#), EHS0010 (*Overview of EH&S at LBNL*), and any additional safety training that is required based upon potential hazards associated with his/her position and in compliance with Laboratory safety training requirements.
8. **Criminal Conviction Reporting:** Within five calendar days of a felony conviction in any U.S. or foreign court, current employees are required to report that conviction to their [division's Human Resources Center](#). Adverse information found may result in corrective actions.

## E. Roles and Responsibilities

Roles	Responsibilities
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
Health Services	Has the responsibility to advise division management on recommended restrictions on an employee's work assignment or activities
Hiring division management	Has the responsibility to adhere to the provisions of this policy
Divisions/departments that have training requirements	Have the responsibility to determine and provide required training to employees.
HR Department Each division HR Center International Researchers and Scholars Office (IRSO)	Has the responsibility to advise management and employees on how to comply with this policy

## F. Definitions/Acronyms

TERM	DEFINITION

At-Will	Employees with an at-will employment status may be terminated from their appointment, up to and including termination from employment, at any time with or without cause or notice
Break in Service	A break in service is a separation of at least one scheduled working day of Laboratory/University employment. Authorized leave without pay and time on preferential rehire status do not constitute a break in service.
Felony Conviction	A finding of guilt for any felony violation (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with responsibility to determine violations of any felony statutes
Fair Labor Standards Act	The Fair Labor Standards Act is a federal law whose basic requirements are: Payment of the federal minimum wage; overtime pay for time worked over 40 hours in a workweek (for non-exempt employees only); restrictions on the employment of children; and record keeping.
Exempt Employees	<p>Exempt employees are defined as employees who, based on their duties performed and manner of compensation, shall be exempt from the minimum-wage and overtime provisions of the Fair Labor Standards Act (FLSA). Because of hourly pay practices, an employee appointed to work a variable-time schedule in an exempt title shall be treated as a non-exempt employee subject to FLSA minimum-wage and overtime provisions.</p> <p>Exempt employees shall be paid an established monthly or annual salary and are expected to fulfill the duties of their positions regardless of hours worked. Exempt employees are not eligible to receive overtime compensation or compensatory time off, and are not required to adhere to strict time, record keeping, and attendance rules for pay purposes. Exempt titles are identified in title and pay plans.</p>
Non-exempt Employees	Non-exempt employees are defined as employees who, based on duties performed and manner of compensation, shall be subject to all minimum-wage and overtime provisions of the Fair Labor Standards Act (FLSA). Because of hourly pay practices, an employee appointed to work a variable-time schedule in an exempt job classification shall be treated as a non-exempt employee subject to FLSA minimum-wage and overtime provisions. Non-exempt employees shall be required to account for time worked on an hourly and fractional-hourly basis and are to be compensated for qualified overtime hours at the premium rate (one-and-one-half times the regular hourly rate). Non-exempt titles are identified in title and pay plans.
Probationary Period	A period of time when new Career- or Term-appointment employees' work performance and general suitability for Laboratory employment are carefully evaluated. While the employee is serving a probationary period, he or she is considered to be an at-will employee.

ACRONYM	TERM
BCD&A	Background Check Disclosure and Authorization
CHRO	Chief Human Resources Officer
EH&S	Environment, Health & Safety
FLSA	Fair Labor Standards Act
GSRA	Graduate Student Researcher Assistant
HR	Human Resources

IRSO	International Researchers & Scholars Office
LBNL	Lawrence Berkeley National Laboratory
NEB	New Employee Briefing
UC	University of California
USCIS	U.S Citizenship and Immigration Services

## G. Recordkeeping Requirements

Role	Recordkeeping Requirement
Division HR Center	Maintains the following applicant and employee records: job applicant information, background check information, probationary period status
International Researchers and Scholars Office (IRSO)	Maintains I-9 records
Health Services	Maintains employee medical evaluation records
Divisions/departments that have training requirements	Maintain training records

## H. Implementing Documents

For Berkeley Lab Staff:

Document number	Title
02.04.002.003	LBNL Background Checks Requirements
02.04.002.001	LBNL Policy Highlights
02.04.002.007	Positions Requiring a Preplacement, Postemployment Medical Evaluation
n/a	New Employee Briefing (mandatory)
n/a	Overview of EH&S at LBNL (mandatory)
n/a	General Employee Radiation Training (mandatory)

n/a	Trafficking Victims Protection (mandatory)
n/a	Computer Security Training (mandatory for computer users)
n/a	Property at Berkeley Lab
n/a	New Employee Benefits

For Berkeley Lab Managers and Supervisors:

Document number	Title
02.86.001.001	Supervisor Responsibilities Training (mandatory for new supervisors)
02.86.001.002	Supervisor Scenario Workshop---HR Issues (mandatory for new supervisors)

For Berkeley Lab HR Staff:

Document number	Title
02.04.002.002	Understanding the Terms and Conditions of Employment Policy Training Presentation
02.04.002.003	Background Checks Implementation Procedure
02.04.002.006	Background Check Disclosure and Authorization (BCD&A) form
02.04.002.004	Pass Probationary Period Template
02.04.002.005	Probationary Period Extension Notice Template

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies and procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
6/14/2011	0	M. Bello	In addition to reorganizing the policy for better clarity and understanding, Berkeley Lab has added two new sections: Eligibility for Employment or Placement, and Criminal Conviction Reporting.	All	Major + 30 days

1/2/2012	1	M. Bello	Rewrite for wiki	All	Minor
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## DOCUMENT INFORMATION

Title:	Terms & Conditions of Employment
Document number	02.04.002.000
Revision number	1
Publication date:	1/2/2012
Effective date:	6/14/2011
Next review date:	6/14/2014
Policy Area:	Recruitment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.01(E)(6)

## Source Requirements Documents

- California Labor Code 432.2, employer cannot require applicants or employees to take a polygraph test
- California Investigative and Consumer Reporting Agencies Act (ICRAA)
- California Labor Code, [Employment of minors](#)
- California Consumer Credit Reporting Agencies Act (CCRAA)
- California Disposal of Consumer Report Information and Records
- DOE Contract 31, Clause I.127, FAR 52.222-54 EMPLOYMENT ELIGIBILITY VERIFICATION (JAN 2009)
- DOE Contract 31, Clause I.25, FAR 52.222-29 NOTIFICATION OF VISA DENIAL (JUN 2003)
- (Federal) Employee Polygraph Protection Act (1988)
- (Federal) Immigration and Nationality Act (INA)
- (Federal) Immigration Reform & Control Act (IRCA) (1986)
- University of California Personnel Policies for Staff Members (PPSM) 21, [Appointment](#)
- University of California Personnel Policies for Staff Members (PPSM) 22, [Probationary Period](#)

## Implementing Documents

For Berkeley Lab Staff:

Document number	Title	Type
02.04.002.003	LBNL Background Checks Requirements	Process
02.04.002.001	LBNL Policy Highlights	Form
02.04.002.007	Positions Requiring a Preplacement, Postemployment Medical Evaluation	Procedure
n/a	New Employee Briefing (mandatory)	Training Workshop
n/a	Overview of EH&S at LBNL (mandatory)	Training Workshop
n/a	General Employee Radiation Training (mandatory)	Training Workshop
n/a	Trafficking Victims Protection (mandatory)	Training Workshop
n/a	Computer Security Training (mandatory for computer users)	Training Workshop
n/a	Property at Berkeley Lab	Training Workshop
n/a	New Employee Benefits	Training Workshop

For Berkeley Lab Managers and Supervisors:

Document number	Title	Type
02.86.001.001	Supervisor Responsibilities Training (mandatory for new supervisors)	Training Workshop
02.86.001.002	Supervisor Scenario Workshop---HR Issues (mandatory for new supervisors)	Process

For Berkeley Lab HR Staff:

Document number	Title	Type
02.04.002.002	Understanding the Terms and Conditions of Employment Policy Training Presentation	Online training
02.04.002.003	Background Checks Implementation Procedure	Procedure
02.04.002.006	Background Check Disclosure and Authorization (BCD&A) form	Form

02.04.002.004	Pass Probationary Period Template	
02.04.002.005	Probationary Period Extension Notice Template	



# Time and Labor Reporting

Title:	Time and Labor Reporting
Publication date:	11/30/2013
Effective date:	9/15/2011

## BRIEF

### Policy Summary

This policy outlines the requirements for accurate and timely reporting of effort at Berkeley Lab using the Laboratory's Pay and Time Reporting System. Each employee must report his or her own time worked (by job or project) and leave taken (by category). Each division or department must review and approve time reported by each of its employees.

### Who Should Read This Policy

All Berkeley Lab employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Disbursements and Project Costing Manager](#)  
[Payroll Manager](#)

Title:	Time and Labor Reporting
Publication date:	11/30/2013
Effective date:	9/15/2011

## POLICY

### A. Purpose

This policy outlines the requirements for accurate and timely reporting of effort using Lawrence Berkeley National Laboratory's (Berkeley Lab's) Pay and Time Reporting System.

### B. Persons Affected

All Berkeley Lab employees

## C. Exceptions

None

## D. Policy Statement

1. Each employee must report his or her own time worked (by job or project) and leave taken (by category). Each division or department must review and approve time reported by each of its employees.
2. Accurate and timely reporting is required and enables the Laboratory to:
  - a. Monitor actual performance against budgetary goals
  - b. Ensure labor costs are properly reported by Department of Energy (DOE) Budget and Reporting classification
  - c. Guarantee employees are paid correctly and their leave accumulations are accurate

### 3. Procedures

- a. The Laboratory Employee(s) Time Entry System (LETS) provides online access to time-reporting and approvals. Role assignment, password applications, and training are available through the division offices. To access LETS, refer to the [LETS User Guide](#) or "How To" brochures available in each division.
- b. The following chart details the various time-reporting categories:

Type of Employee	Schedule	Timecard	Minimum Reporting Unit
Exempt(including UC faculty)	Full-time	Monthly	1/2 day
Exempt	Part-time	Monthly	1/4 hour
Exempt (Engineering, EH&S, and Facilities only)	Full-time	Monthly	1/4 hour(4hours for leave taken)
Non-exempt	Full-time, part-time, and variable	Weekly	1/4 hour

- c. For employees in exempt classifications, time worked and leave taken on each project must be reported in total. It is not necessary to report the days on which the work was performed, but all leave time must be reported in specific days. For employees in non-exempt classifications, time worked and leave taken must be reported in specific days.
  - d. If exempt employees work more than the normal number of hours or days, they are to distribute their effort proportionally to each project they worked on, based on the total time worked.
- ### 4. Schedule and Time Changes
- a. An employee's schedule of days off, workdays, and hours per day within the specified time schedule may be varied by his or her supervisor to meet unusual job requirements without use of a Personnel Action Form (PAF). The schedule for employees working indeterminate time, however, must be indicated in detail on the employment form, and changes must be submitted in detail on a PAF.
  - b. When clocks are changed to and from daylight savings time each year, actual hours worked should be reported. In the spring, when the time change results in a seven-hour owl shift, non-exempt employees may be scheduled for an extra hour of work or charged an hour of vacation to make an eight-hour shift. In the fall, when the time change results in a nine-hour owl shift, the additional hour (when worked) is reported as overtime
- ### 5. Certification of Time Reports
- a. Employees must certify the accuracy of their time reported. Each supervisor (approver) must certify the accuracy of the time reported by his or her subordinates and must approve all of his or her employees' time, either electronically or on a time sheet produced by LETS. In the absence of the supervisor (approver), normally, only another designated supervisor or manager may approve time.
  - b. In addition to supervisors (approvers), designated work leads are also able to certify time for employees assigned to them. Either the supervisor (approver) or the designated work lead may approve the employee's time. Designated work leads must be exempt-level Berkeley Lab employees who regularly provide work direction to the person(s) for whom time is being approved. Designated work leads cannot be graduate student research assistants (GSRAs), contract workers, students, or affiliates.
  - c. In certain instances, the ability to certify timecards may be granted to non-Berkeley Lab employees currently employed by

- another DOE national laboratory who are providing work direction to the person(s) for whom time is being approved.
- d. Requests for exceptions must be provided in writing and approved in advance by the Chief Financial Officer (CFO) or designee.
  - e. Time certification by the employee, supervisor, or designated work lead may be electronic with the use of a personal password accessing LETS or, when not possible electronically, by actual signature on a time sheet produced from LETS and provided by the division timekeeper.
  - f. Employees, supervisors, and/or designated work leads must concur with changes and corrections to the time they have certified, whether accomplished through LETS or labor resource adjustments. Corrected time sheets or communication (e.g., e-mail notification) for labor resource adjustments and clearance of labor charges from dropout projects must be sent to the employee and his or her supervisor for concurrence. If the appropriateness of a corrected time sheet is questioned either by the employee or the supervisor, the Controller's Office can assist in the determination.
  - g. GSRAs do not report time on individual timecards. The monthly computer listing for each group of GSRAs is generated by the department and requires the signature of the faculty advisor or, as alternates, the division director, his or her deputy, or the division administrator.

**6. Periodic Reviews**

- a. The Office of the CFO conducts periodic reviews of time-reporting documents for compliance with policy as stated above.

**7. Due Dates in LETS**

- a. All employee time records are electronically sent to Payroll for processing based on the following schedule:
  - i. **Weekly Reporters.** Noon on the first business day of each week and the first business day of the new month
  - ii. **Monthly Reporters.** Noon three business days prior to month's end

**E. Roles and Responsibilities**

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

**F. Definitions/Acronyms**

None

**G. Recordkeeping Requirements**

None

**H. Implementing Documents**

Document number	Title	Type
11.05.001.001	<a href="#">LETS User Guide</a>	User Manual

**I. Contact Information**

[Disbursements and Project Costing Manager](#)  
[Payroll Manager](#)

**J. Revision History**

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/30/2013	1.1	M.Hutchins	Reviewed 11/12/13. No changes	Publication, next review date	Minor
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Time and Labor Reporting
Document number	11.05.001.000
Revision number	1.1
Publication date:	11/30/2013
Effective date:	9/15/2011
Next review date:	11/30/2014
Policy Area:	Payroll
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.05
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.05

## Source Requirements Documents

- [Federal Appropriation Law](#)
- Contract 31, I.21(d)(1), FAR 52.222-4 Contract Work Hours and Safety Standards Act - Overtime Compensation (July 2005)

## Implementing Documents

Document number	Title	Type
11.05.001.001	<a href="#">LETS User Guide</a>	Manual

# Tours of Berkeley Lab

Title:	Tours of Berkeley Lab
Publication date:	8/29/2013
Effective date:	5/21/1997

## BRIEF

### Policy Summary

Berkeley Lab hosts official and unofficial visits for scientific, technical, and educational audiences as well as the general public. Official, Laboratory-wide visits and monthly public tours are scheduled through the Public Affairs Department; however, general Laboratory staff may arrange for visits pertaining to the needs of particular divisions or areas.

This policy describes how interested parties can receive support for hosting tours, and provides relevant contact information and guidelines.

### Who Should Read This Policy

Any group, division, or individual interested in hosting a tour of their facility or of the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Official Visits & Program Planning:

Nicole Pagano, Protocol Officer, [nrpagano@lbl.gov](mailto:nrpagano@lbl.gov)

Information on Public Tours:

Ross Lyon, Public Affairs Specialist, [rlyon@lbl.gov](mailto:rlyon@lbl.gov)

Title:	Tours of Berkeley Lab
Publication date:	8/29/2013
Effective date:	5/21/1997

## POLICY

### A. Purpose

This policy provides guidelines on hosting public tours or visitors, and on how interested parties can receive support for hosting tours at Lawrence Berkeley National Laboratory (Berkeley Lab) along with relevant contact information.

## B. Persons Affected

Any group, division, or individual interested in hosting a tour of their facility or of the Laboratory

## C. Exceptions

Not applicable

## D. Policy Statement

Visits pertaining to Laboratory official business are arranged by the host departments or divisions. [Site Access](#) must be informed of all visitors.

1. **Distinguished Visitors:** Arrangements for distinguished guests of the Directorate are generally made by the Protocol Officer with assistance from senior staff members. The Communications and Media Relations staff within Public Affairs should be informed before the visits so they can plan for internal or external publicity as appropriate.
2. **General Public and Organization Tours:** Unofficial visits from educational, scientific, and technical groups may be arranged by individual departments or divisions with guidance from the Public Affairs Department as desired. Public Affairs arranges monthly tours for the general public on a regular basis, which can be accessed here: [www.lbl.gov/Community/tours.html](http://www.lbl.gov/Community/tours.html). All visits must be scheduled and conducted in such a way that does not interrupt Laboratory work.
3. **Educational Tours:** Tours for schools are scheduled through the [Center for Science and Engineering Education \(CSEE\)](#), and are conducted to minimize interference with Laboratory work. Tours for school groups are limited to middle and high school students, and are arranged with CSEE staff by the teacher or another school official.
4. **Employees' Visitors:** Employees are permitted to guide small groups of relatives or friends (preferably not more than five) through the Laboratory as long as their visit will not interfere with employees' or Laboratory work. These visits should be scheduled on a weekend or holiday to minimize disturbance of Laboratory operations. It is preferable that children not be brought to the Laboratory; when this is not avoidable, however, the children must be kept with the party and under strict control.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Official Visits & Program Planning:

Nicole Pagano, Protocol Officer, [nrpagano@lbl.gov](mailto:nrpagano@lbl.gov)

Information on Public Tours:

Ross Lyon, Public Affairs Specialist, [rlyon@lbl.gov](mailto:rlyon@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Weiner	Rewrite for wiki (brief)	All	Minor
5/14/2012	1	J. Weiner	Rewrite for wiki (policy)	All	Minor
8/29/2013	1.1	N. Pagano	Improve wording, change contacts	All	Minor

## DOCUMENT INFORMATION

Title:	Tours of Berkeley Lab
Document number	10.07.006.000
Revision number	1.1
Publication date:	8/29/2013
Effective date:	5/21/1997
Next review date:	8/29/2016
Policy Area:	Public Info/External Relations
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 5.01(D)
Functional Division	Public Affairs Department
Prior reference information (optional)	RPM, Chapter 5, Section 5.01(D)

## Source Requirements Documents

Contract 31, Clause I.64, DEAR 952.204-75, *Public Affairs*

## Implementing Documents

None

# Traffic and Pedestrian Safety

## Brief

Title:	Traffic and Pedestrian Safety
Publication date:	8/29/2013
Effective date:	11/26/2012

## BRIEF

### Policy Summary

The Traffic and Pedestrian Safety program ensures that drivers, Berkeley Lab shuttle bus users, cyclists, and pedestrians have a safe transportation experience at the Laboratory. The traffic and pedestrian safety requirements outlined here apply to government and personal vehicle use, Berkeley Lab shuttle bus use, bicycle use, and pedestrians at Berkeley Lab.

Operating a vehicle on the Berkeley Lab site is a privilege, not a right. Drivers or bicyclists who do not comply with the requirements of this policy could lose their privilege to drive a motor vehicle or ride a bicycle on the Berkeley Lab site. Because of the steep terrain, all skateboards, scooters, electric personal assistive mobility devices (such as Segways), and in-line skates are prohibited from operating on Laboratory property.

### Who Should Read This Policy

Berkeley Lab employees, affiliates, subcontractors, and visitors

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH60/CH60.html>

### Contact Information

Traffic & Pedestrian Safety SME  
EHS Division

## Policy

Title:	Traffic and Pedestrian Safety
Publication date:	8/29/2013
Effective date:	11/26/2012

## POLICY

### A. Purpose

The Traffic and Pedestrian Safety program ensures that drivers, Berkeley Lab shuttle bus users, cyclists, and pedestrians have a safe transportation experience at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

Berkeley Lab employees, affiliates, subcontractors, and visitors



## C. Exceptions

The Traffic and Pedestrian Safety program does not address the transportation of radiological (See the [Radiation Protection policy](#)) or hazardous materials (See the [Hazardous Materials Transportation Policy](#)).

## D. Policy Statement

The traffic and pedestrian safety requirements outlined in this policy apply to government and personal vehicle use, Berkeley Lab shuttle bus use, bicycle use, and pedestrians at the Laboratory.

Operating a vehicle on the Berkeley Lab site is a privilege, not a right. Drivers or bicyclists who do not comply with the requirements of this policy could lose their privilege to drive a motor vehicle or ride a bicycle on the Berkeley Lab site. Because of the steep terrain, all skateboards, scooters, electric personal assistive mobility devices (such as Segways), and in-line skates are prohibited from operating on Laboratory property.

There are no specific training requirements for the Traffic and Pedestrian Safety program, but all employees, visitors, affiliates, and subcontractors should receive a traffic and/or pedestrian orientation from their manager, supervisor, or host as appropriate for their transportation activities.

The Traffic and Pedestrian Safety program ensures the safety of every employee, visitor, affiliate, and subcontractor at Berkeley Lab by:

1. Defining safe practices for pedestrians to ensure they integrate well with other traffic ([Work Process B, Pedestrians](#))
2. Defining safe-use requirements for the operator of all vehicles (including bicycles) on site, but with a special focus on the use of government vehicles ([Work Process C, Vehicle Use](#); and [Work Process G, Bicycle Use](#))
3. Defining the specific roles and responsibilities for implementing the Traffic and Pedestrian and Safety program at Berkeley Lab
4. Describing what to do when involved in a vehicle accident or after receiving a traffic violation ([Vehicle Accidents Reporting policy](#) and [Work Process D, Vehicle Accidents and Violations](#))
5. Describing parking rules and designations ([Work Process E, Parking](#))
6. Describing compliance with work-task-specific regulations ([Work Process F, Complying with Work Task Specific Regulations](#))

## E. Roles and Responsibilities

Role	Responsibility
Berkeley Lab Employees, Users, Affiliates, Subcontractors, and Visitors	<ul style="list-style-type: none"><li>• Berkeley Lab employees, users, affiliates, subcontractors, and visitors who operate a motor vehicle on Berkeley Lab property must:<ul style="list-style-type: none"><li>• Have an appropriate (for the class of vehicle operated) and valid California driver's license or a California-recognized license issued by another state or by a foreign jurisdiction of which the operator is a resident</li><li>• Present their license whenever requested by Berkeley Lab Site Security, including when stopped for parking and moving violations or accidents</li><li>• Have insurance for any privately owned vehicle</li><li>• Follow all posted rules and directions and all state regulations for motor vehicle operation</li><li>• Park only in appropriate spaces, and ensure your vehicle does not impede or block pedestrian walkways or roadways</li><li>• Promptly (i.e., immediately after taking care of any life safety issue) notify Berkeley Lab Site Security (call 911 or ext. 6999) for any vehicle accident (an accident is any contact with another object that transfers paint or deforms any vehicle surface). Also complete and submit the Motor Vehicle Accident Report (see an example in the Appendix). The online form can be found through the Berkeley Lab <a href="#">A-Z Index</a>, under Vehicle Accident Report.</li><li>• Have authorization to operate a government vehicle in accordance with the directions of his or her division director. Use of a government vehicle must be for official business only. Follow requirements in <a href="#">Work Process C, Vehicle Use</a>.</li></ul></li><li>• For other activities:<ul style="list-style-type: none"><li>• Cyclists must wear a protective helmet when riding their bikes anywhere on Laboratory property</li><li>• Pedestrians must walk in designated pedestrian walkways and avoid walking in traffic whenever possible</li><li>• Pedestrians should stop and look before crossing any crosswalk, even though they have the right of way.</li></ul></li></ul>

Managers and Supervisors	<ul style="list-style-type: none"> <li>• Ensure (through communications and observation of work) that personnel perform all duties required to comply with the traffic and pedestrian safety requirements of this program (Note: Manager and supervisors should engage in a dialogue with their staff to determine whether there are deficiencies in the overall program, specific Laboratory infrastructures, or other conditions, and then serve as an advocate for employees to help improve vehicle and pedestrian safety at the Laboratory. Communicating needed improvements to the Traffic and Pedestrian Safety Committee or through the Safety Concerns System is encouraged.)</li> <li>• Must confirm that any vehicle accident involving personnel or government property under his or her supervision has been reported properly to Berkeley Lab Site Security (by completing and submitting the Motor Vehicle Accident Report) and appropriate division management</li> <li>• Coordinate with Fleet Operations to modify or repair existing vehicles such as vehicles or GEMs, or request vehicle repair</li> <li>• Prepare a Berkeley Lab Site Security Incident Report for every on-site accident involving a vehicle, and for off-site accidents that are work-related or involve government vehicles</li> <li>• Participate in accident investigations, and complete the supervisor's portion of the Motor Vehicle Accident Report (see an example in the Appendix). The online form can be found through the Berkeley Lab <a href="#">A-Z Index</a>, under Vehicle Accident Report. The supervisor will complete their portion of the report within 24 hours of the accident.</li> <li>• Take appropriate disciplinary action when personnel receive traffic citations issued by Berkeley Lab Site Security</li> </ul>
Berkeley Lab Security Manager	<ul style="list-style-type: none"> <li>• Provides on-site traffic monitoring, and as the contracting official for the site security contract, provides direct interface for traffic control and enforcement</li> <li>• Issues traffic control violation forms to personnel who violate parking and traffic rules, and provides copies of the citations to Berkeley Lab Human Resources Department, department managers, and supervisors</li> <li>• Interacts with Berkeley Lab Human Resources, Fleet Operations, Berkeley Lab Public Affairs, and building managers on traffic and vehicular safety issues such as blocking off parking lots and setting up road blocks</li> <li>• Provides forms for reporting both on- and off-site vehicle accidents, assistance in filling them out, and digital images of on-site accidents</li> <li>• Coordinates with appropriate law enforcement when there is an off-site accident involving a Berkeley Lab-owned, rented, or leased vehicle</li> <li>• Issues special parking permits such as temporary disabled parking permits for on-site use only after Berkeley Lab Health Services verifies medical need</li> <li>• Provides traffic control to assist the Berkeley Lab Fire Department in safe operations at the scene of an incident</li> <li>• Prepares a Berkeley Lab Site Security Incident Report for every on-site accident involving a vehicle, and for off-site accidents that are work-related or involve government vehicles</li> <li>• Serves as an active member of the Traffic and Pedestrian Safety Committee</li> </ul>
Berkeley Lab Facilities Division, Fleet Operations Manager	<ul style="list-style-type: none"> <li>• Is responsible for servicing, maintaining, and repairing all government vehicles</li> <li>• Is responsible for tracking the number, general locations, and assignments of Berkeley Lab-owned, rented, or leased vehicles</li> <li>• Periodically spot-checks documentation pertaining to vehicles (maintenance records, manifests, licenses) to ensure compliance</li> <li>• Prepares a formal General Services Administration (GSA) accident report for every on-site or off-site accident involving a government vehicle</li> <li>• With the EHSS Traffic and Pedestrian Safety Manager, manages the Government Vehicle Safety program by directly communicating requirements to government vehicle custodians, and through custodians to operators</li> <li>• Participates as an active member in the Berkeley Lab Traffic and Pedestrian Safety Committee</li> </ul>
Berkeley Lab Health Services Group Leader	<ul style="list-style-type: none"> <li>• Verifies disabilities and notifies Berkeley Lab Site Security for the purpose of issuing temporary disabled parking permits</li> <li>• Conducts impairment evaluation when requested by the University of California Police Department (UCPD) or Berkeley Lab Human Resources and/or testing for illegal drugs or alcohol, and reports results to Human Resources as soon as available</li> </ul>
Berkeley Lab Facilities Division Director – Delegated to the Chief Engineer or Civil/Structural Engineer	<ul style="list-style-type: none"> <li>• Ensures that all roads and pedestrian walkways are constructed and maintained in compliance with state requirements</li> <li>• Ensures that all traffic control devices comply with the <i>Manual on Uniform Traffic Control Devices</i> and are functional</li> <li>• Makes any repairs or improvements to roads, walkways, and/or traffic control devices needed to ensure the safe operation of Berkeley Lab transportation networks</li> <li>• Serves as an active member of the Berkeley Lab Traffic and Pedestrian Safety Committee</li> </ul>
Government Vehicle Custodians	<ul style="list-style-type: none"> <li>• Maintain each government vehicle assigned as required by this program and division policies</li> <li>• Maintain a use log for each vehicle and ensure the use log is available and used by vehicle users</li> <li>• Ensure that each vehicle user has an appropriate driver's license and is briefed on the safety requirements for the operation of government vehicles</li> </ul>

Berkeley Lab Traffic and Pedestrian Safety Committee	<ul style="list-style-type: none"> <li>• As a subcommittee to the Safety Advisory Committee, serves as a Laboratory-wide forum to discuss issues and improvements needed to ensure the safety of those using Laboratory roads and pedestrian walkways</li> <li>• Through a subcommittee, analyzes vehicular accident and enforcement needs and presents findings and recommendations to the full Traffic and Pedestrian Safety Committee, as needed</li> <li>• As needed, sponsor specific improvements in traffic and pedestrian safety</li> </ul>
Traffic and Pedestrian Safety Program Manager	<ul style="list-style-type: none"> <li>• As a member of the EHSS Division, serves as the subject matter expert (SME) for traffic and pedestrian safety and leads EHSS and Laboratory efforts to engage Laboratory staff and improve the safety for Laboratory vehicle operators and pedestrians</li> <li>• Chairs the Traffic and Pedestrian Safety Committee Meeting, and through this committee engages Laboratory staff and key management to develop annual goals and implement improvement activities; reports regularly on progress to EHSS management and the Safety Advisory Committee</li> <li>• With the Fleet Operations Manager, manages the Government Vehicle Safety program by directly communicating requirements to government vehicle custodians, and through custodians to operators</li> <li>• Participates, as requested by management, in investigations of vehicle- and pedestrian-related accidents; near misses; and reports from employees, contractors, and Berkeley Lab users</li> </ul>

## F. Definitions/Acronyms

Term	Definition
Accident, Preventable	An accident that could have been prevented by the driver based upon reasonable and prudent judgment, adherence to normal traffic safety practices, and/or specific training for the employee's job position. A vehicle accident is considered to occur when a vehicle makes any unintended contact with another object that transfers paint or deforms any vehicle surface.
Accident, Nonpreventable	An accident to which the operator of the vehicle did not contribute. Such cases may result from natural forces, from acts by other than human agency, from a deliberate act by an outside party (for example, vandalism), from impact with an unperceivable object, or from impact while the vehicle is properly parked.
Commercial Driver's License (CDL)	A license that allows the holder to operate a commercial motor vehicle
Commercial Motor Vehicle (CMV)	A commercial motor vehicle is defined as (1) a vehicle with a gross vehicle weight rating of 26,001 or more pounds, and/or (2) a vehicle designed to transport 16 or more passengers, including the driver, and/or (3) a vehicle designed to transport 11 or more passengers, including the driver, and used to transport students under 21 years of age to and from school, and/or (4) any vehicle transporting hazardous materials which is required to be placarded.
Government Vehicle	Any vehicle purchased with government funds (local, state or federal funds) for carrying out official work. This definition of government vehicle includes vehicles leased from the U.S. General Services Administration (GSA).
Privately Owned Vehicle (POV)	Any vehicle that is owned, leased, rented, or borrowed by an individual or company. This category includes vehicles other than GSA vehicles that have been leased or rented by Berkeley Lab or its staff members to be used in conducting official work (for example, rental cars, rented or leased trucks, forklifts).
Vehicle	A device by which any person or property may be propelled, moved, or drawn by (for example) human power, electrical or wind power, propane, diesel, biodiesel, or gasoline power

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
07.07.028.001	Traffic and Pedestrian Safety Program	Program
07.07.028.002	General Requirements	Work Process A
07.07.028.003	Pedestrians	Work Process B
07.07.028.004	Vehicle Use	Work Process C
07.03.004.000	Vehicle Accidents Reporting	Policy
07.07.028.006	Parking	Work Process E
07.07.028.007	Complying with Work Task Specific Regulations	Work Process F
07.07.028.008	Bicycle Use	Work Process G
07.10.001.001	Transportation of Hazardous Materials	Program

## I. Contact Information

Traffic & Pedestrian Safety SME  
EHS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	B. Lew	Rewrite for wiki (brief)	All	Minor
11/26/2012	1	R. DeBusk	Rewrite for wiki (policy)	All	Min
8/29/2013	1.1	R. DeBusk	Incorporate missing info from old RPM 1.04; align with Vehicle Accidents Reporting policy.	Brief, Policy Section A, D.4, Imple. Docs	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Traffic and Pedestrian Safety
Document number	07.07.028.000
Revision number	1.1
Publication date:	8/29/2013
Effective date:	11/26/2012
Next review date:	11/26/2015
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Sections 5.8.1– 5.8.4, 5.8.6–5.8.7, 5.8.9–5.8.10; pre-wiki RPM 1.04

## Source Requirements Documents

- California Vehicle Code (CVC), most current edition
- 10 CFR 851, Worker Safety and Health Program, Appendix A, Section 9, "Motor Vehicle Safety"
- 29 CFR 1910, OSHA General Industry Standards
- 29 CFR 1926, OSHA Construction Industry Standards
- 49 CFR 40, Procedures for Workplace Drug Testing Programs
- 49 CFR 382, Controlled Substances and Alcohol Use and Testing

## Implementing Documents

Document Number	Title	Type
07.07.028.001	Traffic and Pedestrian Safety Program	Program
07.07.028.002	General Requirements	Work Process A
07.07.028.003	Pedestrians	Work Process B
07.07.028.004	Vehicle Use	Work Process C
07.03.004.000	Vehicle Accidents Reporting	Policy
07.07.028.006	Parking	Work Process E
07.07.028.007	Complying with Work Task Specific Regulations	Work Process F
07.07.028.008	Bicycle Use	Work Process G
07.10.001.001	Transportation of Hazardous Materials	Program

# Transporting and Shipping Hazardous Materials

## Brief

Title:	Transporting and Shipping Hazardous Materials
Publication date:	8/30/2013
Effective date:	8/30/2013

## BRIEF

### Policy Summary

Berkeley Lab transports hazardous materials in accordance with U.S. Department of Transportation (DOT) requirements (specifically 49 CFR Parts 171–180 and 350–399) as required by U.S. Department of Energy (DOE) Order 460.1, *Packaging and Transportation Safety*. Where Berkeley Lab deviates from DOT requirements, Berkeley Lab will generate an approved Transportation Safety Document as required by DOE and/or obtain a Special Permit from DOT to specifically authorize the deviation.

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who use, and need to transport, hazardous materials, excluding radioactive materials and hazardous waste

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH54/CH54.html>

### Contact Information

For assistance with programmatic issues, go to:  
[Transportation Policy: Hazardous & Nonhazardous Materials SME](#)  
EHS Division

For assistance with shipping, go to:  
[Facilities Division Shipping Department](#)  
[shipping@lbl.gov](mailto:shipping@lbl.gov)

For assistance with Receiving, go to:  
[Facilities Division Receiving Department](#)  
[receiving@lbl.gov](mailto:receiving@lbl.gov)

## Policy

Title:	Transporting and Shipping Hazardous Materials
Publication date:	8/30/2013
Effective date:	8/30/2013

## POLICY

### A. Purpose

This policy describes the governing rules and restrictions for workers who need to transport hazardous materials in a vehicle or need to ship hazardous materials. Hazardous materials in this policy are those materials that meet the U.S. Department of Transportation's definition of hazardous material, or "substances or materials that the U.S. Secretary of Transportation has determined to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce." It excludes transportation of radioactive materials and hazardous wastes, which are addressed by other Berkeley Lab documents.

## **B. Persons Affected**

Berkeley Lab employees, visitors, affiliates, and subcontractors who use and need to transport hazardous materials, excluding radioactive materials and hazardous wastes

## **C. Exceptions**

Transportation and shipping of radioactive materials and hazardous wastes

## **D. Policy Statement**

Berkeley Lab transports hazardous materials in accordance with U.S. Department of Transportation (DOT) requirements (specifically 49 CFR Parts 171–180 and 350–399) as required by U.S. Department of Energy (DOE) Order 460.1, *Packaging and Transportation Safety*. Where Berkeley Lab deviates from DOT requirements, Berkeley Lab will generate an approved Transportation Safety Document as required by DOE and/or obtain a Special Permit from DOT to specifically authorize the deviation.

All shipments of hazardous materials are processed by Facilities Shipping or Advanced Light Source (ALS) Shipping. Trained and certified hazardous materials (hazmat) employees prepare hazardous materials for shipment, and generate and sign associated shipping declarations. Employees not trained and certified as hazmat employees must not offer hazardous materials for shipment.

Self-transportation of hazardous materials by Berkeley Lab workers conforms to DOT's materials of trade (MOT) exclusion within the Hazardous Materials Regulation. Employees who have completed a Job Hazards Analysis (JHA) and the minimum requirement of reviewing a safety briefing are authorized to self-transport hazardous materials in a vehicle. Where MOT exclusions cannot be met, transportation is performed by trained and certified hazmat employees in compliance with DOT rules or an approved Berkeley Lab Transportation Safety Document.

1. General requirements and a Process Flow Diagram are provided In [Work Process A](#).
2. Hazardous materials shipped to Berkeley Lab are received at a central Receiving facility. Receiving staff inspect incoming packages of hazardous materials for damage according to internal procedures (see *Work Instruction— Site Services Group, Exception Policy [All Received Material]*). Damaged packages are managed according to those procedures. ([Work Process B](#))
3. Staff may hand-carry or self-transport hazardous materials by hand and foot between buildings and between laboratories separated by hallways within a single building, provided it is safe to do so and can be done without spilling the material. Before handling hazardous materials, staff are required to take EHS0348, *Chemical Hygiene and Safety* training, or an equivalent course relevant to the hazardous material as determined through the worker's Job Hazards Analysis (JHA). ([Work Process C](#))
4. Staff may personally move or self-transport small quantities of most hazardous materials by vehicle. Self-transportation has two categories:
  - a. Those hazardous materials that are required to be transported under the full requirements of DOT (including training, vehicle placarding, shipping declarations, etc.)
  - b. Those hazardous materials that can be self-transported in small quantities under less-restrictive DOT requirements (referred to as the MOT exception). ([Work Process D](#))
5. Specific instruction is provided for the following categories of hazardous materials transportation:
  - a. Biological & Infectious Substances ([Work Process D.1](#))
  - b. Compressed Gases ([Work Process D.2](#))
  - c. Chemicals ([Work Process D.3](#))
  - d. Cryogenics ([Work Process D.4](#))
  - e. Dry Ice ([Work Process D.5](#))
  - f. Engineered Nanomaterials ([Work Process D.6](#))
  - g. Gasoline ([Work Process D.7](#))
  - h. Lithium Batteries ([Work Process D.8](#))
  - i. Mixed Hazardous Materials ([Work Process D.9](#))
  - j. Facilities Transportation ([Work Process D.10](#))
6. Shipping of hazardous materials is subject to DOT regulations as well as other regulatory restrictions (such as International Air Transport Association [IATA] or International Civil Aviation Organization [ICAO] regulations) and commercial carrier restrictions (such as those imposed by FedEx, UPS, etc.). As stated, it is Berkeley Lab policy to follow all applicable shipping requirements.
  - a. Only trained Shipping staff may package hazardous materials for shipment. Shipping staff are trained to DOT requirements and follow packing instructions provided by DOT, IATA, and other applicable organizations when packaging hazardous materials for shipment. ([Work Process E](#))
7. Self-transport of hazardous materials to and from the field follows the same requirements documented in this program. Shipping to the field follows the normal shipping process at Berkeley Lab.
  - a. If hazardous materials must be shipped from the field, contact Shipping (ext. 5094, ext. 4388, or [shipping@lbl.gov](mailto:shipping@lbl.gov)) as early as possible to plan for this activity. ([Work Process F](#))
8. Drivers transporting hazardous materials must take specific actions in the event of a release. ([Work Process G](#))
9. Both Facilities Transportation and Shipping use specific packaging materials to package, transport, and ship hazardous materials. This packaging is identified by the UN specification marking on the exterior of the packaging materials. ([Work Process H](#))
10. Berkeley Lab does not allow storage of hazardous materials at off-site storage facilities. ([Work Process I](#))
11. Training is required for employees who, during the course of their work, directly affect hazardous materials transportation safety ([Work Process J](#)). This includes employees who:
  - a. Load, unload, or handle hazardous materials to or from vehicles that enter highway commerce
  - b. Inspect, mark, maintain, recondition, repair, or test a package, container, or packaging component that is represented, marked, certified, or sold as qualified for use in transporting hazardous materials in commerce
  - c. Prepare hazardous materials for transportation in commerce
  - d. Are responsible for safety of transporting hazardous materials in commerce
  - e. Operate a vehicle used to transport hazardous materials
12. Security of hazardous materials transportation and shipping is addressed in the Berkeley Lab Facilities Division Site Logistics Department *Security Plan (Shipping, Receiving, Transportation)*, November 2008 ([Work Process K](#)).

## E. Roles and Responsibilities



<b>Roles</b>	<b>Responsibilities</b>
Receiving	<ul style="list-style-type: none"> <li>• Loads, unloads, and handles hazardous material packages</li> <li>• Inspects packages for damage as they are received</li> <li>• Manages damaged packages per <i>Work Instruction – Site Services Group, Exception Policy (All Received Material)</i></li> <li>• Per DOT standards, transports unopened hazardous material packages (excluding radioactive materials) to their destination at either on-site or off-site Berkeley Lab facilities</li> </ul>
Shipping	<ul style="list-style-type: none"> <li>• Loads, unloads, and handles hazardous material packages</li> <li>• Prepares hazardous materials for transportation (excluding radioactive materials and hazardous wastes, which are prepared by the Radiation Protection Group and Waste Management)</li> <li>• Inspects packaging material prior to shipment to ensure it meets applicable requirements and is in good condition</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Upon request, packages hazardous materials to DOT standards and transports them to their requested destinations, including on-site and off-site Berkeley Lab facilities</li> <li>• Inspects packaging material prior to transportation to ensure it meets applicable requirements and is in good condition</li> </ul>
Staff (self-transporting hazardous materials)	<ul style="list-style-type: none"> <li>• Adhere to hazardous materials transportation requirements in this document</li> <li>• Modify JHA to indicate self-transportation and incidental involvement in shipping of hazardous materials, as applicable</li> <li>• Complete required training courses</li> </ul>

## F. Definitions and Acronyms

<b>Term</b>	<b>Definition</b>
On site	Within the fenced boundaries of the main Berkeley Lab facility; also known as the Hill site
Self-transport	The process whereby an individual personally moves hazardous materials from one Berkeley Lab work location to another (e.g., from building to building) either by hand-carrying or by vehicle. Self-transport is used interchangeably with "moving" or "on-site transfer." This includes Berkeley Lab employees who move hazardous materials to off-site locations.
Shipping	Moving hazardous materials from Berkeley Lab to another location when shipping papers (e.g., shipping orders, bills of lading, manifests, etc.) are required. This typically applies when Berkeley Lab pays a commercial carrier such as FedEx to move hazardous materials on the Laboratory's behalf, but it may apply to Laboratory staff in specific situations.

## G. Recordkeeping Requirements

Shipping declarations must be maintained for at least one year.

## H. Implementing Documents

Document Number	Title	Type
07.10.001.001	Transporting and Shipping Hazardous Materials	Program
07.10.001.002	<i>Work Process A, Process Flow Diagram</i>	Process
07.10.001.003	<i>Work Process B, Receiving and Delivery</i>	Process
07.10.001.004	<i>Work Process C, Hand-Carrying or Self-Transport by Hand and Foot</i>	Process
07.10.001.005	<i>Work Process D, Self-Transport by Vehicle</i>	Process
07.10.001.006	<i>Work Process E, Shipping</i>	Process
07.10.001.007	<i>Work Process F, Field Work</i>	Process
07.10.001.008	<i>Work Process G, Emergency Action</i>	Process
07.10.001.009	<i>Work Process H, Quality Assurance</i>	Process
07.10.001.010	<i>Work Process I, Off-Site Storage</i>	Process
07.10.001.011	<i>Work Process J, Training</i>	Process
07.10.001.012	<i>Work Process K, Security</i>	Process
07.07.028.001	Traffic and Pedestrian Safety	Program
07.07.005.001	Chemical Safety Hazards and Controls	Program
07.08.001.001	Radiation Safety	Program

## Other References

- Berkeley Lab Facilities Division – Procedure LOGIS-007, Shipping – Domestic and International Shipments
- Berkeley Lab Facilities Division – Site Logistics Department Security Plan (Shipping, Receiving, Transportation), November 2008
- Work Instruction – Site Services Group, Exception Policy (All Received Material)
- Berkeley Lab EHS Waste Management Group and Operational Health Physics Group, Transportation Safety Document, Rev. 1, January 18, 2006
- PUB-3000, Chapter 2, Biosafety
- PUB-3000, Chapter 4.7, Chemicals
- PUB-3000, Chapter 7, Pressure Safety and Cryogenics
- PUB-3000, Chapter 29, Safe Handling of Cryogenics
- PUB-3000, Chapter 21, Radiation Safety
- PUB-5341, Chemical Hygiene and Safety Plan
- Biosafety Manual
- Special Permit Authorization DOT-SP 12998, Expiration March 31, 2014

## I. Contact Information

For assistance with programmatic issues, go to:  
[Transportation Policy: Hazardous & Nonhazardous Materials SME](#)  
 EHS Division

For assistance with shipping, go to:  
[Facilities Division Shipping Department](#)  
[shipping@lbl.gov](mailto:shipping@lbl.gov)

For assistance with Receiving, go to:  
[Facilities Division Receiving Department](#)  
[receiving@lbl.gov](mailto:receiving@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	N. Rothermich	Rewrite for wiki (Brief only)	All	Minor
8/30/2013	1	A. Peterson	Consolidation of program requirements; Rewrite for wiki	All	Major

**Document Information**

## DOCUMENT INFORMATION

Title:	Transporting and Shipping Hazardous Materials
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Policy Area:	Waste Management
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Section 5.8.11 – 5.8.14

## Source Requirements Documents

- DOT 49 CFR 171, Transportation – General Information, Regulations, and Definitions
- DOE Order 460.1B, *Packaging and Transportation Safety*

## Implementing Documents

Document Number	Title	Type
07.10.001.001	Transporting and Shipping Hazardous Materials	Program
07.10.001.002	<i>Work Process A, Process Flow Diagram</i>	Process
07.10.001.003	<i>Work Process B, Receiving and Delivery</i>	Process
07.10.001.004	<i>Work Process C, Hand-Carrying or Self-Transport by Hand and Foot</i>	Process
07.10.001.005	<i>Work Process D, Self-Transport by Vehicle</i>	Process
07.10.001.006	<i>Work Process E, Shipping</i>	Process
07.10.001.007	<i>Work Process F, Field Work</i>	Process
07.10.001.008	<i>Work Process G, Emergency Action</i>	Process
07.10.001.009	<i>Work Process H, Quality Assurance</i>	Process
07.10.001.010	<i>Work Process I, Off-Site Storage</i>	Process
07.10.001.011	<i>Work Process J, Training</i>	Process
07.10.001.012	<i>Work Process K, Security</i>	Process
07.07.028.001	Traffic and Pedestrian Safety	Program
07.07.005.001	Chemical Safety Hazards and Controls	Program
07.08.001.001	Radiation Safety	Program

# Travel Medicine

## Brief

Title:	Travel Medicine
Publication date:	8/2/2013
Effective date:	11/30/2008

## BRIEF

### Policy Summary

The Travel Medicine Policy at Berkeley Lab promotes safe business travel for Laboratory staff by providing medical information, limited medical supplies, and limited immunizations for common travel hazards. More unusual vaccines are provided through referrals to approved travel medicine clinics.

### Who Should Read This Policy

- All Laboratory employees planning international travel for business purposes
- Supervisors of Laboratory employees who travel internationally
- Travel Office staff

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH03.html>

### Contact Information

[Laboratory Medical Director](#), Health Services

or

[Health Services Program Manager](#)

## Policy

Title:	Travel Medicine
Publication date:	8/2/2013
Effective date:	11/30/2008

## POLICY

### A. Purpose

The Travel Medicine Policy at Lawrence Berkeley National Laboratory (Berkeley Lab) promotes safe business travel for Laboratory staff.

### B. Persons Affected

All Laboratory employees and supervisors planning international travel for business purposes

## C. Exceptions

None

## D. Policy Statement

Berkeley Lab's Health Services advises all Laboratory employees anticipating international business travel to:

1. Review the Centers for Disease Control and Prevention (CDC) [Travelers' Health Web site](#) for guidance on travel vaccinations and notices for relevant destinations.
2. Contact Health Services for advice on where to obtain needed supplies and/or vaccinations and to schedule an appointment if needed.
  - a. Vaccination planning appointments should be six weeks or more before travel.
  - b. Berkeley Lab will pay for business-related travel clinic costs with authorization from the traveling employee's manager.
  - c. Berkeley Lab can make recommendations but does not pay for non-business travel medicine costs.
  - d. Travelers to a foreign accelerator facility or Antarctica should be aware that medical certifications are sometimes required to work at those facilities. Read the invitation carefully. Berkeley Lab Health Services can assist with this process, but two weeks of lead time are required.

## E. Roles and Responsibilities

Role	Responsibility
Laboratory Medical Director	<ul style="list-style-type: none"><li>• Maintains a list of approved travel clinics</li><li>• Ensures a payment/reimbursement process is in place for a Berkeley Lab employee wishing to use a travel clinic prior to business-related travel</li></ul>
Laboratory employees planning international travel	<ul style="list-style-type: none"><li>• Review the CDC <a href="#">Travelers' Health Web site</a></li><li>• Contact Berkeley Lab Health Services to get recommendations for travel clinics and to start the travel clinic and vaccination fee reimbursement process</li></ul>

## F. Definitions/Acronyms

Term	Definition
CDC	Centers for Disease Control and Prevention

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document number	Title	Type
02.13.002.001	Health Services	Procedure

## I. Contact Information

[Laboratory Medical Director](#), Health Services

or

[Health Services Program Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
12/10/2012	0	P. Lichty	Rewrite for RPM (brief)	All	Minor
8/2/2013	1	P. Lichty	Rewrite for RPM (policy)	All	Minor

#### Document Information

## DOCUMENT INFORMATION

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RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHSS
Prior reference information (optional)	

## Source Requirements Documents

[10 CFR 851, Appendix A, Worker Safety and Health Program, Functional Areas](#)

## Implementing Documents

Document number	Title	Type
02.13.002.001	Health Services	Program

# Travel Policy

## Brief

Title:	Travel Policy and Reference Guide
Publication date:	10/9/2014
Effective date:	10/9/2014

## BRIEF

### Policy Summary

The Lawrence Berkeley National Laboratory (Berkeley Lab) Travel Policy complies with the regulations and guidelines of the Department of Energy (DOE) as required by [Contract 31](#) and the [Federal Acquisition Regulation \(FAR\)](#). In addition, some elements of the [Federal Travel Regulation \(FTR\)](#) are also incorporated into the policy. Those elements include: maximum per diems, definition of lodging, meals and incidental expenses, and regulatory coverage dealing with special or unusual situations.

### Who Should Read This Policy

This policy applies to all travel performed under Contract 31, regardless of the funding source. The DOE program office, or a non-DOE organization funding a trip, may have **additional** requirements, which travelers are responsible for meeting.

All individuals involved with travel on behalf of Berkeley Lab are responsible for complying with, and becoming familiar with the information and direction in the **TRAVEL POLICY**.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- [Business Services Manager, OCFO](#)
- [Travel Manager, OCFO](#)

## Policy

Title:	Travel Policy and Reference Guide
Publication date:	10/9/2014
Effective date:	10/9/2014

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### **11. Tax Considerations**

### **12. Records Retention**

### **13. Definitions/Acronyms**

## **POLICY**

### **A. Purpose**

This document outlines the policy employees of Lawrence Berkeley National Laboratory (Berkeley Lab) must follow when on official business. In addition, certain non-employee travel, including that of guests (e.g., invited guests, guest researchers), affiliates, foreign visitors, interviewees, and subcontractors traveling at Berkeley Lab's request and for Berkeley Lab business must comply with this policy. The word "you" in this document refers to **you, the traveler**.

These requirements apply to all types of official Berkeley Lab travel and complies with the regulations and guidelines of the DOE as required by Contract 31 and the FAR. In addition, some elements of the FTR are also incorporated into the policy. This policy applies to all travel performed under Contract 31, regardless of the funding source. The DOE program office, or a non-DOE organization funding a trip, may have additional requirements, which travelers are responsible for meeting.

### **B. Persons Affected**

This policy applies to all travelers. You are responsible for becoming familiar with the rules and guidelines and complying with all policy requirements outlined in this document.

All managers, supervisors, and employees are expected to follow the guidelines set forth in this document.

## C. Exceptions

See [Section 1.3](#) of this policy.

## D. Travel Policy

### 1. General Information

#### 1.1 How to Use This Document

There are many ways to locate information in this document:

- Use the [Table of Contents](#) to find the subject you are looking for.
- Use the hyperlinks in the flowchart — [Travel Policy Flowchart](#).
- Use the hyperlinks embedded in the text to locate information about a particular policy.
- Use **Control + F** on your computer keyboard to search for a term.

#### 1.2 Overview

- You must support cost-effective measures by evaluating the need to travel and the potential of using less-expensive travel alternatives such as **e-mail, audio and/or net (Web) conferencing, and videoconferencing**.
- Your official Berkeley Lab travel must be properly authorized, conducted, reported, and reimbursed in accordance with the policy outlined herein.
- You must conduct travel while on official Berkeley Lab business in a manner that **meets business needs and minimizes costs**.
- You must report travel expenses in a timely, responsible and ethical manner and are **expected to complete a Travel Expense Report within 30 days after completion of the trip**. See additional requirements regarding the submission and approval of Expense Reports in [Section 7.1, Expense Report Submission](#).
- Only travel expenses that are **ordinary and necessary** to accomplish the official business purpose of the trip are eligible for reimbursement.
- Your Expense Report will be partially paid/short paid if costs submitted deviate from policy.
- **For all foreign travel, Berkeley Lab has mandated the use of our [designated travel agency](#)**. Due to the complex regulations Berkeley Lab is subject to, **you are strongly urged to use our [designated travel agency](#) for airfare booking on all domestic trips**.
- For airline reservations booked through the Lab travel agency, travelers are required to provide a **personal credit card** for any **personal airfare costs** at the time of reservation. There is a cost for this service, which is the responsibility of the employee/traveler. This is referred to as 'Split-Ticketing.'

#### 1.3 Exceptions

Requests for exceptions to this policy may be emailed to the [Travel Manager](#) by the traveler, arranger, or Division Business Manager. **Requests for exceptions should be submitted *prior* to travel**. A letter outlining the circumstances, and containing all relevant documentation, signed by the traveler and Business Manager is to accompany the email.

Submission of an exception request does not mean the exception has been granted. Each exception request is researched to determine allowability and responses are provided back to the requestor and Business Manager. The typical turnaround time is 3-5 business days. On occasion, exception requests may require additional research, senior management or other departmental review and determination. In these instances, the turnaround time varies.

#### 1.4 When Does Travel Begin and End

An official Berkeley Lab business trip:

- Begins when you, (the traveler) leave your residence or primary work location, **whichever occurs last**.
- Ends when you, (the traveler) return to your residence or primary work location, **whichever occurs first**.

#### 1.5 Local, Domestic, and Foreign Travel

- Local travel is that which is conducted within 150 miles of the Berkeley Lab, or primary work site, is completed in one calendar day, and does **not** include lodging, meals or incidental expenses (M&IE). Local travel costs do include expenses for mileage, tolls, and public transportation.
- Domestic travel is that which is (1) within the United States and its possessions, (2) travel from a foreign country to the United States, or (3) travel within a foreign country, originating in that same foreign country. Domestic travel costs include transportation costs (air, etc.), lodging, M&IE and other appropriate travel costs, the details of which are outlined elsewhere in this policy.
- Foreign travel is that which is from the United States to a foreign country (including Canada and Mexico) and return, or travel between foreign countries. Foreign travel costs include transportation costs (air, etc.), lodging, M&IE and other appropriate travel costs, the details of which are outlined elsewhere in this policy.

## 1.6 Roles and Responsibilities

Role	Responsibility
Traveler	<p>Before the trip</p> <ul style="list-style-type: none"> <li>• Discuss travel plans with your supervisor</li> <li>• Obtain travel authorization for conference and foreign travel</li> <li>• Use of the <i>designated travel agency</i> is recommended</li> <li>• Use the preferred service providers located on the Travel website - <i>rental car information, air travel information, hotel information</i> recommended</li> </ul> <p>During the trip</p> <ul style="list-style-type: none"> <li>• Ensure appropriateness of type and amount of travel expenses</li> <li>• Accept personal responsibility for tickets, cash, and other negotiable instruments used for official Berkeley Lab business</li> </ul> <p>After the trip</p> <ul style="list-style-type: none"> <li>• Submit Expense Reports within 30 days after completion of the trip using Berkeley Lab's Travel Expense reimbursement system (TRES)</li> <li>• Certify your Expense Report promptly</li> </ul>
Traveler's Supervisor/ Manager/ Division	<ul style="list-style-type: none"> <li>• Approve employee's proposed travel plans</li> <li>• Ensure that expenses represent official Berkeley Lab business and are in accordance with this travel policy</li> <li>• Review and approve Expense Reports submitted through TRES promptly</li> </ul>

## 1.7 Combining Personal Vacation Days with Business Travel

- When you combine personal/vacation days with business travel, reimbursement is limited to expenses for **business travel only**.
- When you take personal/vacation days during official travel status, the number of personal days **must be specified** on the Expense Report in the TRavel EXpense Reimbursement System, TRES (travel system).
- All foreign travel requests that include vacation time must comply with the DOE 2:1 ratio. *See DOE Order 551.1D*. You are permitted to take **one vacation day for every two days of official business** conducted. The first and last day of travel are considered one business day each.
- Additionally, while on official **foreign** travel some DOE and WFO programs may be **subject to additional limitations**. Contact the *Travel Office* for guidance prior to submitting a foreign Travel Authorization in the TRES system to be certain.

**Vacation Interrupt:** If you are on vacation or have already purchased planned vacation travel tickets and are required to interrupt your vacation for business reasons, travel costs will be reimbursed from the vacation point to the official business point and back to the vacation point, plus any change or penalty fees that may apply.

## 1.8 Corporate Travel Card

Berkeley Lab offers a *US Bank Visa Corporate Travel Charge Card* to employees who travel at least once per year on behalf of Berkeley Lab. Cards are issued at no cost to you and with no individual credit check. Once you complete the application form, the application must be approved by your supervisor and faxed to the Travel Office at 510-486-6888.

*\*Charge Card Application, Electronic Funds Transfer Form/Direct Deposit Form, Travel Charge Card Information.*

An advantage of obtaining the Corporate Travel Charge Card is that your reimbursement can go **directly** from your TRES Expense Report to your US Bank account as an electronic transfer.

**What MAY you charge on your Corporate Travel Charge Card?**

The Corporate Travel Charge Card is to be used **exclusively** for Berkeley Lab business expenses associated with official travel such as **hotels, car rentals, meals, miscellaneous expenses, and registration fees** in accordance with, and as allowed by Contract 31 and Berkeley Lab policy.

#### **What MAY you NOT charge on the Corporate Travel Charge Card?**

**Personal charges**, unrelated to Berkeley Lab business purposes, are not to be charged to the Corporate Travel Charge Card. Any non-business related charges you incur are not reimbursable.

#### **Who makes the payments?**

Corporate Travel Charge Cards are issued directly to you, the cardholder, and not to Berkeley Lab. Corporate Travel Charge Card payments are your own responsibility. Delinquencies and/or misuse may result in the cancellation of the travel card and/or other corrective action, up to and including termination. Any interest and/or late fees incurred for delinquent payments are your responsibility and, therefore, are non-reimbursable.

#### **Cancellation of Corporate Travel Charge Card**

The Corporate Travel Charge Card may be cancelled at the discretion of Berkeley Lab or the issuing bank, and must be relinquished upon termination of employment.

### **1.9 Travel/Cash Advances and Pre-Payments**

You are expected to use your Corporate Travel Charge Card to obtain cash advances for expenses incurred in connection with official Berkeley Lab business travel.

**Obtaining a cash advance if you don't have a corporate card:** Berkeley Lab checks for travelers without a Corporate Travel Charge Card are available on an exception basis. Advances are issued only under special circumstances and are limited to the following restrictions:

- May not exceed the estimated out-of-pocket expenses for the trip
- Will not be made more than one week prior to the travel date
- Require written justification
- Will **not** be issued to persons who have been issued a Corporate Travel Charge Card
- Are not authorized for any person who is 30 days delinquent in submitting a Travel Expense Report for a prior trip
- Will not be made for local travel

A Travel Authorization must be completed in the TRES system for a travel advance or pre-payment.

**Note: For conference travel it is very important to note that no commitments may be made or money spent (e.g., registration fees, travel expenses - airfare, hotel, meals, etc. which could result in unrecoverable cost) - until a definitive approval or denial is provided by DOE, or a determination is made by DOE that approval is not required.**

#### **When must you return an advance?**

An advance must be returned to the Travel Office immediately if an authorized trip is canceled or indefinitely postponed. Under certain conditions, travel advances may be considered taxable income by the Internal Revenue Service. See [Section 11, Tax Considerations](#).

### **1.10 Non-Employees, Guests, Affiliates Travel and Lodging**

Certain non-employee travel including that of guests (e.g., invited guests, guest researchers) affiliates, foreign visitors, interviewees, and subcontractors traveling at Berkeley Lab's request and for Berkeley Lab business must comply with this policy. Expense Reports are to be submitted in TRES and are to be input by the Division travel arranger (requires Guest ID setup in TRES).

Foreign Visitor Payment Restrictions - Payments to foreign visitors, including advances and reimbursements, may be restricted by the visitor's visa status or other requirements established by the U.S. Citizenship and Immigration Services. Additional documentation must be provided by the visitor for reimbursement. For documentation information, see [Non-Employee Travel: Guests](#).

Travel of Interviewee and Spouse - Travel expenses associated with interviewing prospective employees are reimbursable. Reimbursement is made for actual transportation, lodging, and M&IE. At the discretion of the Division, actual travel expenses may be reimbursed for spouses/domestic partners who accompany candidates for senior-level positions on final interviews. The travel costs related to other interviewee family members' travel (e.g., children) are not allowable.

Subcontractors and Consultants – When travel is covered by a subcontractor or consultant agreement, and Berkeley Lab is making the reimbursement, the traveler must comply with this policy as well as any specific travel terms listed in the contract/agreement. The traveler must provide their Expense Report and electronic copy of receipts using the home organization's form to the Disbursement's Office (AP) and it will be routed for review by the Travel Office.

**Lodging:** For non-employees, guests, affiliates, and interviewees, the preferred lodging location is the Berkeley Lab Guest House.

**Travel Reimbursement Requirements** - The following table is for **Non-Berkeley Lab Employees:**

Click these links for specific guidelines for [non-employee subcontractor travel](#) and [non-employee guest travel](#).

Subcontract or Consulting Agreement	Educational Institution compliant with OMB Circular No. A-21	DOE Laboratory	Travel Reimbursed to Traveler by Home Organization	Travel Reimbursed to Traveler by LBNL	Policy Compliance	Documentation Required by LBNL	Documentation Reviewed by
Yes	Yes	Yes	Yes		Traveler must comply with the policy of the traveler's home institution/organization and any conditions in the subcontract or agreement	None	N/A
Yes	No	No	Yes		Traveler must comply with the Berkeley Lab travel policy and any specific travel terms and conditions in the subcontract or agreement	Traveler must provide the Expense Report (using home organization's form) and receipts, as part of the invoice package submitted to Berkeley Lab Accounts Payable for payment	Berkeley Lab Travel Office through the AP+ certification process
No			No	Yes	Traveler must comply with the Berkeley Lab travel policy and any specific travel terms and conditions in the subcontract or agreement	Traveler must use the Berkeley Lab travel expense reimbursement system (TREX), (input by Division travel arranger). Electronic receipts are required.	Berkeley Lab Travel Office through TREX

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## 2. Pre-Planning Your Trip

### 2.1 Authorization to Travel

**Domestic Travel:** The division funding the trip determines the authorization process. See [Domestic Travel Step by Step Procedures](#).

**Foreign Travel:** Regardless of funding source, *before you travel*, you must complete a Travel Authorization in TREX **30 days prior to departure**, [Foreign Travel Step by Step Procedures](#). The director (or designee) of the division funding the trip must then approve the trip in TREX, followed by review and approval by the Travel Office. The Travel Office submits the request to DOE and Department of State (travel information entered into DOE Foreign Travel Management System (FTMS), and notification to the Department of State for country clearance). The DOE has five business days to review and disapprove the trip if necessary.

An agenda and presentation (if applicable) is required for all travel requests that **include conference attendance**. If the presentation is not available, DOE will accept an outline, abstract, or brief summary instead. The final presentation must be submitted to the Travel Office along with the Expense Report.

Please ensure you follow the **30 day requirement** and all requirements outlined in the [Travel Authorization Advance Notice](#) on the Travel Office website. **You may not embark on ANY foreign travel prior to completion of the DOE and State Department reviews/notifications.** The Travel Office will notify you when all requirements have been met.

**Local Travel:** The division funding the trip determines authorization requirements. Berkeley Lab's TREX system does not accept Travel Authorizations for local travel. See [Local Travel Information](#).

**Conference Attendance and Related Travel:** All planned attendance to a conference must be coordinated with Conference Services. A definitive approval or denial for conference attendance must be provided by DOE, or a determination made by DOE that approval for the conference is not required. No commitments for conference travel may be made until these steps are completed. See further guidance at [Conference Services](#).

## 2.2 Long-Term Travel (Domestic or Foreign)

The traveler is on long-term travel if assigned to one location away from his or her primary work location for 30 days or more. Travelers on long-term travel should use establishments catering to the long-term visitor (e.g., weekly or monthly rentals).

**Reimbursement for travel longer than 30 days and up to twelve months is limited to a daily amount of up to 55%** of the applicable federal per diem rates, for lodging and M&IE, once the long-term stay location has been occupied. See [Travel Reimbursement Expense Guidelines](#).

- Reimbursement for lodging and M&IE is limited to the lesser of actual costs or 55% of the per diem. Divisions can set a lower reimbursement amount, at their discretion.
- Travelers have 30 days to identify and occupy the long-term stay location.
- Trip must be identified as 'Long-Term Travel' in the 'Trip Description and Business Benefit' section of the Expense Report and include:
  - Identification of the trip as 'Long-Term Travel'
  - Expected duration of the long-term stay, start and end dates, and business purpose

**Off-site Assignments That Exceeds Twelve Months:** For offsite assignments that exceed twelve months, refer to Berkeley Lab's [Temporary Change-of-Station policy](#).

## 2.3 Reservations and Service Providers

Ideally, you will make reservations for official Berkeley Lab travel through Berkeley Lab's [designated travel agency](#) or online booking tool, [Concur/CliqBook online booking](#).

Using Berkeley Lab's designated travel agency will provide you with the following services:

- Direct billing of airline tickets to the lab (*no out of pocket to you*)
- Discounted fares through the State of California Discount Air Fare Program and other carrier specific airfare programs
- Calculating allowable/reimbursable airfares
- Fly America Act guidance and compliance (assurance that all flights are compliant)

Even if you choose to make reservations on your own, you should use Berkeley Lab's current contracts with selected air carriers, hotels, and rental-car agencies whenever possible. You will be reimbursed according to allowable cost guidelines. See the [Travel Services website](#).

## 2.4 Travel Packages

Because commercially offered travel "packages" typically do not itemize expenses, **no business-related travel should be booked through such vendors** unless you have confirmed that each aspect of the package will be separately itemized (e.g., itemized hotel charges and airfare) to assure appropriate documentation for reimbursement.

## 2.5 Canceling Reservations

**If you are unable to honor a reservation, you will be responsible for canceling the reservation in compliance with the terms of the hotel, airline, car-rental agency, or conference/seminar vendor, etc.** Charges or lost refunds resulting from failure to cancel a reservation **will be reimbursed** if cancellation was the result of circumstances **beyond your control**, (documentation will be required).

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# 3. Modes of Transportation

## 3.1 Air Travel

### Purchasing Tickets

You should obtain transportation tickets from Berkeley Lab's *designated travel agency* to take advantage of *special discounts* and ensure compliance with all federal requirements, (i.e., Fly America Act), and to ensure full reimbursement of allowable costs. Tickets obtained from Berkeley Lab's *designated travel agency* are charged to Berkeley Lab's direct-billing account and are the property of Berkeley Lab. Berkeley Lab's travel agency offers special airfare discounts that cannot be obtained by outside sources. **All such tickets, including those that are unused (full or partial), must be reported on your Travel Expense Report.**

**For all foreign travel destinations, Berkeley Lab has mandated use of our *designated travel agency*.** This includes travel:

- From the United States to a foreign country (including Canada and Mexico) and return
- Between foreign countries or within a foreign country, when the trip originated in the United States
- Between foreign countries, when the trip originated in a foreign country

Travelers or travel arrangers may request approval to purchase airfare outside of the designated travel agency when travel is between foreign countries, originating in a foreign country and if the Lab's *designated travel agency* is (1) unable to provide a flight or (2) provides a flight that is significantly greater in costs than the traveler can access via other resources. The requester must submit their request to [TravelHelp@lbl.gov](mailto:TravelHelp@lbl.gov) at least 7 days in advance of the travel date and provide a short explanation of the need to purchase outside the designated travel agency as well as the airline they are planning to fly on. **The traveler should only proceed with booking when he/she has received approval of the request from the Travel Office.** A copy of the email approving the purchase **must** be included in the receipt documentation, attached to the expense report.

Any other foreign airfare booked outside of the Lab's *designated travel agency* or the process described above **will not be reimbursed.**

Laboratory guests coming to the United States from a foreign country must ensure their airline tickets are Fly America Act compliant, as described in the "When may you use a Foreign Carrier" portion of this section. The use of our *designated travel agency* is strongly encouraged.

For domestic travel destinations, the use of our *designated travel agency* is highly recommended.

**Charges for re-ticketing, schedule changes, etc., may be reimbursed for a valid business reason:** The business purpose for the change (e.g., increased costs, flight/trip changes) **must be documented** on the Travel Expense Report within the **comments section.**

**Employee-Purchased Tickets:** Berkeley Lab's travel agency offers special airfare discounts that cannot be obtained by outside sources. See *special discounts*. Reimbursement will be made only after the trip has occurred. If the ticket is cancelled, the ticket remains the property of the traveler. **Any employee-purchased ticket not in compliance with the Fly America Act will not be reimbursed.**

#### **Obtaining Lowest Available Airfare (Coach Class):**

- Reimbursement is limited to the actual expense for business travel only.
- Any airfare cost for deviating from your business destination **will not be reimbursed unless the cost is less than the lowest available coach fare** for the business travel.
- You are expected to travel by the most **efficient** and **economical** modes of transportation possible within mission requirements, on the most **direct route** consistent with the business purpose of the trip (i.e., utilize negotiated or discounted airfares; request departure and arrival within a two-hour window; or consider alternate airports).
- Reservations must be made as early as possible to take advantage of the lowest coach fare available.
- Coach class, or any discounted class, must be used in the interest of economy on all domestic or foreign flights. In extenuating circumstances, written authorization for reimbursement of airfare for business-class or first-class service must be obtained in advance of the trip. Please refer to *Appendix I - Upgrading Airline Accommodations* for details (See the APPENDIX I tab of this policy).

#### **Choosing a Carrier**

All commercial air travel between the United States and a foreign country and between foreign countries **must be made via a U.S. flag carrier or U.S. code share as required by Public Law 93-623, *Fly America Act*.** (Note: U.S. Code Share is an agreement that allows certain U.S. air carriers to directly sell a flight operated by a foreign carrier.)

This applies to the following:

- Travel reimbursed from any funding source (DOE or non-DOE)
- International charter flights
- Travel to/from Canada or Mexico
- Flights to/from personal destinations in conjunction with official travel

#### **When May You Use a Foreign Carrier?**

In accordance with the *Fly America Act*, foreign carriers can be used **only** under the following circumstances:

- The use of a U.S. flag air **extends travel time, including delay at origin, by 24 hours or more.**
- The U.S. flag air carrier does not offer nonstop or direct service (no aircraft change) between your origin and destination, you must use a U.S. flag air carrier on every portion of the route where service is provided unless (when compared with using a foreign air carrier) such use would result in one or more of the following:
  - It would increase **the number of aircraft changes** you must make outside of the United States by **two or more.**
  - It would **extend the travel time by six hours or more.**
  - It would **require a connecting time of four hours or more** at an overseas interchange point.

### Rest Stops

A rest stop at either an intermediate point or the destination is allowed when all the following conditions apply:

- The class of service used for air travel is **less than** business or first class.
- The origin or **destination is outside the continental United States.**
- The **scheduled flight time** (including stopovers) **exceeds 14 hours.**
- Air travel is consistent with the Fly America Act.
- Travel is taken by a direct or usually traveled route.
- Reimbursement is based on the per diem rate for the rest-stop location. A maximum of **three days are reimbursable** before the date of actual official business (one day en route, the arrival day, and one rest stop within a 24-hour period).

### Indirect Itineraries

You are responsible for any additional expenses resulting from the use of an indirect route or stops along the way for **personal reasons**. Reimbursement is limited to the actual costs incurred or to the costs that would have been incurred using the **normally traveled route, whichever is lower**. Excess travel time will be charged to the appropriate type of leave.

### Cancellations and Airline Ticket Credits

This section applies to airline tickets purchased through the Berkeley Lab *designated travel agency*. Cancellations must be reported directly to the travel agency prior to departure time.

Airline ticket credits resulting from trip cancellations are stored in the Berkeley Lab travel agency database for your future use. Ticket credits expire after a period of time, which varies by airline. You are responsible for keeping track of all unused airline credits and using them prior to their expiration date.

If you have an unused airline ticket, it must be reported and submitted on your Travel Expense Report for which it was intended, in TREX, even if the trip was cancelled.

*Please note in the trip comments section in TREX the circumstances for cancelling, and enter as much information about the airline ticket as possible, e.g., Trip canceled, Ticket #000000, canceled with Travel Agency on (date). Total cost, e.g., \$600, residual value on file \$345. You can obtain this information from the travel agency when you place the call to cancel.*

When the airline credit is subsequently used on another trip, and if the subsequent trip has a Project ID other than the one used for the original Expense Report, you must consult with the Resource Analyst or Business Manager to facilitate the appropriate resource adjustment. (Note: A resource adjustment will be made by the Division to credit the original Project ID and debit the Project ID receiving the airline credit).

### Vacating a Reserved Seat and Related Compensation

Involuntary	Voluntary
Compensation made to travelers by airlines for involuntary denied boarding is the property of Berkeley Lab and must be returned with the Travel Expense Report to be credited to the cost of the trip.	Travelers may voluntarily vacate reserved airline seats and retain the payment received from the airline under the following conditions: <ul style="list-style-type: none"> <li>• Any resulting additional expenses are borne by the traveler.</li> <li>• Relinquishing a reserved seat does not diminish performance of official duties.</li> <li>• Vacation is charged to the extent that travel is delayed during normal work hours.</li> </ul>

## 3.2 Travel to and from the Airport

**Personal Car:** When **you drive** to or from the airport, the mileage and parking for one round trip for the duration of the trip is reimbursable. When two or more persons share a privately owned vehicle, only the driver can be reimbursed.

When **you are driven** to and from the airport, the mileage, short-term parking, and tolls for **two round trips is reimbursable.**

Mileage will be reimbursed from the time you **leave** your residence or primary work location, whichever occurs **last**, to when you **return** to your residence or primary work location, whichever occurs **first**.



**Taxi/Car Service:** Employees should choose **cost-effective measures and use the most economical mode** of transportation to and from home and the airport. The cost of a shuttle or taxi is reimbursable. Airport car services (sometimes referred to as limousines) are reimbursable, as long as it is the **most cost-effective mode**. Sedan services may be used when they are less expensive than alternative means of transportation or when valid business reasons preclude the use of more economical transportation. **The reason for use of a sedan service must be included in the comments section of the Expense Report.**

### 3.3 Use of Surface (Ground) Transportation

You may choose to use surface (ground) transportation for personal reasons even if air travel is an appropriate mode of transportation. In that case, reimbursement may not exceed the airfare Berkeley Lab would have paid if air travel had been used, plus the normal cost of ground transportation to and from airports. The cost of meals, lodging, tolls, ferries, and parking while in transit via surface transportation may be reimbursed if the **total amount reimbursed does not exceed the cost of airfare plus ground transportation. Travelers are advised to contact the [Travel Office](#) prior to traveling to determine the allowable airfare and reimbursable limits.**

If you are using a private vehicle:

Reimbursement will be made based on	Actual mileage, parking, ferries, and tolls – See the APPENDIX II tab of this policy.  Mileage will be reimbursed from the time you <b>leave</b> your residence or primary work location, whichever occurs <b>last</b> , to when you <b>return</b> to your residence or primary work location, whichever occurs <b>first</b> .
Gasoline, routine repairs, tires, or other vehicle expenses	<b>No reimbursement</b>
When two or more persons share a privately owned vehicle	Only the <b>driver</b> may claim reimbursement

### 3.4 Rental Vehicles

A rental vehicle should be used when it is more economical than the use of taxis or other means of transportation. It may be used for local travel only when no other means is available. Travelers are expected to use [Berkeley Lab preferred rental car vendors](#) and charge the rental to their Corporate Travel Charge Card or personal credit card.

Reimbursement for a rental vehicle cannot exceed intermediate-size sedans, unless the following conditions and documentation requirements are met:

Class of Vehicle	Reimbursable	Requirements	Justification Required
Four-wheel drive	Yes	Business necessity or weather conditions	Yes
Minivan	Yes	For transportation of Berkeley Lab passengers and Berkeley Lab equipment	Yes
Truck or Van	Yes	To transport equipment or materials	Yes

**Gasoline is reimbursable.** The traveler should **refuel** the rental vehicle **prior to returning** it to the rental agency, thus avoiding excess gasoline charges.

**Is GPS (Global Positioning System) reimbursable?** Yes, only for those travelers who are traveling in an unfamiliar area. It is expected that travelers who are familiar with their travel location will decline the GPS option when making their reservation or upon checkout.

**Non-standard options such as car seats are not reimbursable.**

If a rental vehicle is used instead of air travel, reimbursement of transportation costs, including the cost of meals, lodging, tolls, ferries, and parking while in transit, shall not exceed the sum of the total allowable airfare (if air had been used), and the normal cost of ground transportation to and from common carrier terminals. **You should contact the [Travel Office](#) prior to traveling to determine the allowable airfare and reimbursement limits.**

If the traveler is unable to use a UC Rental Car Agreement, the corporate travel card should be used. In general, collision damage waiver coverage is provided through the corporate travel card for vehicles rented anywhere in the world. See [Corporate Travel Charge Cards](#).

### 3.5 Train (Rail) or Bus

- Reimbursement for **train** transportation is limited to the **lowest first-class rate**.
- Transportation by **bus** is **not limited** to any specific class of service.

When rail or bus transportation is used instead of available air travel due to business necessity, actual expenses including the cost of meals and lodging will be reimbursed. Reimbursement for the cost of a sleeping car accommodation is allowed in lieu of lodging expense for each night that these accommodations are used.

If a rail or bus is to be used instead of air travel for personal convenience, reimbursement of actual expenses including the fare, cost of meals, lodging, tolls, ferries, and parking **shall not exceed sum of the total allowable airfare** (if air travel had been used), and the normal cost of ground transportation to and from common carrier terminals. **Travelers should contact the [Travel Office](#) prior to traveling to determine the allowable airfare and reimbursable limits.**

**Local public transportation fares for transportation such as taxi's buses, subways, or streetcars are reimbursable.**

### 3.6 Parking Charges

Reasonable parking charges for official, rental, and personal vehicles, when used for official Berkeley Lab business, is reimbursable. Travelers should use long-term or off-airport facilities when parking at common carrier (airline) terminals. Charges associated with valet parking are not reimbursable.

### 3.7 Motorcycles/Bicycles

Motorcycles (or motor-driven cycles of any type) or bicycles **are not allowed** for use on official Berkeley Lab business, **nor will any reimbursement be made for their use.**

### 3.8 Other Transportation

Charges for the use of other types of transportation (e.g., helicopter, boat) are allowed when their use is beneficial to Berkeley Lab. A written justification for their use must be included with the Travel Expense Report.

When traveling by passenger ship, transportation at the lowest first-class rate is reimbursable.

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## 4. Lodging and Meals & Incidental Expenses (M&IE)

### 4.1 Lodging

Lodging reimbursement is limited to actual cost or per diem, whichever is lower. Lodging will be reimbursed based on the type of travel and location in which the traveler is staying. Per diem allowances are set in accordance with the rates established by the following federal agencies:

Type of Travel	Agency Establishing Per Diem Rates
Within the Continental U.S. (CONUS)	<a href="#">General Services Administration (GSA)</a>
Outside the Continental U.S. (OCONUS) – Alaska, Hawaii, and U.S. Possessions	<a href="#">Department of Defense (DOD)</a>
Foreign	<a href="#">U.S. Department of State</a>

Lodging taxes are not included in the per diem rates but are reimbursed as a separate expense, which you must enter on your TREX Expense Report.

You should obtain government room rates where available, or the most economical rate offered.

Actual lodging expenses may exceed the applicable federal rate to a maximum of **300%** (see [Federal Travel Regulation](#)) **if any of the special or unusual circumstances listed below apply**. No additional approval other than the individual approving the Travel Expense Report is required. See [Travel Expense Report Settlement](#).

- Lodging (and/or meals) are at a pre-arranged place such as a hotel where a conference, meeting, or training session is held.
- Lodging costs are temporarily escalated due to special events (e.g., sporting events, conventions, natural or man-made disasters).
- Lodging (and/or meal) expenses within the prescribed allowances cannot be obtained nearby; and costs to commute to/from the nearby location consume most or all of the savings achieved from occupying less expensive lodging.
- You are required to do business in a certain location on certain days and no lodging is available at the government rate.
- Other unplanned circumstances you encounter such as:
  - Government rate room booked but not available upon arrival at hotel
  - Flight cancelled; if you are required to spend the night in airport hotel and not compensated by airline

A written justification documenting the business purpose for procuring lodging at the higher rate must be placed within the comments section of the Expense Report in TREX and the Expense Report (containing the reason). By approving the Expense Report, the Division is authorizing the request for reimbursement based on the actual expenses due to the special or unusual circumstances (not to exceed 300% of government rate as stated above).

Lodging in non-commercial facilities, such as house trailers or field camping are reimbursed at the actual expense up to the maximum applicable lodging rate.

Shared Lodging - Lab travelers who share a room with another Berkeley Lab employee are reimbursed based on receipt only.

Lodging with friends or relative is not reimbursable. Lodging costs for stays at a facility that you either own or lease is not reimbursable.

**Standard Room Rate Exception - Berkeley Lab Guest House**

The Berkeley Lab Guest House is located on the Lab facilities, and due to the potential savings in transportation costs for travelers visiting and staying at the Lab, the cost of a standard room rate at the Guest House rate in effect at the time is allowable and reimbursable.

**4.2 Meals and Incidental Expenses (M&IE)**

M&IE reimbursement is limited to per diem. M&IE will be reimbursed based on the type of travel and location in which the traveler is staying. Per diem allowances are in accordance with the rates established by the following federal agencies:

Type of Travel	Agency Establishing Per Diem Rates
Within the Continental U.S. (CONUS)	General Services Administration (GSA)
Outside the Continental U.S. (OCONUS) – Alaska, Hawaii, and U.S. Possessions	Department of Defense (DOD)
Foreign	U.S. Department of State

**Meal Expenses**

Meal expenses include the cost of breakfast/continental breakfast, lunch, dinner, and related tips and taxes.

Furnished meals, meals included in registration fees, and nominal fee meals require adjustment on the Expense Report following the table on the [Travel Services website](#). Meals provided by common carriers or complimentary meals provided by hotels/motels do not require any adjustment of the Expense Report.

To minimize costs, you are highly encouraged to request reimbursement for the **actual cost of meals and incidental expenses up to the applicable federal M&IE rate. Travelers will not be reimbursed for meal costs in excess of per diem rates.**

The following table reflects M&IE allowance guidelines.

Travel Time – Hours	M&IE Allowance
12 hours or less	None
More than 12 hours, but less than 24 hours	75% of maximum CONUS published rate (GSA)
24 hours or more	Maximum CONUS published rate (GSA); 75% of the rate for first and last day of travel

**Incidental Expenses**

Incidental expenses may include fees and tips given to porters, baggage carriers, bellhops, and hotel maids. When on foreign travel, laundry and dry cleaning is considered an incidental expense.

**4.3 Long-Term Travel Reimbursement Limitations**

Reimbursement for travel longer than 30 days and up to 12 months is limited to a daily amount of up to 55% of the applicable federal per diem rates, for lodging and M&IE, once the long-term stay location has been occupied. See [Travel Reimbursement Expense Guidelines](#).

- Reimbursement for lodging and M&IE is limited to the lesser of actual costs or 55% of the per diem. Divisions can set a lower reimbursement amount, at their discretion.
- Travelers have 30 days to identify and occupy the long-term stay location.
- The trip must be identified as "Long-Term Travel" in the "Trip Description and Business Benefit" section of the Expense Report. Required information in the "Trip Description and Business Benefit" section includes:
  - Identification of the trip as "Long-Term Travel"
  - Expected duration of the long-term stay, and the start and end dates business purpose

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## 5. Miscellaneous Expenses Incurred While On Business Travel

The following are examples of reimbursable miscellaneous business expenses incurred while on business travel. We advise you contact the [Travel Office](#) prior to incurring any expenses, should you have questions on reimbursability.

EXPENSE TYPE	REIMBURSEMENT GUIDANCE ( <i>Reimbursable</i> )
<b>Business office expenses</b>	For use of computers, printers, fax equipment, internet access, scanners, copy services and postal service
<b>Baggage charges</b> for business travel	Domestic travel – one bag; Foreign travel - two bags
<b>Materials and Supplies</b>	Purchase of materials and supplies while on business travel when normal procurement policies are not practical. Use the <a href="#">electronic Request for Issuance of Check (eRFIC)</a> to seek reimbursement.
<b>Registration fees</b> for DOE approved conferences, conventions, or professional society meetings	Any part of such fees covering entertainment is not allowed. However, if a non-governmental organization sponsors a conference and a single, mandatory, non-separable registration fee is charged for both attendance and meals or an evening social event, Berkeley Lab will reimburse the traveler's full registration fee.  <b>Note: You may request Conference registration fee reimbursement only if the conference has been approved by DOE. DOE conference reporting guidelines state, no commitments may be made or money spent, (e.g., registration and travel expenses, airfare, hotel, meals, etc.), until a definitive approval or denial is provided by DOE, or a determination is made by DOE that approval is not required. If a denial is provided and you carry on with your trip, you will not be reimbursed for any expenses.</b>
<b>Other (miscellaneous) Fees</b>	For use of automated teller machines, traveler's checks, money orders, certified checks, visas, photographs, and inoculations when not obtained through Berkeley Lab facilities
<b>Laundry and dry-cleaning services</b>	Domestic travel - reimbursed for travel for more than four nights. Foreign and OCONUS travel – Allowable expense which is considered a part of the M&IE expense. Reimbursement is limited to 20% of the applicable M&IE rate.
<b>Telephone call</b>	One (reasonable) personal call home per day.
<b>Visas, photos, certificates, inoculations, currency conversion, collision insurance for rental cars.</b>	Reimbursable for foreign travel only and based on receipt for any item over \$75.

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## 6. Non-Reimbursable Expenses

The following list includes **examples** of the most common types of non-reimbursable expenses.

- Entertainment and alcohol expenses
- Expenses paid or incurred on behalf of others
- Lodging with friends or relatives
- Lodging costs for stays at a facility that you either own or lease
- Travel airline membership clubs
- Full size limousine or stretch limousine
- Domestic car rental insurance
- Unused employee purchased airline ticket
- Airline change fees for personal reasons
- The use of chartered and/or private aircraft
- Animal/Pet sitting

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## 7. Travel Expense Report Settlement

### 7.1 Expense Report Submission

#### Expectations for Completing Expense Reports

Expense Reports **are expected to** be submitted **within 30 days** after completion of the trip, using the Berkeley Lab's Travel Expense reimbursement system (TREX).

Expense Reports submitted after 90 days are considered "late submissions" and must be approved by the Division Business Manager or the Division Deputy of Operations in TREX prior to submission to the Travel Office. In addition, a reason for the submission of the late Expense Report must be included in the comments section of the Expense Report. This requirement applies to all travelers except for those positions that require specific approvals:

- Associate Laboratory Directors (ALDs), Division Directors, Deputy Director, and the Chief Financial Officer (CFO) will be approved by the Chief of Staff.
- The Controller will approve travel expenses for the Laboratory Director.

Under Internal Revenue Service (IRS) regulations, travel advances not substantiated or returned "within a reasonable period of time" are considered to be of personal economic benefit to the traveler and reportable to taxing authorities. For tax purposes, 120 days is considered "within a reasonable period of time." If an employee does not substantiate expenses and return unused advances within this 120-day period, Berkeley Lab is obligated under IRS regulations to consider the advance as additional income to the employee and to withhold appropriate income and employment taxes. Airfare charged to the corporate credit card and prepaid hotel and registration costs are considered an advance and taxes will be withheld if the Expense Report is not submitted within 120 days from the end of the trip. No refund of these taxes will be made.

All Travel Expense Reports must be submitted and processed for payment by the close of the fiscal year to ensure all expenses are properly posted.

For information on how to create an Expense Report, see [TREX How To information](#).

#### Process

Each official Berkeley Lab business trip must be submitted for reimbursement on a separate Expense Report. An official Berkeley Lab business trip:

- Begins when you, (the traveler) leave your residence or primary work location, **whichever occurs last**.
- Ends when you, (the traveler) return to your residence or primary work location, **whichever occurs first**.

However, for **local** travel, multiple claims for reimbursement may be submitted on one travel expense report.

All costs related to an official Berkeley Lab business trip must be reported on the traveler's Expense Report and must be substantiated by appropriate receipts, as required by policy. As it relates to Berkeley Lab **purchased airline tickets, including those that are unused (full or partial), refundable, or cancelled trips, even though tickets are charged directly to the ticket information the costs must be reported on your Travel Expense Report.**

#### Expense Report Certification/Approval

- You must first **certify** the expenses claimed. If the traveler is a Berkeley Lab employee, the certification must be made in Berkeley Lab's TREX system. Certification for Affiliates or Guests will be made in the system by the division travel arranger, on behalf of the traveler.
- The Travel Expense Report must then be **approved** by an authorized signer in [Berkeley Lab's Signature Authorization System \(SAS\)](#).
- A Manager/Supervisor **can** approve his/her direct or indirect reports, but the direct or indirect reports **cannot** approve the Managers Expense Report.
- Individuals with delegated authority to approve travel cannot approve their own travel.
- Travelers may not approve the travel of a near relative, *e.g., spouse or equivalent, child, parent, etc.*
- Travel expenses for Associate Laboratory Directors (ALDs), Division Directors, Deputy Director, and the Chief Financial Officer (CFO) will be approved by the Chief of Staff.
- The Controller will approve travel expenses for the Laboratory Director.

### Travel Paid by a Host/Third Party

Situation	Requirement
When travel is to be paid by another host/third party, and is charged to Berkeley Lab in the <b>interim</b> , ( <i>e.g., traveler purchases air ticket that is charged to the Lab ghost card, and host will be reimbursing traveler's airfare</i> )	Note in the Expense Report comments section, 'Host to reimburse traveler'. You must ensure payment is received from the host organization. The Travel Office will not approve your Expense Report for payment until a check made payable to the UC Regents is received in the Travel Office.
When a host/third party reimburses a traveler for travel expenses AND you have either been reimbursed, or have submitted an Expense Report to Berkeley Lab	Remit reimbursement check made payable to the UC Regents. You must put your trip number on the check and attach a copy of your Expense Report.
When a traveler owes money to Berkeley Lab, ( <i>e.g., advance exceeds reimbursable expenses; ticket exceeds allowable amount, etc.</i> )	Remit reimbursement check made payable to the UC Regents. The Travel Office will not approve your Expense Report for payment until a check made payable to the UC Regents is received in the Travel Office.

### Personal Expenses

If at any time during Expense Report review it is determined that personal expenses have been submitted, the Travel Office will contact the traveler. The Travel Office will not approve your Expense Report for payment until the matter has been resolved and/or a check made payable to UC Regents has been received in the Travel Office.

## 7.2 Prepaid Expenses

### Airline Tickets

Airline tickets purchased through Berkeley Lab's designated travel agency are directly billed to Berkeley Lab. This is Berkeley Lab's preferred method for obtaining airline tickets.

When you purchase a ticket outside of the agency, reimbursement will not be made until after the trip has occurred. See [Section 3.1, Air Travel](#).

### Hotel and Event Registration Fees

You are expected to **pay the vendor directly** and request reimbursement through the Expense Report process. You may use your personal credit card, or obtain a [Corporate Travel Charge Card](#).

Your reimbursement **may be obtained in advance** on a Pre-Payment Expense Report in TREX, or reimbursement can be requested at the conclusion of the trip when other travel related costs are submitted.

For example, hotels requiring a deposit may be submitted on a Pre-Payment Expense Report in TREX.

Berkeley Lab checks to vendors, via the electronic Request for Issuance of Check (eRFIC) process, are available on an **exception basis only**, (justification and/or documentation will be required).

**Note: You may request Conference registration fee reimbursement only if the conference has been approved by DOE. DOE conference reporting guidelines state, no commitments may be made or money spent, (e.g., registration and travel expenses, airfare, hotel, meals, etc.), until a definitive approval or denial is provided by DOE, or a determination is made by DOE that approval is not required. If a denial is provided and you carry on with your trip, you will not be reimbursed for any expenses.**

## 7.3 Foreign Travel Currency Translations

Expense Reports must be submitted in U.S. dollars. Expenses paid by credit card are reimbursed at the rate used by the credit-card company. When a rate is not provided, the conversion will be based on the date the transaction occurred using [OANDA](#). Expenses paid by check are reimbursed by the [OANDA](#) conversion rate on the date the country was entered.

Expenses paid in a foreign currency are reimbursed using the exchange rate at the time of conversion. Therefore, all **currency exchange receipts should be saved**, used for converting foreign currencies back to U.S. dollars, and submitted with the Travel Expense Report, **electronically**. Fees charged for conversion are reimbursable.

In the absence of a receipt showing the rate of conversion, the official bank rate of exchange will be based on the first day of official business travel using the currency converter provided by [OANDA](#).

## 7.4 Receipt Requirements

**You must submit all receipts electronically** via the TREX system. All paper receipts are to be scanned in the same direction and attached to the Expense Report as a PDF file by the traveler or travel arranger.

Travelers should keep the original, hardcopy receipts until reimbursement has been received.

**Receipts are always required for any expense \$75 and over.** See the [eReceipts Reference Guide](#).

<b>Receipt Requirements</b>	<b>Vendor Name</b>	<b>Event Name</b>	<b>Traveler Name</b>	<b>Transaction Date</b>	<b>Flight/Rail Itinerary</b>
<a href="#">Airline Tickets</a> <i>Any \$ Amount</i>	Yes	No	Yes	Yes	Yes
<a href="#">Hotel/Lodging</a> <i>Any \$ Amount</i>	Yes	No	Yes	Yes	No
<a href="#">Event Registrations</a> <i>Any \$ Amount</i>	No	Yes	Yes	Yes	No
<a href="#">Commercial Car Rentals</a> <i>Any \$ Amount</i>	Yes	No	Yes	Yes	No
<a href="#">Expenses \$75 and over (EXCLUDING MEALS)</a>	Yes	No	No	Yes	No

**Lost/Missing Receipts:** When circumstances beyond your control prohibit submission of required receipts, a [Lost/Missing Receipt Waiver](#) form will need to be completed, signed by the traveler, approved by the Division Business Manager and submitted to the Travel Office.

## 7.5 Supplemental Expense Reports

If you did not claim all expenses or receive full reimbursement on your Travel Expense Report due to a mistake/omission of a reimbursable expense, a Supplemental Expense Report will be accepted with itemized receipts, **submitted electronically**.

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## 8. Travel Insurance

## 8.1 Business Travel Insurance

The University of California (UC) maintains a business travel insurance policy for employees, students, and any person traveling on behalf of Berkeley Lab. Coverage can also be provided for a spouse/domestic partner and dependent(s) while traveling with the Berkeley Lab traveler. See [UC Business Travel Accident Insurance](#). The policy provides worldwide coverage, 24 hours a day, for a wide variety of accidents and incidents while away from the primary work location at no cost to the traveler for accidental death or dismemberment. The policy also provides travel assistance services (e.g., security extraction, emergency medical evacuation).

If you did NOT book your travel through the Berkeley Lab [designated travel agency](#), you must register at [UCOP Travel](#) for each foreign and domestic trip outside of your home state to ensure coverage. Coverage is automatic for business travel within the state and registration is not required for those trips.

## 8.2 Rental Vehicle Insurance

Travelers should use rental agencies with which Berkeley Lab or UC has system-wide contracts that include insurance coverage. Charges for optional insurance, including collision damage waiver (CDW) and loss damage waiver (LDW) on rental cars in the continental United States, will not be reimbursed. The cost for full collision coverage for rental cars used in Alaska, Hawaii, U.S. possessions, and foreign countries is reimbursable.

If the traveler is unable to use a UC Rental Car Agreement, the corporate travel card should be used. In general, CDW coverage is provided through the corporate travel card for vehicles rented anywhere in the world. See [Corporate Travel Charge Cards](#).

## 8.3 Private Vehicle Insurance

Employees who use a privately owned vehicle for Berkeley Lab business must provide, upon request, satisfactory evidence of insurance coverage.

The minimum prescribed liability insurance coverage is:

- \$50,000 for personal injury or death of one person
- \$100,000 for injury to, or death of, two or more persons in one accident
- \$50,000 for property damage

When an employee uses a private vehicle for Berkeley Lab business, the employee's own personal vehicle policy is the primary insurance coverage for damage to the employee's private vehicle, damage to a third-party vehicle, and injury to a third party. For damage to the employee's private vehicle, Berkeley Lab may authorize payment to the employee of up to \$500 or the amount of the deductible, whichever is less. Expenses that can be recouped from insurance are not eligible for reimbursement. The amount reimbursed shall be based on receipts submitted by the employee to the individual who authorized the travel. For additional information, see [UCOP Travel Regulation G28](#).

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## 9. Accident Reporting

All vehicle accidents, whether involving property damage and/or personal injury should be reported pursuant to the [Vehicle Accident Reporting](#) policy in the RPM.

## 10. Injury or Illness While On Travel

- Illness or injury requiring hospitalization while on official travel status **must be reported promptly to Health Services**.
- In addition, all Berkeley Lab employees are provided with workers' compensation coverage for work-related injury or illness that occurs during a Berkeley Lab-approved and -funded business trip.

## 11. Tax Considerations

The Laboratory's travel reimbursement policy is designed to conform to the "accountable plan" rules published by the IRS. Therefore, reimbursement of a traveler's expenses does not result in additional taxable income to the employee.

However, under IRS regulations, travel advances not substantiated or returned "within a reasonable period of time" are considered to be of personal economic benefit to the traveler and reportable to taxing authorities. For tax purposes, 120 days is considered "within a reasonable period of time."

If an employee does not substantiate expenses and return unused advances within this 120-day period, Berkeley Lab is obligated under IRS regulations to consider the advance as additional income and to withhold appropriate income and employment taxes. Airfare charged to the corporate credit card and prepaid hotel and registration costs are considered an advance and taxes will be withheld, if the Expense Report is not submitted within 120 days from the end of the trip. No refund of these taxes will be made.



## 12. Records Retention

The Travel Office has an institutional responsibility for retention of completed Travel Expense Reports and required receipts. These travel documents are maintained as required by Berkeley Lab records management and archiving policies.

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## 13. Definitions/Acronyms

Term	Definition
Abstract	A summary statement provided in the TREX Travel Expense Report that reflects (1) major highlights, (2) benefits, and (3) results of the trip. Each of the three attributes should be included in the abstract statement.
Affiliates	Non-Berkeley Lab employees engaged in on-site Berkeley Lab activities. Affiliates are subject to training in safety and other subjects. They are also issued a Berkeley Lab identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples: Facility users, scientific collaborators, students
American Flag Carrier	See U.S. Flag Carrier.
Approval	The process of granting permission. This is required prior to the purchase of a travel ticket.
Authorization	To formally or officially grant permission. This is required prior to the purchase of any foreign travel ticket.
Business Class	A premium class of accommodation offered by the airlines that is higher than coach and lower than first class, in both cost and amenities
Certify	To confirm formally that expenses claimed were incurred on official business on the dates shown and that the expenses identified are in compliance with the Berkeley Lab Travel Policy
Coach Class	The basic class of accommodations offered to travelers regardless of fare paid
Collision Damage Waiver (CDW)	Covers damage to or loss of a rental car
Common Carrier	An organization that transports people or goods from one place to another for a fee
Continental United States (CONUS)	The territory of the United States that is within North America between Canada and Mexico, and the adjacent territorial waters
Contract 31	"Contract 31" refers to Contract No. DE-AC02-05CH11231, the contract between the U.S. Department of Energy and the University of California (UC) describing the terms for UC to manage Berkeley Lab. The contract includes a statement of work (SOW) for the science missions, and details the requirements for managing the operations and business of Berkeley Lab.
Direct or Indirect Report	The organizational relationship between an employee and a supervisor or manager. A direct report is immediately accountable to one director, supervisor, or manager, as defined in Berkeley Lab's Human Resources Information System (HRIS). An indirect report is one or more organizational levels below the direct report.
Domestic Travel	(1) Travel within United States and its possessions, (2) travel from a foreign country to the United States, or (3) travel within a foreign country originating in that same foreign country.
Employee	An individual who receives a paycheck from Berkeley Lab
Excess Baggage	Baggage in excess of the carrier's size and weight limit
Federal Acquisition Regulation (FAR)	The Federal Acquisition Regulation (FAR) is the primary regulation for use by all federal executive agencies in their acquisition of supplies and services with appropriated funds.

Federal Travel Regulation (FTR)	The Federal Travel Regulation (FTR) is the document that details statutory requirements and Executive Branch policies for travel by federal civilian employees and others authorized to travel at government expense. The Laboratory is required to comply with certain provisions of the FTR.
First Class	Generally, the highest class of accommodation offered by the airlines in terms of both cost and amenities and termed "first-class" by the airlines and any reservation system
Fly America Act	Public law (commonly referred to as the Fly America Act) that, in general, requires that foreign air travel funded with federal dollars be done on U.S. flag air carriers
Foreign Travel	Travel from the United States to a foreign country (including Canada and Mexico) and return, or travel between foreign countries
General Services Administration (GSA)	An independent agency of the U.S. government established in 1949 to help manage and support the basic functioning of federal agencies
Incidental Expenses	Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses, and others on ships. On foreign travel, laundry and dry cleaning are also considered incidental expenses.
Involuntary Denied Boarding	An airline term for a situation in which a passenger is not allowed to board an aircraft due to overbooking, weight restriction, etc.
Itemized Receipt	Detail of specific expenses charged to the traveler, e.g., a lodging receipt reflecting the room rate, taxes, telephone charges, etc.
Local Travel	Travel within a distance of 150 miles (one way) from the traveler's primary work location or residence that will be completed within one calendar day without lodging
Lodging	Expenses for overnight sleeping facilities. Does not include accommodations on airplanes, trains, buses, or ships, which are included in the cost of transportation.
M&IE	Meals and incidental expenses
Meals	Expenses for breakfast, lunch, dinner, and related tips and taxes. Specifically excluded are alcoholic beverages and entertainment expenses and any expenses incurred for other persons.
Non-Employee	An individual who is not a Berkeley Lab employee (i.e., does not receive a paycheck from the Laboratory). Includes, but not limited to, interviewees, affiliates, consultants, and subcontractors.
Non-Foreign Overseas	Business points in Alaska, Hawaii and U.S. possessions
OCONUS	Travel outside the continental United States (i.e., Alaska, Hawaii, and U.S. possessions, Puerto Rico)
Official Laboratory Travel	Travel necessary to accomplish official business on behalf of Berkeley Lab. Official travel is properly authorized, processed, conducted, reported, and reimbursed in accordance with this policy.
Per Diem	Combined daily expenses for lodging and meals & incidental expenses (M&IE). Per diem within the continental United States (CONUS) is set by the General Services Administration (GSA). Per diem within Alaska, Hawaii, and the U.S. possessions (i.e., nonforeign overseas) is set by the Department of Defense. Per diem within foreign countries is set by the U.S. Department of State.
Primary Work Location	The place where the major portion of the traveler's work time is spent, or the place to which the traveler returns during working hours upon completion of special assignments
Regular Use of Private Vehicle	More than four trips per calendar month totaling at least 300 miles
Travel Authorization	A form in Berkeley Lab's travel expense reimbursement system (TRES) that reflects information about a planned trip
Travel Expense Report	The form used to process requests for reimbursement to the traveler for any amounts due, which is accessed through Berkeley Lab's TRES system
Travel Expenses	Expenses that are ordinary and necessary to accomplish the official business purpose of a trip
Travel Status	The period during which a traveler is traveling on official business

Travel Voucher	See Travel Expense Report
Traveler	An employee or affiliate who is authorized to travel on official Berkeley Lab business and travels on behalf of and at the expense of the Laboratory
TRavel and EXpense Reimbursement System (TREX)	Berkeley Lab's travel expense reimbursement system
Unofficial Travel	Travel undertaken by an individual without official, fiscal, or other obligations on the part of Berkeley Lab, i.e., personal travel
U.S. (American) Flag Carrier	An air carrier that holds a certificate under the Federal Aviation Act of 1958 authorizing operations between the United States and/or its territories, and one or more foreign countries. Each U.S. airline has a two-letter alpha code designating it as a U.S. Flag air carrier (e.g., UA for United Airlines)
U.S. Code Share	An arrangement where an airline is jointly marketed as a flight for one or more other airlines. The term "code" refers to the identifier used in a flight schedule, generally the two-character airline designator code and flight number. One airline places its code on the flights of another in order to coordinate services, advertise, and sell the other airline's services as its own. Most major airlines have code-sharing partnerships with other airlines and code sharing is a key feature of major airline alliances. A code-share flight uses the same two-letter carrier code during all legs of the trip. U.S. Code Share is an agreement which allows certain U.S. air carriers to directly sell a flight operated by a foreign carrier.

## Implementing Documents

Document Number	Title	Type
11.06.001.001	<a href="#">General Services Administration (GSA) Domestic Per Diem Rates</a>	Website
11.06.001.003	<a href="#">IRS Publication 15, Circular E, Employer's Tax Guide</a>	IRS publication
11.06.001.004	<a href="#">Travel Reimbursement Expense Guidelines</a>	LBNL reference table
11.06.001.005	<a href="#">Lost/Missing Receipt Waiver</a>	Form
11.01.019.005	<a href="#">Request for Issuance of Check (RFIC)</a>	Form
02.04.005.000	<a href="#">Change-of-Station Policy</a>	Policy
11.03.002.004	<a href="#">TRavel and EXpense (TREX) Reimbursement System</a>	Website
11.02.009.000	<a href="#">Interlocation Appointments (ILAs) - Financial Management</a>	Polic

## Contact Information

- [Business Services Manager, OCFO](#)
- [Travel Manager, OCFO](#)

## Revision History

<b>Date</b>	<b>Revision</b>	<b>By whom</b>	<b>Revision Description</b>	<b>Section(s) affected</b>	<b>Change Type</b>
1/2/2012	1	M. Mock	Rewrite for the wiki	All	Minor
7/2/2012	2	M. Mock	Minor editorial change	D.3.4 <i>Long-Term Travel (Domestic or Foreign)</i>	Minor
11/16/2012	2.1	M. Mock	Compliance with DOE Acquisition Letter AL2013-01, Contractor Domestic Extended Personnel Assignments – long-term domestic travel guidance	D.3.4 <i>Long-Term Travel (Domestic or Foreign)</i> and D.7 <i>Prepaid Expenses</i>	Minor
12/20/2012	2.2	V. Oberholser	Allows for GPS only if traveling in an unfamiliar area. Otherwise it is not reimbursable.	D.2.3.c <i>Rental Vehicles</i> , Sections vi and vii	Minor
1/15/2013	2.3	S. Frainier	Minor addition to <i>Airline Ticket Credits</i>	D.2.2.b <i>Airline Ticket Credits</i>	Minor
11/15/2013	2.4	V. Oberholser	Update to require electronic submission of receipts in TREX system. Reformat of reimbursement chart.	D.6.1 <i>Reimbursement - General</i>	Minor
10/9/2014	3	V. Oberholser	Reformatted policy	All	Major

## Appendix I

Title:	Travel Policy and Reference Guide
Publication date:	10/9/2014
Effective date:	10/9/2014

## APPENDIX I: UPGRADING AIRLINE ACCOMMODATIONS

The following table reflects the conditions and approvals required for the use of a one-class upgrade for airline accommodations ( <i>Airline Accommodations §FTR 301-10.123</i> ).		
Conditions for Use of One-Class Upgrade for Airline Accommodations		
Category	Condition	Advance Written Approval in Addition to Division Approval
DOE Mission	Urgent requirements to successfully perform Berkeley Lab's mission exists that cannot be postponed	Laboratory Director (or designee)
Health Issues	Berkeley Lab employees who request upgraded travel arrangements for health reasons must consult with the Site Occupational Medical Director.  In most cases, a confidential medical note from the employee's physician is required specifying the diagnosis, the requested accommodation, and the duration of the accommodation.  The Site Occupational Medical Director evaluates the request and notifies the Travel Office and affected division of recommended travel accommodations and duration. Employees may be required to periodically update their medical documentation at the discretion of the Site Occupational Medical Director.	Site Occupational Medical Director
Sanitation Needs	Coach class on an authorized foreign carries does not provide adequate sanitation or health standards	DOE Office of Aviation Management
Availability	No other class of service (coach or business) is available within 24 hours of the proposed departure or arrival time.  Coach class is not provided on regularly scheduled flights between the origin and the destination.	LBNL Travel Manager for Domestic Travel in addition to DOE Final Approval for Foreign travel
Overall Cost Savings	An overall savings (subsistence costs, overtime, lost productive time) would be realized, compared to waiting for coach class.	LBNL Travel Manager for Domestic travel in addition to DOE Final Approval for Foreign travel
Extended Flight Time	Origin/destination is outside the continental United States and scheduled flight time, including stopovers and change of planes, is more than 14 hours.  In this case, no rest stops will be approved.	LBNL Travel Manager for Domestic travel in addition to DOE Final Approval for Foreign travel
Overnight Travel without adequate rest	Itinerary involves overnight travel without an opportunity for normal rest before commencement of working hours.	LBNL Travel Manager for Domestic travel in addition to DOE Final Approval for Foreign travel
Personal Expense	Travelers may upgrade to business, first class, or upgraded coach <b>at their own expense</b> , including through the redemption of frequent flyer miles.	LBNL Travel Manager for Domestic travel in addition to DOE Final Approval for Foreign travel

### Appendix II

Title:	Travel Policy and Reference Guide
Publication date:	10/9/2014
Effective date:	10/9/2014

## APPENDIX II: REIMBURSABLE EXPENSE TABLES

This table applies to both domestic and foreign travel. Receipts are required for any expense \$75 or more (exceptions noted). **Travelers are highly encouraged to request reimbursement for the actual cost of M&IE up to the established rates.**

TRAVEL GUIDELINES		
<b>Applies to travel both within the Continental US – CONUS</b>		
<b>Outside the Continental US: Alaska, Hawaii, US possessions – OCONUS and Foreign Travel</b>		
Reimbursement is based on published rates or other applicable guidelines from the following agencies: GSA for CONUS travel, Department of Defense (DOD) for OCONUS travel, and Department of State for foreign travel.		
Activity or Expense Type	Allowable Amount	Requirements/Reimbursements
Meals & Incidentals (M&IE) <i>Local &amp; Domestic</i>	12 hours or less	No reimbursement
	More than 12 hours, but less than 24 hours	75% of maximum rate published by the GSA
	24 hours or more	Maximum rate published by GSA <b>(75% of the rate for first and last day of travel)</b>
Meals & Incidentals (M&IE) <i>Foreign</i>	N/A	M&IE for business location reimbursed up to the maximum rates established by the US Department of State <b>(75% of the rate for first and last day of travel)</b>
Lodging/Hotel	Actual	Lodging expenses will be reimbursed at the actual expense up to the maximum lodging rate established by the GSA. Under special circumstances, and with a written explanation, up to 300% of the maximum rate may be reimbursed. See Section 4.1 under the POLICY tab for details.  Lodging costs for a standard room at the Berkeley Lab Guest House are allowable.  <b>Lodging receipts required.</b>
30 + days in one location	55% of the per diem rate for the business location	A reasonable living allowance not to exceed 55% of the maximum per diem rates for lodging and M&IE at the business location.

TRAVEL TO ALL LOCATIONS		
Activity or Expense Type	Allowable Amount	Requirements/Reimbursements
Non-commercial lodging (such as house trailers, field camping)	Actual	Actual cost of lodging plus M&IE not to exceed maximum published rates. Type of lodging must be specified. <b>Receipt required.</b>
Airfare	Actual	Allowable airfare is the lowest fare, including discount fares that meets the needs of the traveler. <b>Receipts required.</b>
Re-issued or exchanged airfare	Actual	All documentation, for both the original and reissued tickets needs to be submitted
Canceled Reservation	NA	Traveler is responsible for canceling reservations (hotel, air, car, conference, etc.). Charges or lost refunds resulting from failure to cancel a reservation <b>will be reimbursed</b> if cancellation was the result of circumstances <b>beyond your control</b> (documentation will be required).
Surface Transportation in lieu of air ( <i>personal reasons</i> )	Not to exceed comparable air	Actual mileage is reimbursed (based on standard highway guide) as long as it is less than what the Lab would have paid for airfare. Cost of additional lodging and meals are reimbursed if there is overall cost savings.
<b>Mileage</b>	\$.56 per mile effective 01/01/14	<b>Receipt not required</b>
Parking	Actual	Receipt required if \$75 or more
Taxi/Shuttle/Limo Car Service	Actual	Receipt required if \$75 or more
Private Auto – to/from terminals	Actual	Actual mileage for <b>one round trip, plus parking</b> ( <i>long-term parking encouraged</i> ), or <b>two round trips and short term parking</b> . Receipts for parking \$75 or more.
Rental Cars	Actual	Receipt required. <ul style="list-style-type: none"> <li>• CDW/LDW <b>are not</b> reimbursed <b>within CONUS</b>.</li> <li>• CDW/LDW <b>are reimbursable</b> outside of CONUS and foreign.</li> </ul>
<b>Rental Car - Gas</b>	Actual	Receipt required for \$75 or more
Tolls	Actual	Receipt required for \$75 or more
Conference Registration fees	Actual	Receipt and back up information including title and purpose, date, and conference agenda identifying meals provided, is required. <b>You may request Conference registration fee reimbursement only if the conference has been approved by DOE or a determination is made by DOE that approval is not required.</b> DOE conference reporting guidelines state, No commitments should be made or money spent, (e.g., registration and travel expenses, airfare, hotel, meals, etc.), until a <b>definitive approval or denial is provided by DOE, or a determination is made by DOE that approval is not required. If a denial is provided and you carry on with your trip, you will not be reimbursed for any expenses.</b>
Phone Calls	Actual	All business and emergency calls as well as <b>one</b> brief non-emergency call per day.
ATM Transaction fees	Actual	List as miscellaneous items on Travel Expense Report in TREX. Receipt not required.
Miscellaneous expenses	Actual	Items such as excess baggage, postage, FAX transmittals, hotel taxes, etc. Receipts required for any item \$75 or more.

#### Document Information

## DOCUMENT INFORMATION

Title:	Travel Policy and Reference Guide
Document number	11.06.001.000
Revision number	3
Publication date:	10/9/2014
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Policy Area:	Travel
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.08
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.08

## Source Requirements Documents

- [DOE Order 551.1D, Official Foreign Travel](#)
- [Federal Travel Regulation](#)
- [DOE Acquisition Letter No. 2013-01, Contractor Domestic Extended Personnel Assignments](#)

## Other Driving Requirements

- [Events and Meals – Planning and Reporting](#), 11.03.002.000

## Implementing Documents

Document Number	Title	Type
11.06.001.001	<a href="#">General Services Administration (GSA) Domestic Per Diem Rates</a>	Website
11.06.001.003	<a href="#">IRS Publication 15, Circular E, Employer's Tax Guide</a>	IRS publication
11.06.001.004	<a href="#">Travel Reimbursement Expense Guidelines</a>	LBNL reference table
11.06.001.005	<a href="#">Lost/Missing Receipt Waiver</a>	Form
11.01.019.005	<a href="#">Request for Issuance of Check (RFIC)</a>	Form
02.04.005.000	<a href="#">Change-of-Station Policy</a>	Policy
11.03.002.004	<a href="#">TRavel and EXpense (TREX) Reimbursement System</a>	Website
11.02.009.000	<a href="#">Interlocation Appointments (ILAs) - Financial Management</a>	Policy



# U.S. Competitiveness in Licensing

## Brief

Title:	U.S. Competitiveness in Licensing
Publication date:	11/27/2012
Effective date:	3/12/2007

## BRIEF

### Policy Summary

Berkeley Lab's Technology Transfer and Intellectual Property Management (TTIPM) department must make intellectual-property licensing and assignment decisions that give preference to third parties providing economic and technological benefits to the U.S. domestic economy.

### Who Should Read This Policy

Berkeley Lab researchers and TTIPM staff

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## Policy

Title:	U.S. Competitiveness in Licensing
Publication date:	11/27/2012
Effective date:	3/12/2007

## POLICY

### A. Purpose

This policy describes intellectual property licensing requirements at Lawrence Berkeley National Laboratory (Berkeley Lab)

### B. Persons Affected

Berkeley Lab researchers and Technology Transfer and Intellectual Property Management (TTIPM) staff

### C. Exceptions

Berkeley Lab can request approval from the Department of Energy (DOE) Contracting Officer if the U.S. competitive requirement is not met.

### D. Policy Statement

Berkeley Lab supports the U.S. domestic economy through its intellectual property licensing program.

1. Some of the factors TTIPM considers in its licensing program include:
  - a. Whether related research & development will be performed in the U.S., and whether licensed products or components of licensed products will be substantially manufactured in the U.S.
  - b. Whether a proposed licensee has a business located in the U.S.
  - c. If the licensee is controlled by a foreign company or government, whether that foreign country's government allows U.S. entities to enter into cooperative research agreements and whether it protects U.S. intellectual property rights
2. When a foreign company or government controls a potential licensee, TTIPM will research specified U.S. Trade Representative reports and other relevant information to reach conclusions regarding the foreign country's intellectual property stance.
3. In the case of exclusive licenses, TTIPM will require that the licensees substantially manufacture in the U.S. licensed products for the U.S. market.

## E. Roles and Responsibilities

Role	Responsibility
TTIPM Licensing Staff	<ul style="list-style-type: none"> <li>• Considers the U.S. industrial competitiveness factors</li> <li>• Researches the U.S. Trade Representative reports as necessary</li> <li>• Includes the required substantial U.S. manufacturing provision in exclusive licenses</li> <li>• Keeps records of consideration of U.S. industrial competitiveness factors as well as copies of any required DOE approvals</li> </ul>
Department of Energy	Responds to any requests for a waiver of the U.S. industrial competitiveness requirement within 30 days

## F. Definitions/Acronyms

Term	Definition
Exclusive License	An agreement between an owner and another party that permits the other party to make certain use of the property, with the understanding that the owner may not concurrently grant any other licenses that have the same rights within the scope or field covered by the exclusive license
Policy	Statements or directives from the federal, state, or local government; the University of California; or Berkeley Lab senior management that set a course of action, define acceptable conduct, or implement governing principles Example: Berkeley Lab Site Access
TTIPM	Technology Transfer and Intellectual Property Management

## G. Recordkeeping Requirements

TTIPM Licensing keeps records of its consideration of U.S. industrial competitiveness factors as well as copies of any required DOE approvals.

## H. Implementing Documents

None

## I. Contact Information

Licensing Manager  
Technology Transfer and Intellectual Property Management  
[ttd@lbl.gov](mailto:ttd@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	H. Clark	New	All	Major
11/27/2012	1	V. Wolinsky	New	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	U.S. Competitiveness in Licensing
Document number	10.05.004.000
Revision number	1
Publication date:	11/27/2012
Effective date:	3/12/2007
Next review date:	11/27/2015
Policy Area:	Licensing
RPM Section (home)	Information Management
RPM Section (cross-reference)	None
Functional Division	Technology Transfer and Intellectual Property Management
Prior reference information (optional)	

### Source Requirements Documents

U.S. Department of Energy Contract No. DE-AC02-05CH11231, Clause I.92(f) – DEAR 970.5227-3, Technology Transfer Mission (Deviation July 2006), *U.S. Industrial Competitiveness for Licensing and Assignments of Intellectual Property*

### Implementing Documents

None

# Unauthorized Absences & Job Abandonment Policy

Title:	Unauthorized Absences & Job Abandonment Policy
Publication date:	1/2/2012
Effective date:	10/30/2006

## BRIEF

### Policy Summary

Berkeley Lab expects employees to be at work during their regular work schedules. If an employee is unable to be at work, he or she is expected to request time off from the supervisor in advance of the expected absence, if possible. If advance notice is not possible, employees are expected to contact their supervisors about the absence as soon as is reasonable.

Employees who are absent for five consecutive workdays will be considered to have abandoned their jobs.

### Who Should Read This Policy

This policy impacts all employees. Represented employees should consult their collective bargaining agreement (CBA).

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Unauthorized Absences & Job Abandonment Policy
Publication date:	1/2/2012
Effective date:	10/30/2006

## POLICY

### A. Purpose

Berkeley Lab expects employees to be at work during their regular work schedules. If an employee is unable to be at work, he or she is expected to request time off from the supervisor in advance of the expected absence, if possible. If advance notice is not possible, employees are expected to contact their supervisors about the absence as soon as is reasonable.

### B. Persons Affected

This policy impacts all employees. Represented employees should consult their collective bargaining agreement (CBA).

## C. Exceptions

Unless there is explicit and specific authorization by this policy for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance, at minimum, by the Chief Human Resources Officer (CHRO).

## D. Policy Statement

1. An employee must be at work during his or her regular work schedule unless an absence from work has been authorized by the supervisor. The supervisor determines whether an absence is authorized or unauthorized, in accordance with the procedures below and with applicable Human Resources policies and collective bargaining agreements (CBAs). A supervisor must respond to unauthorized absences using appropriate reduction of compensation and the Laboratory normal counseling/corrective-action/disciplinary procedures. A supervisor must not approve the use of vacation leave, sick leave, or leave without pay for unauthorized absences.
2. **Unauthorized Absence:** In case of an apparent unauthorized absence, the supervisor must inquire into the circumstances of the absence. If the supervisor determines that the absence was due to an unforeseen event, outside the control of the employee, and which precluded the employee from contacting the supervisor, the supervisor may retroactively authorize the absence. If the absence is determined to be unauthorized:
  - a. The employee's pay shall be adjusted for each period of unauthorized absence. Non-exempt employees will have their pay reduced in 15-minute increments. Exempt employees will have their pay reduced in full-workday increments when absent without authorization for one or more full workdays.
  - b. The supervisor will counsel the employee and, at a minimum, make a record of the incident. In some circumstances, corrective action may be warranted, in which case the supervisor will consult the division's Human Resources Center on the appropriate course of action.
3. **Job Abandonment**
  - a. In the case of job abandonment, the responsible manager, after consultation with the division's Human Resources Center, must provide the employee with written notification of intent to separate him/her. This notification must include the reasons for the separation, the employee's right to respond to the responsible manager within 14 calendar days, and a proof of service. The notification must be sent to the employee's last known mailing address.
  - b. The employee will have 14 calendar days from the mailing of such notice to respond to the responsible manager prior to his/her own separation. The response may be, at the option of the employee, either oral or in writing. The manager receiving the response must have the authority to effectively recommend reinstatement of the employee.
  - c. Following the employee's timely response, or 14 calendar days, a final decision will be made. The employee must be notified in writing of the responsible manager's decision as contained in the Corrective Action and Discipline policy (see document number 02.11.002.000 or [RPM Section 2.05\[C\]](#)).
  - d. During the above process, the employee will be placed on unauthorized leave of absence without pay beginning the first day of missed work.
  - e. See also Unpaid Personal Leaves (document number 02.07.016.000 or [RPM Section 2.12](#)) if the reason the employee does not return to work is for medical reasons.

## E. Roles and Responsibilities

Role	Responsibility
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy

## F. Definitions/Acronyms

Term	Definition
Job Abandonment	Five consecutive workdays of unauthorized absence
Unauthorized Absence	Absence from scheduled work without supervisory approval

## G. Recordkeeping Requirements

Role	Responsibility
Health Services	Is responsible for the confidentiality and maintenance of medical records as they pertain to the employees' medical leave requests
Office of the Chief Financial Officer (OCFO)	<p>Is responsible for maintaining employee time records</p> <p>Non-exempt employees: Berkeley Lab will record leave used by non-exempt employees to the nearest quarter-hour.</p> <p>Exempt employees: Berkeley Lab will record leave used by employees in half-day increments or in increments of not less than that portion of the day during which an employee on less than full-time pay status is normally scheduled to work.</p>

## H. Implementing Documents

Audience	Document Number	Document Title
Managers and Supervisors	02.07.017.001	Managers and Supervisors Responsibilities under the Unauthorized Absences and Job Abandonment Policy
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)

## I. Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor
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## DOCUMENT INFORMATION

Title:	Unauthorized Absences & Job Abandonment Policy
Document number	02.07.017.000
Revision number	1
Publication date:	1/2/2012
Effective date:	10/30/2006
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.05(L)
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.05(L)

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Audience	Document Number	Document Title	Type
Managers and Supervisors	02.07.017.001	Managers and Supervisors Responsibilities under the Unauthorized Absences and Job Abandonment Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training

# Underground Storage Tanks

## Brief

Title:	Underground Storage Tanks
Publication date:	6/4/2013
Effective date:	5/31/2013

## BRIEF

### Policy Summary

The Underground Storage Tanks (UST) Program ensures that Berkeley Lab remains in compliance with federal and state UST laws by:

- Ensuring that Berkeley Lab's Designated UST Operators within the Facilities Division perform monthly inspections on USTs, maintain operating records required by the state of California, coordinate annual certifications of UST equipment, and coordinate triannual secondary-containment testing
- Maintaining a permit with the city of Berkeley for each UST system
- Notifying the city of Berkeley when certification testing will be performed and when any changes are made to the UST systems
- Submitting certification reports to the city of Berkeley
- Maintaining a UST Monitoring Plan and a UST Emergency Response Plan

### Who Should Read This Policy

All Berkeley Lab employees involved in the operation of UST systems, including but not limited to employees performing inspections, ordering fuel, creating UST records, and responding to UST spills.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH58.html>

### Contact Information

Underground Storage Tanks Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Underground Storage Tanks
Publication date:	6/4/2013
Effective date:	5/31/2013

## POLICY

### A. Purpose

The Underground Storage Tanks (UST) Program ensures that Berkeley Lab remains in compliance with federal and state UST laws by:



- Ensuring that Berkeley Lab's Designated UST Operators within the Facilities Division perform monthly inspections on USTs, maintain operating records required by the state of California, coordinate annual certifications of UST equipment, and coordinate triannual secondary-containment testing
- Maintaining a permit with the city of Berkeley for each UST system
- Notifying the city of Berkeley when certification testing will be performed and when any changes are made to the UST systems
- Submitting certification reports to the city of Berkeley
- Maintaining a UST Monitoring Plan and a UST Emergency Response Plan

## **B. Persons Affected**

All Berkeley Lab employees and subcontractors

## **C. Exceptions**

None

## **D. Policy Statement**

1. Underground storage tanks (USTs) and systems are stringently regulated by federal and state laws.
2. The EHSS Division's Environmental Services Group (ESG) provides UST compliance support and maintains a documented program, including UST permits, a UST Monitoring Plan, and a UST Emergency Response Plan. The Facilities Division ensures that Berkeley Lab's Designated UST Operators maintain state certification and are recertified every two years. ([Work Process A](#))

## **E. Roles and Responsibilities**

Role	Responsibilities
City of Berkeley	<ul style="list-style-type: none"> <li>• Enforces compliance with UST regulations at Berkeley Lab</li> <li>• Administers and enforces the UST permit at Berkeley Lab</li> </ul>
Designated UST Operator within the Facilities Division	<ul style="list-style-type: none"> <li>• Coordinates the annual monitor certification, product precision line test, and mechanical line leak detector test</li> <li>• Coordinates the triannual secondary-containment testing of the UST system</li> <li>• Performs monthly UST inspections</li> <li>• Responds to UST alarms</li> <li>• Performs corrective action to bring UST systems back into operation after system failures</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Follow applicable UST laws, regulations, and policies</li> <li>• Are fully aware of the environmental impact of their activities, and comply with all requirements that govern those activities</li> <li>• Perform activities within acceptable written operating standards, and maintain current records whenever required</li> <li>• Take immediate action to stop unplanned releases to the environment and report all instances of unplanned environmental releases to the EHSS Division</li> <li>• Complete all required training provided by supervisors and the EHSS Division (EHS0680, <i>Spill Prevention, Control, and Countermeasures Training</i>)</li> </ul>
Environmental Services Group	<ul style="list-style-type: none"> <li>• Develops Laboratory policies and procedures to assure that operations are conducted in an environmentally safe manner and in full compliance with all applicable UST laws and regulations</li> <li>• Assesses current and planned Berkeley Lab programs, and assists in defining UST compliance upgrades and corrective actions</li> <li>• Makes presentations and participates in discussions regarding UST compliance matters with Berkeley Lab employees and regulatory agencies</li> <li>• Manages the preparation of UST operating permit applications and UST modification permits</li> <li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li> <li>• Investigates reports of unplanned environmental releases, and notifies federal, state, and local authorities in a timely manner, as required</li> <li>• Coordinates and represents Berkeley Lab activities during UST audits and inspections by the city of Berkeley and other regulatory agencies</li> <li>• Assists in the removal and closure of UST systems</li> <li>• Provides notice to the city of Berkeley when the Designated UST Operator with the Facilities Division renews state certification (every two years)</li> </ul>
Principal investigators and supervisors	<ul style="list-style-type: none"> <li>• Ensure that UST laws, regulations, and policies are followed</li> <li>• Request assistance from the Environmental Services Group for technical advice on what UST requirements apply to their operations and what would be an appropriate compliance strategy</li> <li>• Ensure that the Designated UST Operator within the Facilities Division provides training for employees in operational requirements pertaining to USTs, and maintain records of such training (EHS0680, <i>Spill Prevention, Control, and Countermeasures Training</i>)</li> <li>• Ensure that activities are performed within acceptable written operating standards and that any required records are current</li> <li>• Notify the EHSS Division immediately of any unplanned or accidental releases</li> <li>• Ensure that the Designated UST Operator maintains state certification and is recertified every two years</li> <li>• Ensure that the Designated UST Operator conducts monthly inspections and coordinates annual certification and testing</li> <li>• Ensure that only state-certified UST service technicians perform work on UST systems</li> <li>• Manage and prepare budget requests for UST upgrades and corrective actions for institutional projects</li> </ul>
State Water Resources Control Board (SWRCB)	The agency responsible for promulgating California UST regulations. (At Berkeley Lab, the UST permit is administered and enforced by the city of Berkeley.)
U.S. Environmental Protection Agency	Enforces environmental laws. In California, some of this responsibility is typically delegated to state and local regulatory agencies.

## F. Definitions/Acronyms

Term	Definition
Environmental occurrence	A sudden or sustained deviation from a regulated or planned performance at an operation that has environmental protection and compliance significance
Underground storage tank (UST)	A stationary device designed to accumulate and contain hazardous material or waste. A tank is constructed primarily of nonearthen material, but the entire surface area of the tank is buried below ground and covered over. Berkeley Lab's USTs contain diesel fuel.

## G. Recordkeeping Requirements

Underground Storage Tank permits, permit modifications, records of city of Berkeley inspections, and any subsequent corrective actions are maintained by ESG. Designated UST Operator monthly inspection records, annual testing records, annual certification records, and triannual secondary-containment testing records are maintained by the Facilities Division.

## H. Implementing Documents

Document number	Title	Type
07.09.008.001	Underground Storage Tanks	Program
07.09.008.002	Work Process A, <i>General Requirements</i>	Process
07.09.008.003	UST Monitoring Plan	Plan
07.09.008.004	UST Emergency Response Plan	Plan

## I. Contact Information

[Underground Storage Tanks Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division  
End Brief

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	R. Fox	Rewrite for wiki	all	Minor
6/4/2013	1	R. Fox	Rewrite for wiki	all	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Underground Storage Tanks
Document number	07.09.008.000
Revision number	1
Publication date:	6/4/2013
Effective date:	5/31/2013
Next review date:	5/31/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.13 moved to Chapter 58

## Source Requirements Documents

- California H&SC 25284
- 23 CCR 2610 et seq., *Underground Tank Regulations – Definition of Terms*
- 23 CCR 2712, *Underground Tank Regulations – Permit Application, Quarterly Report and Trade Secret Request Requirements – Permit Conditions*
- 23 CCR 2715(f), *Underground Tank Regulations – Permit Application, Quarterly Report and Trade Secret Request Requirements – Certification, Licensing, and Training Requirements for Underground Storage Tank Owners, Operators, Installers, Service Technicians, and Inspectors*

## Implementing Documents

Document number	Title	Type
07.09.008.001	Underground Storage Tanks	Program
07.09.008.002	Work Process A, <i>General Requirements</i>	Process
07.09.008.003	UST Monitoring Plan	Plan
07.09.008.004	UST Emergency Response Plan	Plan

# Unified Project Call Process (UniCall)

## Brief

Title:	Unified Project Call Process (UniCall)
Publication date:	1/11/2013
Effective date:	6/28/2012

## BRIEF

### Policy Summary

Berkeley Lab's UniCall process is an annual opportunity to make choices on investing discretionary funds to support facilities and infrastructure (F&I) mission requirements and readiness. Through this process, the Laboratory identifies, prioritizes, and provides funds for F&I modifications that support general-purpose and institutional mission performance, modernization, safety, sustainability, space, dispersed-location server closets, and other F&I needs.

### Who Should Read This Policy

- Any Berkeley Lab employee who identifies an opportunity to modify Laboratory facilities or infrastructure to address mission performance, modernization, safety, sustainability, space, dispersed-location server closet needs, or similar general-purpose mission-readiness improvements
- Employees who drive the policy's implementation, including the Berkeley Lab Director, the Deputy Director, the Chief Operating Officer, the associate laboratory directors, and staff assigned by them to assemble and prioritize divisional and research area needs

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### Contact Information

[Project Portfolio Manager](#)  
Facilities Division

## Policy

Title:	Unified Project Call Process (UniCall)
Publication date:	1/11/2013
Effective date:	6/28/2012

## POLICY

### A. Purpose

The UniCall process at Lawrence Berkeley National Laboratory (Berkeley Lab) is an annual opportunity to make choices on investing discretionary funds to support facilities and infrastructure (F&I) mission requirements and readiness. Through this process, the Laboratory identifies, prioritizes, and provides funds for F&I modifications that support general-purpose and institutional mission performance, modernization, safety, sustainability, space, dispersed-location server closets, and other F&I needs.

### B. Persons Affected

This policy applies to:

- Any Berkeley Lab employee who identifies an opportunity to modify Laboratory facilities or infrastructure to address mission performance, modernization, safety, sustainability, space, dispersed-location server closet needs, or similar general-purpose mission-readiness improvements
- Employees who drive the policy's implementation, including the Berkeley Lab Director, the Deputy Director, the Chief Operating Officer, the associate laboratory directors, and staff assigned by them to assemble and prioritize divisional and research area needs

## C. Exceptions

None

## D. Policy Statement

### 1. Proposals

- UniCall proposals are invited annually from Berkeley Lab staff through their line management for the following year (Current Year+1) and following two-year (CY+2) time frames, with a funding emphasis on the CY+1 needs.
- Because research needs evolve throughout the year, the UniCall process allows divisions to identify new needs for consideration at the beginning of the second, third, and fourth quarters of each fiscal year.

### 2. Process

- UniCall provides a means for staff to identify needs and for management to prioritize those needs in a single process.
- UniCall does not require staff or line management to become familiar with the various directives and guidance that dictate which type of funding (color of money) is required to address any particular need.
  - The UniCall process moves advancing candidates to the appropriate funding and budgeting categories, including Capital and non-Capital F&I projects, Maintenance (including Deferred Maintenance Reduction [DMR]) Projects, and General Purpose Equipment (GPE).
- Candidates are reviewed and prioritized in the cognizant line-management chain, with higher-ranked items rising to the divisional and then to the associate laboratory director level of review.
- Highly ranked research area and Operations candidates are presented to the leadership team for consideration in light of Laboratory-wide strategic and vision perspectives, and funding type and availability.

## E. Roles and Responsibilities

Roles and responsibilities are listed chronologically as they arise during the UniCall process.

Role	Responsibility
Laboratory Leadership, including Directors of Scientific Divisions	<ul style="list-style-type: none"> <li>• In a precursor to the UniCall process, the scientific divisions prepare updated strategic plans in the first and early-second quarter of each fiscal year.</li> <li>• The Chief Operating Officer (COO), in concurrence with the other members of leadership, determines that the strategic vision update is proceeding well, and notifies the Facilities Division Director that UniCall for CY+1 may be initiated.</li> <li>• For purposes of identifying, prioritizing, and presenting UniCall candidates, the Chief Sustainability Officer functions as a division director, and coordinates with the Energy and Environmental Sciences research area group process.</li> </ul>
Facilities Division Director  (February or very early March)	<ul style="list-style-type: none"> <li>• Issues the annual UniCall letter via e-mail to division directors and associate laboratory directors (ALDs) in the second quarter of each fiscal year, opening the CY+1 annual process and providing a schedule of actions</li> <li>• Notifies the Department of Energy (DOE) Site Manager that the UniCall process has been initiated for the year, and provides the calendar of events</li> </ul>

<p>Division Directors</p> <p>(February to mid-May)</p>	<ul style="list-style-type: none"> <li>Determine the process to be used by their divisions to identify and prioritize the general-purpose and institutional facilities and infrastructure needs to support strategic vision and general needs</li> <li>Identify a point of contact in each division for this call, and provide this name to the UniCall Manager</li> <li>In conjunction with senior managers, prioritize a list of highly rated candidates from those identified by their deputies and senior line managerial unit. <ul style="list-style-type: none"> <li>Environment, Health, Safety, and Security (EHSS) Division Director: Reviews the multiprogram and institutional Corrective Action Tracking System (CATS) and subject matter expert (SME)-ranked safety and environmental needs, and develops a prioritized list of highly rated candidates for consideration with the COO in a meeting with other Operations division directors</li> <li>Facilities Division Director: Considers the Laboratory-wide multiprogram and institutional maintenance/modernization (including DMR) F&amp;I needs ranked using the pairwise tool that incorporates weighing based on research division director and leadership guidance, and develops a prioritized list of highly rated candidates for consideration with the COO in a meeting with other Operations division directors</li> <li>IT Division Director: Considers the Laboratory-wide multiprogram and institutional maintenance (including DMR) needs for networking and similar Laboratory-wide services, and develops, with senior Operations managers, a prioritized list of highly rated candidates for consideration</li> </ul> </li> <li>Meet with their ALDs and other division directors in their respective research areas to present highly rated candidates and consider the overall highest-ranked divisional priorities identified within each research area</li> <li>Support the ALD in presenting the highest-ranked research area (or Operations) priorities to Laboratory leadership, and respond to questions</li> </ul> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Divisions rank requests — without regard to funding type — in order of importance as to facilities and infrastructure needs to advance the divisions' strategic plans and other facilities and infrastructure needs.</li> <li>Divisions may request Class-3 (conceptual design-based) estimates, Class-4 (study-based) estimates, or Class-5 (order of magnitude) estimates for their highly rated items at this time (such estimates may also be requested during the preceding updating of the strategic plans to help frame decisions on requesting funding for new or expanded initiatives).</li> <li>New initiatives identified through the concurrent preparation of the Annual Lab Plan can be integrated into the UniCall process as they are identified.</li> </ul>
<p>ALDs, with Division Directors</p> <p>(April to mid-May)</p>	<ul style="list-style-type: none"> <li>Meet to consider each division's highly rated candidates and to consider the overall highest-ranked divisional priorities identified by the collective research area</li> <li>Present the highest-ranked research area (or Operations) priorities to Laboratory leadership, and respond to questions</li> </ul> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>ALDs prioritize requests — without regard to funding type — in order of importance as to facilities and infrastructure needs to advance the research areas' strategic plans and other facilities and infrastructure needs.</li> <li>New initiatives identified through the concurrent preparation of the Annual Lab Plan can be integrated into the UniCall process as they are identified.</li> </ul>
<p>Deputy COO &amp; IT Division Deputy</p> <p>(Early May)</p>	<p>Deputy COO:</p> <ul style="list-style-type: none"> <li>Reviews requests for new space assignments in the CY+1 through CY+3 time frame</li> <li>Prepares a draft demand-projection and response plan for each of the space types requested (e.g., wet lab, high-ceiling, high-bay, office)</li> <li>Reviews the draft demand-projection and response plan with the Space Planning Advisory Committee (SPAC), and identifies the need for UniCall projects to create new space and/or redeploy after modernization of early-era space not currently fully used</li> </ul> <p>IT Division Deputy:</p> <ul style="list-style-type: none"> <li>Reviews requests for new dispersed server closet space and funding to upgrade current closets</li> <li>In conjunction with the requesting division, prepares a draft response plan considering options and consolidation opportunities</li> <li>Provides the draft plan to the IT Division Director for finalization in conjunction with the director of the requesting division</li> </ul> <p><b>Note:</b> Any concerns not fully resolved in the meeting of the two division directors will be referred to the ALD for the subject research area and the COO for resolution.</p>
<p>Laboratory Leadership</p> <p>(Late May or early June)</p>	<p>Reviews the highest-ranked research area and Operations priorities to develop a prioritized list of candidates considering both the needs and likely capacity for funding actions in the following fiscal year</p>

Facilities Project Portfolio Manager  (Late May-early August)	<ul style="list-style-type: none"> <li>• In conjunction with the Budget Officer, ensures that the most appropriate funding source is identified based on available information</li> <li>• In conjunction with the proposing divisions, works with Facilities Construction Projects and IT Project staff to develop, prior to mid-August, Class-3 estimates for leadership-identified, highly ranked items that do not already have Class-3 estimates</li> <li>• With leadership authorization, works with the proposing divisions and Facilities Construction Projects Department to proceed into Final Engineering on select highly ranked items so that the work schedule for the next year can be established in a cost-efficient manner that also reflects shutdown and similar research unit planning</li> <li>• Updates the Facilities Division Director and COO on changes to cost estimates and color-of-money determinations</li> </ul>
Laboratory Leadership  (August or early September)	Reviews the updated cost estimate and color-of-money determinations for the highest-ranked priorities and considers both the needs and capacity for funding actions in the following fiscal year
Facilities Project Portfolio Manager (September)	<ul style="list-style-type: none"> <li>• Reviews the final draft list with DOE Berkeley Site Office (BSO) and meets regularly with BSO during the UniCall process to discuss proposals, call status, and actions relative to DOE Order 430.1 and terms of the UC-DOE Prime Contract</li> <li>• Releases list of authorized and funded projects and capital equipment for CY+1</li> <li>• Reviews with divisions their funded and unfunded priorities in the context of the list of funded items, including consideration of mitigation alternatives and applicability of the quarterly reviews during the fiscal year</li> </ul>
Divisions  (CY second quarter, third quarter, and fourth quarter)	<p>Quarterly considerations of new needs. Those divisions with newly identified needs due to reprioritization of research activities or increased or reduced program funding will identify highly rated needs to their ALDs and UniCall managers as they occur.</p> <p><b>Note:</b> Divisions may request Class-3 (conceptual design-based) estimates, Class-4 (study-based) estimates, or Class-5 (order of magnitude) estimates for their highly rated items at this time. Such estimates may also be requested during the preceding actions that led to the identification of this new need (e.g., submittal of a funding proposal or recruitment of a new hire).</p>
Facilities Project Portfolio Manager (CY second quarter, mid-year, and fourth quarter)	<ul style="list-style-type: none"> <li>• For quarterly consideration of new needs, issues a reminder e-mail to all divisions in November, February, and May seeking a list of highly ranked new needs</li> <li>• Compiles a draft list containing both new candidates and the top-ranked "below the line" items from the CY+1 UniCall process in December, March, and June. Circulates this list to all ALDs for comment and revision.</li> <li>• Provides the ALDs and leadership with a quarterly list of the ALD-reviewed highly ranked candidates for funding consideration in January, April, and July</li> </ul>
Laboratory Leadership  (CY second quarter, third quarter, and fourth quarter)	For consideration of new needs, reviews the quarterly lists, as well as the availability of contingency funds being released from earlier project starts, and designates projects to proceed into implementation at the beginning of each quarter
Facilities Project Portfolio Manager	<ul style="list-style-type: none"> <li>• Updates the released list of authorized and funded projects and capital equipment for the calendar year</li> <li>• Reviews with the divisions their funded and unfunded priorities in context of the list of funded items, including consideration of possible mitigation alternatives and applicability of the quarterly reviews during the fiscal year</li> </ul>

## F. Definitions/Acronyms

Definitions for Color of Money categories can be found in the *DOE Accounting Handbook*, Chapter 10: Property, Plant and Equipment.



Term	Definition
F&I	facilities and infrastructure
CY	current year
DMR	Deferred Maintenance Reduction
GPE	General Plant Equipment
COO	Chief Operating Officer
ALD	Associate Laboratory Director
DOE	U.S. Department of Energy
BSO	U.S. Department of Energy, Office of Science, Berkeley Site Office
IT	Information Technology Division
UC	University of California

## G. Recordkeeping Requirements

Role	Responsibility
Facilities Project Portfolio Manager	Obtains written funding verification for all approved items via e-mail, and provides this documentation to the Facilities Division and Office of the Chief Financial Officer (OCFO) staff matrixed to Facilities for their records and implementation action
Office of the Chief Financial Officer (OCFO)	Must maintain a complete and accurate record of funding verifications and project budgetary financial records

## H. Implementing Documents

Document number	Title	Type
	Annual UniCall "call" Letter (e-mail) from the Facilities Director	
	Annual UniCall "call" Schedule	

## I. Contact Information

Project Portfolio Manager  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	J. Ridgeway	Preparation Brief for wiki	all	Minor
1/11/2013	1	R. McClure	Rewrite for wiki	all	Major

### Document Information

## DOCUMENT INFORMATION

Title:	Unified Project Call Process (UniCall)
Document number	01.02.005.000
Revision number	1
Publication date:	1/11/2013
Effective date:	6/26/2012
Next review date:	6/26/2015
Policy Area:	Laboratory General Information
RPM Section (home)	Laboratory General Policy & Information
RPM Section (cross-reference)	Section 1.27
Functional Division	Facilities
Prior reference information (optional)	RPM Section 1.27

## Source Requirements Documents

- DOE O 430.1B, [Real Property Asset Management \(RPAM\)](#)

## Implementing Documents

Document number	Title	Type
	Annual UniCall "call" Letter (e-mail) from the Facilities Director	
	Annual UniCall "call" Schedule	

## Other References

- [DOE Accounting Handbook](#), Chapter 10, *Property, Plant and Equipment*

# Unpaid Personal Leaves - B

Title:	Unpaid Personal Leaves
Publication date:	1/2/2012
Effective date:	1/2009

## BRIEF

### Policy Summary

This policy provides Unpaid Personal Leave to eligible Berkeley Lab employees for personal reasons.

### Who Should Read This Policy

[Career](#) employees are eligible for Unpaid Personal Leave. This policy applies to nonrepresented employees. Represented employees should consult their collective bargaining agreement.

All other employee classifications are ineligible for this leave.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.12.html#RTFToC18>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Unpaid Personal Leaves
Publication date:	1/2/2012
Effective date:	1/2009

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.12.html#RTFToC18>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Unpaid Personal Leaves
Document number	02.07.016.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/2009
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.12(H)

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form

		Procedure
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# Use of Berkeley Lab Name, Logo, Letterhead, and Brand

Title:	Use of Berkeley Lab Name, Logo, Letterhead, and Brand
Publication date:	6/24/2013
Effective date:	6/24/2013

## BRIEF

### Policy Summary

This policy describes how to request permission to use the Berkeley Lab logo and name or to access approved versions.

### Who Should Read This Policy

This policy applies to all employees who print publications or create products that require the use of the Berkeley Lab logo or name.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Creative Services or Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov) or  
[csso@lbl.gov](mailto:csso@lbl.gov)

Title:	Use of Berkeley Lab Name, Logo, Letterhead, and Brand
Publication date:	6/24/2013
Effective date:	6/24/2013

## POLICY

### A. Purpose

At times, Lawrence Berkeley National Laboratory (Berkeley Lab) divisions, employees, or departments may need to use the Laboratory's logo, name, or other identifying mark for print publications or items for distribution, or to promote events.

This policy describes how to request permission to use the Berkeley Lab logo and name or to access approved versions.

### B. Persons Affected

This policy applies to all employees who print publications or create products that require the use of the Berkeley Lab logo or name.

## C. Exceptions

Not applicable

## D. Policy Statement

### 1. Use of Name and Logo

- a. Lawrence Berkeley National Laboratory is the official, legal name of the Laboratory, to be used in formal publications, such as on the cover and title page of all major reports (e.g., [reports requiring a report number from the Report Coordination Office](#)), and on first mention in any text reference. Berkeley Lab, the short form of the official name, is preferred for common usage in publications and events intended for a public (non-Laboratory) audience. Berkeley Lab also appears on the official Berkeley Lab logo. In situations in which an acronym is required, LBNL should be used.
- b. The [official Berkeley Lab logo is available in a variety of forms](#), and should be used in the design of all Laboratory publications, including flyers, handouts, posters, and Web sites; and visual (e.g., PowerPoint, posters) representations. The official logo must be used as designated without alterations. The use of other logos or graphic symbols displayed with the official logo must be approved by the Department Head of Public Affairs.
- c. Questions regarding appropriate use of the Laboratory name and logo in text and design should be directed to the Department Head of Public Affairs. In all cases, Public Affairs has the authority to limit or exclude the use of the Laboratory logo in products or materials deemed inappropriate or harmful to the reputation of the Laboratory.

### 2. Use of Letterhead

- a. Official Berkeley Lab stationery in standard and approved nonstandard variations must be used for all official external correspondence. Standard stationery may be ordered through CSO Printing Services or obtained electronically via a public server. Nonstandard stationery may be ordered through CSO.
- b. Requirements for Nonstandard Berkeley Lab Letterheads
  - i. All nonstandard letterheads must include the official Laboratory logo at the top and the following text at the bottom of the first page: Lawrence Berkeley National Laboratory, One Cyclotron Road, Berkeley, California 94720. Laboratory or program telephone and fax numbers are permissible as part of the letterhead.
  - ii. Laboratory divisions may include the division name and telephone number in the letterhead. The use of additional divisional/center or group logos is not permitted on either standard or approved nonstandard letterheads.
  - iii. National centers located at Berkeley Lab, approved Berkeley Lab science centers, or other major organizational units may add their names to the letterhead if they can show a need for having their own letterhead. Appropriate application of name, including placement and type size, will be provided by CSO. Federal regulations prohibit showing an individual's name.
  - iv. Printing must be done in black or blue ink. The official blue PMS color number is available through CSO.

### 3. Approval of Nonstandard Letterheads

- a. The [California Education Code](#) and University of California policy prohibit unauthorized use of the University's name and seal. Authority to approve the use of the University's name and seal has been delegated to the Laboratory Chief Operating Officer (COO). The University seal may not be used on Laboratory letterhead and business cards unless specifically authorized by the COO. Use of the University seal must be limited to official University business within the course and scope of the individual's employment.
- b. Requests for approval of nonstandard letterheads should be sent from the cognizant division director to the Department Head of Public Affairs.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Creative Services or Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov) or  
[cs@lbl.gov](mailto:cs@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
6/24/2013	2	J. Weiner	Clarify responsibility for use of logo	D.1.c	Major
5/22/2012	1	J. Weiner	Rewrite for wiki (policy)	All	Minor
1/2/2012	0	J. Weiner	Rewrite for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Use of Berkeley Lab Name, Logo, Letterhead, and Brand
Document number	10.07.002.000
Revision number	2
Publication date:	6/24/2013
Effective date:	6/24/2013
Next review date:	6/24/2016
Policy Area:	Public Info/External Relations
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 1.21(A)(B)
Functional Division	Public Affairs



Prior reference information (optional)	
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## Source Requirements Documents

- Berkeley Lab Senior Management requirement
- [UC policy, \*Use of University Name\*](#)
- Berkeley Lab [Ethics and Conduct Policy](#)

## Implementing Documents

None

# Use of Berkeley Lab Photographs and Images

Title:	Use of Berkeley Lab Photographs and Images
Publication date:	5/24/2012
Effective date:	5/21/1997

## BRIEF

### Policy Summary

Photographs may not be used for commercial purposes unless Berkeley Lab has considered and approved the use in writing. This policy details those steps.

### Who Should Read This Policy

- Any Berkeley Lab employee or division interested in using images from WebDam, the Laboratory's image library
- Any outside, non-Berkeley Lab entity interested in using images from Berkeley Lab either via WebDAM or another source
- Any Berkeley Lab employee with images of him- or herself, or their work, in WebDam or another Berkeley Lab publicly available photo/image archive

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Communications Manager  
Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov)

Title:	Use of Berkeley Lab Photographs and Images
Publication date:	5/24/2012
Effective date:	5/21/1997

## POLICY

### A. Purpose

Photographs may not be used for commercial purposes unless Lawrence Berkeley National Laboratory (Berkeley Lab) has considered and approved the use in writing. This policy details those steps.

### B. Persons Affected

- Any Berkeley Lab employee or division interested in using images from WebDam, the Laboratory's image library
- Any outside, non-Berkeley Lab entity interested in using images from Berkeley Lab either via WebDAM or another source
- Any Berkeley Lab employee with images of him- or herself, or their work, in WebDam or another Berkeley Lab publicly available photo/image archive

## C. Exceptions

Not applicable

## D. Policy Statement

1. The photographs in Berkeley Lab's WebDam may be downloaded for use by the news media or for educational or scientific purposes, provided that users have abided by Berkeley Lab's End User License Agreement (excerpted below):
  - a. **"IMPORTANT READ CAREFULLY:** This End User License Agreement is a legal agreement between you (in your capacity as an individual and as an agent for your company, institution or other entity) (collectively, you or Licensee) and The Regents of the University of California, Department of Energy contract-operators of the Ernest Orlando Lawrence Berkeley National Laboratory (Berkeley Lab). Downloading, displaying, using, or copying of an image by you or by a third party on your behalf indicates your agreement to be bound by the terms and conditions of the End User License Agreement. You agree that the image selected by you may be used for noncommercial, educational purposes only; no derivative works are allowed, and attribution and copyright notice is required. Any transfer of the image by you must be for non-commercial purposes: transferred copies are equally subject to the terms of this Agreement. Please provide the following copyright notice on any appearance of a downloaded image: University of California, Lawrence Berkeley National Laboratory. If you do not agree to these terms and conditions, do not download, display or use the image." (Go [here](#) to read the entire End User License Agreement.)
2. These images may not be used for commercial purposes without the Laboratory's written consent. Queries regarding prints, permission, and acceptable usage of these images should be directed to [pad@lbl.gov](mailto:pad@lbl.gov) or [photo@lbl.gov](mailto:photo@lbl.gov).

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
10.07.004.001	Lawrence Berkeley National Lab Terms and Conditions, <a href="#">End User License Agreement</a> for Selected Images for Non-Commercial Use	Online License Agreement

## I. Contact Information

Communications Manager  
 Public Affairs  
[pad@lbl.gov](mailto:pad@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
5/24/2012	2	J. Weiner	Rewrite for wiki (policy)	All	Minor
1/2/2012	1	J. Weiner	Rewrite for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Use of Berkeley Lab Photographs and Images
Document number	10.07.004.000
Revision number	1
Publication date:	5/24/2012
Effective date:	5/21/1997
Next review date:	5/21/2015
Policy Area:	Public Info/External Relations
RPM Section (home)	Info Management
RPM Section (cross-reference)	Section 5.01(C)
Functional Division	Public Affairs
Prior reference information (optional)	RPM Section 5.01(C)

## Source Requirements Documents

- Berkeley Lab Senior Management requirement
- [UC policy, Use of University Name](#)
- Berkeley Lab [Ethics and Conduct Policy](#)

## Implementing Documents

Document Number	Title	Type
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10.07.004.001	Lawrence Berkeley National Lab Terms and Conditions, <a href="#">End User License Agreement</a> for Selected Images for Non-Commercial Use	Online License Agreement
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# Use of Privileged Information

Title:	Use of Privileged Information
Publication date:	9/14/2012
Effective date:	7/29/2009

## BRIEF

### Policy Summary

Berkeley Lab prohibits employees from using privileged or official information for personal financial gain.

### Who Should Read This Policy

This policy applies to all Berkeley Lab employees.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

Title:	Use of Privileged Information
Publication date:	9/14/2012
Effective date:	7/29/2009

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) prohibits conflicts of interest arising from use of privileged or official information for personal financial gain.

### B. Persons Affected

This policy applies to all Berkeley Lab employees.

### C. Exceptions

Not applicable

## D. Policy Statement

1. Berkeley Lab prohibits the use of privileged or official information for personal financial gain. Privileged or official information is information known to an individual because of his or her connection with the Laboratory but is not available to the public. In this context, the term "privileged information" includes but is not limited to:
  - a. **Unpublished Information Relating to Technological and Scientific Developments.** Report Coordination and Technology Transfer and Intellectual Property Management review all technical and scientific papers and related materials for oral or other presentation before publication. See RPM policies *Patent and Copyright Review* (document number 10.04.004.000) and *Patents – Publication Clearance Policy* (document number 10.04.002.000).
  - b. **Medical, Personnel, Patent, Salary, or Security Clearance Records of Individuals.** Individual employees have a right to access their own records except as limited by law. See the RPM policies on *Employee Records* and *Intellectual Property*. Access to the records of other employees is normally limited to legitimate need-to-know situations except as specifically noted in the RPM sections cited and in applicable laws.
  - c. **Anticipated Materials Requirements or Pricing Actions – Knowledge of Selected Contractors or Subcontractors Before Official Announcements.** In certain situations, an employee, by virtue of his or her position, may have access to information concerning anticipated materials requirements or pricing actions. Examples include Laboratory construction projects and system acquisitions. Improper dissemination of such information could produce unfair competitive advantage for vendors as well as constitute a conflict of interest for the employee.
  - d. **Possible New Sites for University of California or DOE Program Operations.** The prohibitions surrounding this area are the same as those concerning Section D.1.c, *Anticipated Materials Requirements or Pricing Actions – Knowledge of Selected Contractors or Subcontractors Before Official Announcements*, above.
2. An employee who misuses privileged or official information may be subject to discipline by the Laboratory and prosecution under state and federal law. Laboratory employees are required to inform the Laboratory whenever they are notified that they are the target of an investigation by a federal or state agency that has as its subject the improper use of information obtained or actions taken for personal use by the employee in the course of his or her employment.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
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9/14/2012	1	M. Stoufer	Re-write for wiki (policy)	All	Minor
1/2/2012	0	M. Stoufer	Re-write for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Use of Privileged Information
Document number	05.07.002.000
Revision number	1
Publication date:	9/14/2012
Effective date:	7/29/2009
Next review date:	9/11/2015
Policy Area:	Conflict of Interest – General
RPM Section (home)	Conflict of Interest
RPM Section (cross-reference)	none
Functional Division	Operations
Prior reference information (optional)	RPM Chapter 10.14

## Source Requirements Documents

- Contract 31, Clause I.78, *Contractor's Organization*
- 48 CFR 970.0371-5, *Use of Privileged Information*

## Implementing Documents

None



# Vacation Policy

## Brief

Title:	Vacation Policy
Publication date:	8/28/2013
Effective date:	8/28/2013

## BRIEF

### Policy Summary

Berkeley Lab provides vacation for employees to rest, relax, and renew. Consistent with this objective, the Laboratory encourages eligible employees to take their earned vacation each year. This policy details the terms and conditions of vacation for eligible employees.

### Who Should Read This Policy

Employees who are in a Career, Term, Postdoctoral Fellow, Visiting Researcher, or Limited appointment, and are appointed at 50% or more of full-time status for six or more months

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).  
Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Policy

Title:	Vacation Policy
Publication date:	8/28/2013
Effective date:	8/28/2013

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab or the Laboratory) provides eligible employees with vacation for rest, relaxation, and renewal. Consistent with this objective, the Laboratory encourages employees to take their earned vacation each year.

### B. Persons Affected

### 1. Eligible Employees

- a. The Laboratory provides vacation for employees who:
  - i. Hold a [Career](#), [Term](#), [Postdoctoral Fellow](#), [Visiting Researcher](#), or [Limited](#) appointment and
  - ii. Are appointed at a fixed 50% or more of full-time status for six or more months.
- b. An employee holding an eligible appointment begins to earn vacation accrual at the start of his or her eligible appointment (See [list](#) in Section B.1.a.i, above).
- c. Limited-appointment employees previously ineligible for earning vacation accrual due to part-time or short-term appointments become eligible for earning vacation accrual on the first day after six consecutive months of working 50% or more of full-time status.

### 2. Ineligible Employees

- a. The following employee classifications are not eligible to earn vacation accrual: Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), Student Assistant, and International Brotherhood of Electrical Workers (IBEW) Apprentice. Limited-appointment employees who work less than six months and 50% fixed time are also not eligible to earn vacation accrual.
- b. If an employee previously eligible to earn vacation accrual has his or her appointment reduced below 50%, the employee will no longer earn vacation accrual.
- c. Employees working variable-time schedules regardless of their employee appointment do not earn vacation accrual.

## C. Exceptions

Requests that exceed what is allowed or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, Chief Human Resources and Diversity Officer (CHRO) approval.

## D. Policy Statement

1. **General.** An employee earns vacation accrual based on: (a) years of qualifying service; (b) his or her current appointment type (See [Persons Affected](#), above); and (c) number of hours on pay status.

**2. Vacation Accrual Rate Is Based On:**

**a. Years of Qualifying Service Credit in an Eligible Appointment**

- i. **University of California Service:** All paid time spent as an employee of Berkeley Lab or the University of California (UC or the University), including UC Hastings College of the Law, or a UC-managed U.S. Department of Energy (DOE) national laboratory, in any 50% or more appointment regardless of a break in service, is included in determining an eligible employee's vacation-accrual rate.
- ii. **California State Agency and California State University (CSU) Service:** All paid time spent as an employee of a California state agency or a CSU in any 50% or more appointment, regardless of a break in service, is included in determining an eligible employee's vacation-accrual rate.
- iii. **On-call and overtime hours** are not included for the purpose of computing the amount of vacation accrued.

**b. Current Appointment Type** (See *Persons Affected*, above)

**c. Numbers of Hours on Pay Status**

**i. Accrual Rates for Full-Time Employees:**

Years of Qualifying Service Credit	Approximate Number of Hours Accrued Per Month	Approximate Vacation Days Accrued Per Month	Approximate Vacation Days Accrued Per Year
Fewer than 10	10	1.25	15
More than 10 but fewer than 15	12	1.50	18
More than 15 but fewer than 20	14	1.75	21
20 or more	16	2.00	24

NOTE: Former UC employees who were in the UC Managers and Senior Professionals (MSP) Program and are hired at Berkeley Lab accrue vacation according to the above vacation-accrual rate table.

- ii. **Accrual Rates for Part-Time Employees Based on Eligible Service:** Eligible employees appointed at less than full-time status earn vacation accrual on a prorated basis that corresponds with the hours they are scheduled to work. See *Part-Time Employees Vacation Accrual Schedule*.
- iii. **Accrual Rates for Eligible Full-Time Senior Management Group (SMG) Employees Based on Eligible Service:** Senior Management Group employees include the following job titles: Laboratory Director, Deputy Director, Associate Laboratory Directors (ALDs), Chief Financial Officer, and Laboratory Counsel. SMG employees accrue vacation according to the following schedule:

Years of Qualifying Service	Approximate Vacation Days Accrued Per Year
Less than 5	18
5 but less than 10	21
10 or more	24

- iv. **Accrual Basis:** Vacation-accrual rate is based on five eight-hour days per week. Employees earn vacation accrual during leave with pay, except during extended [military leave](#) and [professional research or teaching leave](#).
- v. **Short Month's Work:** An employee in a pay status consisting of at least half the working hours of a month (including holidays) accrues vacation credit at the normal rate. An employee in a pay status consisting of less than half the working hours of a month accrues vacation credit on a prorated basis according to the number of hours worked in that month. Full-time employees accrue vacation credit in accordance with the table above. Part-time employees accrue vacation on a prorated basis (See *Part-Time Employees Vacation Accrual Schedule*).

**3. When Vacation Accrual Is Added to the Employee's Vacation Balance:** Earned vacation accrual is given to eligible employees (See *Persons Affected*, above) and available for use on the next working day following the month in which it was earned, except that eligible separating employees earn proportional vacation accrual through their last day on pay status.

#### 4. Vacation Balance of Transferring Employees

##### a. Transfers between the Laboratory and Other UC Locations

- i. UC employees who transfer from another UC location to the Laboratory without a break in service will have their accumulated vacation balance transferred, up to the maximum vacation balance allowed by this policy. Any excess of the vacation balance will be paid to the employee in a lump sum at the rate applied to the employee prior to transferring from the UC location.
- ii. Laboratory employees who transfer into a staff position at another UC location, without a break in service, will have their vacation balance transferred.
- iii. Laboratory employees who transfer into an academic position at another UC location will have their vacation balance paid out to the employee. Per [UC Academic Personnel Manual \(APM 730-0\)](#), academic appointees do not earn vacation accrual.
- iv. UC employees hired at the Laboratory in a non-SMG position, including UC employees who were classified as (1) Professionals and Support Staff and in the Administrative and Professional Staff Program as of June 30, 1996, or (2) Managers and Senior Professionals (MSP) immediately prior to being hired at the Laboratory, will earn vacation accrual based on the [table](#) above.
- v. UC employees hired at the Laboratory in SMG positions will earn vacation accrual according to the [UC Vacation Leave policy for SMG employees](#).

b. **Transfer between Laboratory Divisions:** The vacation accrual of employees is usually not affected by transfer between Laboratory divisions.

##### c. Transfer from a Vacation-Eligible Employee Appointment to a Non-Vacation-Eligible Employee

**Appointment:** When an employee transfers from a vacation-eligible appointment to a non-vacation-eligible appointment (See [Persons Affected](#), above), any vacation balance he or she possesses on the effective date of the change will be paid in a lump sum at the rate applied to the employee prior to the appointment change.

5. **Employee Vacation Advancement:** Up to two days' advance use of vacation accruals for the month of December may be used to facilitate the implementation of winter/New Year's Day [holiday closures](#). This applies only to employees who have not had sufficient time to earn vacation accrual.
6. **Vacation Accrual While on Leave of Absence:** An employee continues to earn vacation accrual while on a Laboratory-paid leave of absence. However, employees do not earn vacation accrual during any unpaid leave of absence
7. **Maximum Vacation Balance:**
  - a. Vacation accrual may be earned up to a maximum of two times an employee's annual accrual rate.
  - b. Once an employee reaches his or her maximum vacation balance, no additional vacation accrual may be earned until the employee's vacation balance falls below the maximum.

Years of Qualifying Vacation Service Credit	Maximum Vacation Balance in Hours	Maximum Vacation Balance Limit in Days
Fewer than 10	240	30
10 or more, but fewer than 15	288	36
15 or more but fewer than 20	336	42
20 or more	384	48

#### 8. Scheduling a Vacation

- a. With the exception noted above in Section D.5, [Employee Vacation Advancement](#), an employee may not use vacation accrual before it is earned.
  - b. Employees will coordinate their vacation in advance with their division. Employees must provide their supervisors with reasonable notice of at least one week in advance of the need to take time off from work for any reason when the need for vacation is foreseeable. This notice must include the expected length of the vacation to ensure that their absence does not conflict with the needs of the division.
  - c. **Vacation Pay Rate:** An employee's vacation pay rate is the rate of pay in effect at the time the vacation is taken, not the rate of pay in effect when the vacation accrual was earned.
9. **Use of Sick Leave While on Vacation:** See [Sick Leave Policy](#), Section D.9, [Use of Sick Leave during Vacation](#).
  10. **Use of Vacation While on Laboratory Travel:** See [Travel Policy](#).
  11. **Use of Vacation Accrual for Other Leaves:** Although the purpose of vacation is rest and relaxation, employees may use earned vacation accrual for personal or family illness or disability, or for other personal reasons. To the extent an employee seeks to use vacation in connection with a family-, medical-, or disability-related absence, the Laboratory may require certification supporting the employee's request for leave.
  12. **Use of Vacation Accrual for an Unpaid Leave or after Separation from Laboratory Employment:**
    - a. An employee on an otherwise unpaid leave of absence may not use vacation accrual on an intermittent basis.
    - b. Employees separating from Laboratory employment may not use vacation accrual after their last day of work for any type of separation other than retirement. Retiring employees may schedule vacation between their last day of work and the effective date of retirement.
  13. **Vacation Pay Restrictions:** An employee will not be paid for vacation accrual earned in one University position while on pay status in any other position paid through University-administered funds. This does not apply to vacation payment in the case of a transfer of an employee between University contracts or fund sources.

#### 14. Return to Work

- a. An employee is expected to return to work no later than the next regularly scheduled workday after the expiration of the approved vacation. If an extension is desired, the employee must request this from his/her supervisor in advance of the expected date of return.
- b. An employee who unexpectedly cannot return to work on the next regularly scheduled workday following the expiration of the approved leave of absence must notify his/her supervisor as soon as possible to explain the reason for the absence.
- c. Failure to return to work after an approved leave of absence without supervisory approval for the extension of leave is considered an unauthorized absence. Five consecutive workdays of unauthorized absence constitutes job abandonment and may lead to disciplinary action (See [Unauthorized Absences & Job Abandonment Policy](#)).

#### 15. Payout of Vacation Balance

- a. An employee will be paid for any unused vacation balance earned through his or her last day on pay status following:
  - i. Separation of employment from the Laboratory
  - ii. An extended unpaid military leave
- b. An employee whose change of status from a vacation-eligible employee appointment to a non-vacation-eligible employee appointment will be paid for any unused vacation balance he or she earned as of the effective date of the change. The vacation balance will be paid in a lump sum at the rate applied prior to the change in status.

#### 16. Misuse of Vacation

- a. Misrepresenting reasons for requesting time off, including but not limited to misrepresentations that could lead to concerns of conflict of interest and/or fraud, may result in disciplinary action, including suspension without pay and/or termination from employment.
- b. An employee on an unpaid leave of absence may not use vacation accrual on an intermittent basis for purposes of eligibility for holiday pay and employer-paid contributions toward benefits.
- c. Individuals on approved leaves of absence for which a medical certification is required may jeopardize their right to leave benefits and/or their continued employment by engaging in activities incompatible with the medical certification submitted in support of the leave.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

## F. Definitions/Acronyms

Term	Definition
Full Time	Full-time status is fixed time at 40 hours per workweek.
CHRO	Chief Human Resources and Diversity Officer
Part Time	Part-time status is fixed time up to 39 hours per workweek.
Pay Status	Any period of time for which an employee receives pay for time worked. This includes time on paid leave.
Senior Management Group (SMG) Employees	Individuals whose Career appointment is in the SMG personnel program. SMG employees with a dual academic appointment at 0% will be considered to possess a Career appointment in the SMG.
SMG	Senior Management Group
Variable Time	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

AUDIENCE	DOCUMENT #	IMPLEMENTING DOCUMENT
LBNL Staff	02.07.001.002	<a href="#">Part-Time Employees Vacation Accrual Schedule</a>
LBNL Staff	02.07.001.006	<a href="#">Transferring Vacation Balance from LBNL to UC Location Information Sheet</a>
LBNL Staff	02.07.001.008	Managers & Supervisors Responsibilities Under the Vacation Leave Policy
LBNL Staff	02.07.001.009	Verification of Prior UC and State of CA Service Form
HR Staff	02.07.001.001	<a href="#">Understanding the Vacation Leave Policy</a>
HR Staff	02.07.001.004	<a href="#">Transferring Vacation Balance from LBNL to UC Location</a>
HR Staff	N/A	<a href="#">Vacation Balance Transfer Smartsheet</a>

## I. Contact Information

For information regarding this policy, contact your [division's Human Resources Center](#). Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/7/2011	0	M. Bello	Revision for html site	all	Major
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor
2/21/2012	1.1	M. Bello	Technical changes to policy	D.1.n <i>Use of Vacation Credit for Other Leaves</i> and D.1.o <i>Use of Vacation Credit for an Unpaid Leave or After Separation from Laboratory Employment</i>	Minor
10/8/2012	1.2	M. Bello	Clarified policy to state all service in a 50% or more appointment counts toward determining vacation accrual rate	D.1	Minor
8/28/2013	1.3	M. Bello	Clarified policy: (1) former UC employees in the Manager and Senior Professionals Program accrue vacation according to the Laboratory vacation accrual schedule and (2) specified Laboratory SMG job titles and their vacation-accrual rates	D.2.c.i D.2.c.iii	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Vacation Policy
Document number	02.07.001.000
Revision number	1.3
Publication date:	8/28/2013
Effective date:	8/28/2013
Next review date:	10/8/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	None
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.08

## Source Requirements Documents

- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec. J, Appendix A, [Advance Understandings on Human Resources](#)
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

AUDIENCE	DOCUMENT #	IMPLEMENTING DOCUMENT	Type
LBL Staff	02.07.001.002	<a href="#">Part-Time Employees Vacation Accrual Schedule</a>	Chart
LBL Staff	02.07.001.006	<a href="#">Transferring Vacation Balance from LBNL to UC Location Information Sheet</a>	Procedure
LBL Staff	02.07.001.008	Managers & Supervisors Responsibilities Under the Vacation Leave Policy	Checklist
LBL Staff	02.07.001.009	Verification of Prior UC and State of CA Service Form	Form
HR Staff	02.07.001.001	<a href="#">Understanding the Vacation Leave Policy</a>	Training
HR Staff	02.07.001.004	<a href="#">Transferring Vacation Balance from LBNL to UC Location</a>	Procedure
HR Staff	N/A	<a href="#">Vacation Balance Transfer Smartsheet</a>	Database

# Variance from Berkeley Lab ES&H Policies

## Brief

Title:	Variance from Berkeley Lab ES&H Policies
Publication date:	11/29/2012
Effective date:	10/25/2012

## BRIEF

### Summary

This policy provides guidance on requesting a variance from existing Environment, Safety & Health (ES&H) policies at Lawrence Berkeley National Laboratory (Berkeley Lab).

### Who Should Read This Page

All persons who work at or visit Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

[http://www.lbl.gov/ehs/pub3000/CH01/CH01\\_wpc-f.html#](http://www.lbl.gov/ehs/pub3000/CH01/CH01_wpc-f.html#)

### Contact Information

Safety Compliance Program Manager  
Technical Support Services Group  
EHSS Division  
[WHWells@lbl.gov](mailto:WHWells@lbl.gov)

## Policy

Title:	Variance from Berkeley Lab ES&H Policies
Publication date:	11/29/2012
Effective date:	10/25/2012

## Policy

### A. Purpose

This policy provides guidance on requesting a variance from existing ES&H policies at Berkeley Lab.

### B. To Whom This Applies

All persons who work at Berkeley Lab

### C. Exceptions

None



## D. Policy

Circumstances may occasionally arise where an ES&H policy and/or other *EHSS Manual* requirements may prevent work from being conducted safely. If it is necessary to perform this work, each circumstance must be brought to the attention of the EHSS Division in the form of a request for variance, as identified below. Each request will be reviewed on a case-by-case basis.

Principal investigators and/or other Berkeley Lab employees who have concurrence from his/her cognizant division director or independent department head may request in writing a variance from a Laboratory ES&H policy. Requests for variances go to the EHSS Division Director and must include:

- An explanation of the specific criteria, rules, or procedures for which the variance is being requested
- An explanation of the need to perform the experiment in the proposed manner
- A description of the experimental apparatus
- A description of the measures to be taken to ensure that the variance will not compromise safety
- A statement defining the period during which the variance is to be in effect

Employees denied variance requests may make an appeal to the Associate Laboratory Director for Operations/Chief Operating Officer (ALDO/COO), whose decisions are final.

## E. Roles and Responsibilities

Role	Responsibility
Associate Laboratory Director for Operations / Chief Operating Officer	Manages appeals for denials of variances on Laboratory ES&H policies and requests for variances from DOE orders and regulations
Division Directors and Heads of Independent Departments	Review and concur with or deny written requests for a variance from Laboratory ES&H policy from within their organization
EHSS Division Director	Approves or denies in writing requests for variances from Laboratory ES&H policy
Laboratory Principal Investigators; Laboratory Managers and Supervisors	Request in writing a variance from Laboratory ES&H policy
Safety Advisory Committee	May study variance requests and provide recommendations at the request of the EHSS Division Director or Chief Operating Officer

## F. Definitions/Acronyms

Terms	Definitions
Variance	An exception to compliance with some part of a safety, health, environmental, or security standard granted by the EHSS Division Director to a Berkeley Lab employee

## G. Recordkeeping Requirements

None

## H. Implementing Documents

None

## I. Contact Information

Safety Compliance Program Manager  
Technical Support Services Group  
EHSS Division  
[WHWells@lbl.gov](mailto:WHWells@lbl.gov)

### Document Information

## DOCUMENT INFORMATION

Title:	Variance from Berkeley Lab ES&H Policies
Document number	07.01.007.000
Revision number	0
Publication date:	11/29/2012
Effective date:	10/25/2012
Next review date:	10/25/2015
Policy Area:	ES&H General Policy
RPM Section (home)	ES&H
RPM Section (cross-reference)	
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Chapter 1, Work Process D, Requesting a Variance from LBNL Safety Policy

## Source Requirements Documents

- Contract 31, I.79, DEAR Clause 970.5204-2 *Laws, Regulations and DOE Directives (Dec 2000)*
- Contract 31, Appendix I, *Environment, Safety and Health Standards for LBNL*

## Implementing Documents

None

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
11/29/2012	0	W. Wells	Rewrite for wiki	All	Minor

# Vegetation Sampling and Management

## Brief

Title:	Vegetation Sampling and Management
Publication date:	6/26/2013
Effective date:	6/26/2013

## BRIEF

### Policy Summary

Only trees in which tritium levels are not distinguishable from regional background levels may be removed from the Berkeley Lab site.

### Who Should Read This Policy

Berkeley Lab Facilities employees, construction subcontractors, and their supervisors who:

- Manage or perform tree trimming or cutting or
- Plan construction projects that require tree trimming or cutting

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program, Go To:

<http://www.lbl.gov/ehs/pub3000/CH59.html>

### Contact Information

Vegetation Sampling (for Radioactivity) Subject Matter Expert  
Environmental Services Group  
EHSS Division

## Policy

Title:	Vegetation Sampling and Management
Publication date:	6/26/2013
Effective date:	6/26/2013

## POLICY

### A. Purpose

The Vegetation Sampling and Management Program at Berkeley Lab ensures that tritium-contaminated trees are not removed from the Berkeley Lab site.

### B. Persons Affected

Berkeley Lab Facilities employees, construction subcontractors, and their supervisors who:

- Manage or perform tree trimming or cutting or
- Plan construction projects that require tree trimming or cutting

## C. Exceptions

If analytical results show tritium levels that are not distinguishable from regional background levels in a tree within the area where tree removal is restricted, then that tree may be removed from the Berkeley Lab site (DOE Berkeley Site Office, 1999).

## D. Policy Statement

1. Only trees in which tritium levels are not distinguishable from regional background levels may be removed from the Berkeley Lab site.
2. A flowchart of the process for assessing potentially contaminated trees is shown in [Work Process A, General Requirements and Flowchart](#).
3. The map showing the area where trees may not be removed is shown in [Work Process B, Map of Restricted Area Where Trees May Not Be Removed](#).

## E. Roles and Responsibilities

Role	Responsibilities
Supervisors	<ul style="list-style-type: none"><li>• Ensure that environmental laws, regulations, and policies are followed</li><li>• Request assistance from the Environmental Services Group for technical advice on vegetation management operations and what would be an appropriate compliance strategy</li><li>• Ensure that vegetation management activities are performed within acceptable operating standards and that any required records are current</li><li>• Notify the EHSS Division immediately of any unauthorized tree removal</li></ul>
Employees	<ul style="list-style-type: none"><li>• Follow applicable environmental laws, regulations, and policies</li><li>• Be fully aware of the environmental impact of their tree removal activities and comply with all requirements that govern those activities</li><li>• Take immediate action to stop unauthorized tree removal, and report all instances of unauthorized tree removal to the EHSS Division</li></ul>
Environmental Services Group	<ul style="list-style-type: none"><li>• Develops Laboratory policies and procedures to ensure that tree removal operations are conducted in an environmentally safe manner and in full compliance with all applicable environmental laws and regulations and DOE orders</li><li>• Prepares environmental compliance plans and reports as mandated by laws and regulations and DOE orders</li><li>• Assesses current and planned Berkeley Lab tree removal activities and assists in defining environmental protection compliance actions</li><li>• Reviews planned tree removal operations in accordance with ESG <a href="#">Procedure 270, Assessing Tritium in Trees for Removal</a></li><li>• Provides technical assistance and participates in discussions regarding tree removal operations with Berkeley Lab employees, regulatory agencies, concerned public citizens, community organizations, and the media</li><li>• Curtails or suspends any operations that pose an immediate danger to members of the public or the environment</li><li>• Investigates reports of unauthorized tree removal, and notifies federal, state, and local authorities in a timely manner, as required</li><li>• Coordinates and represents Berkeley Lab activities during environmental audits and inspections by regulatory agencies and DOE</li><li>• Responds to information requests from the public</li><li>• Participates in DOE audits of off-site analytical laboratories to ensure the quality of analytical results received for environmental monitoring programs</li></ul>

## F. Definitions/Acronyms

Term	Definition
Environmental monitoring	The collection and analysis of environmental samples or direct measurements of environmental media. Environmental monitoring consists of three major activities: effluent monitoring, environmental surveillance, and meteorological monitoring.
Regional background	Tritium levels in trees in the region beyond the influence of Berkeley Lab activities, which are typically less than the lowest activity the analytical laboratory can detect
Restricted area	An area surrounding Building 75 where tritium levels in trees exceed the regional background (and where tree removal is restricted)
Unauthorized tree removal	Removing trees or wood chips from the restricted area without obtaining confirmation from the Environmental Services Group that tritium levels in the trees are not distinguishable from regional background levels

## G. Recordkeeping Requirements

Supervisors must ensure that vegetation management activities are performed within acceptable operating standards and that any required records are current.

## H. Implementing Documents

Document number	Other Reference Number	Title	Type
07.09.009.001	N/A	Vegetation Sampling and Management	Program
07.09.009.002	N/A	Work Process A, <i>General Requirements and Flowchart</i>	Process
07.09.009.003	N/A	Work Process B, <i>Map of Restricted Area Where Trees May Not Be Removed</i>	Process
N/A	ESG Procedure 270	Assessing Tritium in Trees for Removal	Procedure
N/A	ESG Procedure 266	Soil, Sediment, and Vegetation Sampling	Procedure
N/A	LBL-27170	Site Environmental Report (most recent)	Report

## I. Contact Information

[Vegetation Sampling \(for Radioactivity\) Subject Matter Expert](#)  
Environmental Services Group  
EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	Pauer	Rewrite for wiki (brief)	All	Minor
6/26/2013	1	Wahl	Rewrite for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Vegetation Sampling and Management
Document number	07.09.009.000
Revision number	1
Publication date:	6/26/2013
Effective date:	6/26/2013
Next review date:	6/26/2016
Policy Area:	Environmental Protection Program
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EHSS
Prior reference information (optional)	PUB-3000 Section 11.3.6 moved to Chapter 59

## Source Requirements Documents

- Department of Energy, *Radiation Protection of the Public and the Environment*, DOE Order 458.1 (June 6, 2011)

## Other Driving Requirements

- Nolan, Richard H. "Tree and Vegetation Management Program," memo from DOE Berkeley Site Office to David McGraw, EH&S Division Director, Lawrence Berkeley National Laboratory (April 5, 1999)
- *LBNL Environmental Monitoring Plan* (most recent)

## Implementing Documents

Document number	Other Reference Number	Title	Type
07.09.009.001	N/A	Vegetation Sampling and Management	Program
07.09.009.002	N/A	Work Process A, <i>General Requirements and Flowchart</i>	Process
07.09.009.003	N/A	Work Process B, <i>Map of Restricted Area Where Trees May Not Be Removed</i>	Process
N/A	ESG Procedure 270	Assessing Tritium in Trees for Removal	Procedure
N/A	ESG Procedure 266	Soil, Sediment, and Vegetation Sampling	Procedure
N/A	LBL-27170	Site Environmental Report (most recent)	Report

# Vehicle Accidents Reporting

## Brief

Title:	Vehicle Accidents Reporting
Publication date:	8/28/2013
Effective date:	8/28/2013

## BRIEF

### Policy Summary

The Vehicle Accidents Reporting policy at Berkeley Lab requires that all on-site vehicle accidents involving personal or government/Laboratory vehicles are reported to Security (ext. 6999) after attending to any injuries. (For emergency assistance, call 911, not ext. 6999). Vehicles include bicycles and all gasoline-powered and electric vehicles. Any personal vehicle involved in an accident off site while on Laboratory business, or any off-site accident involving a government/Laboratory vehicle, should first be reported to local law-enforcement authorities and then to Laboratory security after attending to any injuries. **Use the Berkeley Lab Motor Vehicle Accident Report to document the accident.**

### Who Should Read This Policy

Berkeley Lab employees, affiliates, visitors, and subcontractors who drive personal or government/Laboratory vehicles on site, or who drive personal vehicles while on Berkeley Lab business

### To Read the ES&H Program Details, Go To:

[The Traffic and Pedestrian Safety Program](#)

### Contact Information

[Traffic & Pedestrian Subject Matter Expert](#)  
EHS Division

## Policy

Title:	Vehicle Accidents Reporting
Publication date:	8/28/2013
Effective date:	8/28/2013

## POLICY

### A. Purpose

This policy describes requirements should an accident involving a vehicle used for official Laboratory business occur either at the Laboratory or off site. Vehicles include bicycles and all gasoline-powered and electric vehicles, and may be personal vehicles used for Laboratory business or government/Laboratory-owned vehicles.

### B. Persons Affected

Berkeley Lab employees, affiliates, visitors, and subcontractors who drive government/Laboratory vehicles or drive personal vehicles on Berkeley Lab business, or when driving personal vehicles on Laboratory property at any time

### C. Exceptions

None

## D. Policy Statement

1. Any accident involving a vehicle used on official Laboratory business must be reported.
  - a. "Vehicles" include bicycles and all gasoline-powered and electric vehicles.
  - b. Reportable accidents may occur on site or off site.
  - c. Reportable accidents may involve government- or Laboratory-owned vehicles, or personal vehicles being used for official Laboratory business.
2. Any accident involving a vehicle used on Laboratory or Laboratory-controlled property must be reported.
  - a. Reportable accidents include accidents involving personal vehicles not being used during the course of official Laboratory business (e.g., commuting to/from the Laboratory job, running personal errands on Laboratory property, driving to/from the Laboratory for other personal reasons).
3. Reporting must be completed immediately after emergency conditions are under control, such as after receiving medical treatment or moving a vehicle to a safe location. Accidents under extreme circumstances that prevent prompt reporting (for example, accidents that occur in remote locations or cause severe injuries) must be reported within one business day of the accident.
  - a. The employee(s) operating the vehicles in the accident are responsible for reporting the incident.
  - b. On-site accidents must be reported to Berkeley Lab Security/Protective Services and the employee's manager/supervisor.
    - i. A Berkeley Lab [Motor Vehicle Accident Report](#) must be filed.
  - c. Off-site accidents must be reported first to local law enforcement, and then to Berkeley Lab Security/Protective Services and the employee's manager/supervisor.
    - i. The Laboratory employee involved in the accident should obtain adequate information about the drivers involved and the owners of the vehicles, including but not limited to names, addresses, driver's license numbers, vehicle identification numbers, vehicle descriptions (e.g., make and model), extent of vehicle damage, and vehicle registration information.
    - ii. The Laboratory employee involved in the accident must obtain the name and police department of the investigating officer. The Laboratory will need this information to obtain a copy of the police report.
    - iii. A Berkeley Lab [Motor Vehicle Accident Report](#) must be filed.
  - d. The Facilities Division Safety Manager must receive copies of all accident reports and prepare, in conjunction with the affected employee's Laboratory division, any required reports to DOE per the [Occurrence Reporting](#) process.
4. For investigations of vehicle accidents resulting in injury or damage to government property (including vehicles and structures):
  - a. Oversight is provided by the Laboratory's Facilities Division Fleet Operations Manager and the Traffic and Pedestrian Safety Committee.
  - b. The investigative process follows the Laboratory's Incident Review and Reporting process, with the following details:
    - i. The Facilities Division Safety Manager, in conjunction with the Fleet Operations Manager when appropriate, is responsible for investigating all vehicle accidents associated with this policy.
    - ii. The Facilities Division Safety Manager will notify the LBNL Traffic Safety Subject Matter Expert (SME) within one business day of any reported accident. The Traffic Safety SME will be included in all investigations.
    - iii. Once the accident investigation is complete, a subcommittee of the Traffic and Pedestrian Safety Committee reviews the report. The subcommittee will review the accident report or contribute as needed. The subcommittee will then propose compensatory and corrective actions, which will be documented in compliance with the Issues Management Program.

The table below summarizes the Vehicle Accident Reporting requirements.



Vehicle Type	On Site						
	Notify		Written Report	Notify			W Re
	Employee's Supervisor	Lab Security	LBNL Form	Local Police	Lab Security	Employee's Supervisor	LB
Government or Laboratory, including forklift, trucks, etc.	Yes	Yes	Yes	Yes	Yes	Yes	Ye
Personal used for Laboratory business	Yes	Yes	Yes	Yes	Yes	Yes	Ye
Personal vehicle use on Laboratory property but not for official business		Yes	Yes				

## E. Roles and Responsibilities

Role	Responsibility
Employee involved in the accident	Reports the accident in accordance with this policy
Supervisor of employee involved in the accident	<ul style="list-style-type: none"> <li>Ensures, to the degree appropriate, that proper emergency assistance is provided to the employee reporting the accident</li> <li>Ensures the vehicle accident is reported according to this policy</li> <li>Ensures any injuries are immediately reported to Health Services</li> </ul>
Security/Protective Services	<ul style="list-style-type: none"> <li>Receives the report of an accident</li> <li>Provides emergency assistance or accident investigation if needed</li> <li>Documents the accident</li> </ul>
Fleet Operations Manager	Assists in the investigation of vehicle accidents
Traffic and Pedestrian Safety Committee Chair (who is also the Traffic Safety SME)	<ul style="list-style-type: none"> <li>Assists in the investigation of vehicle accidents</li> <li>Reviews the accident report</li> <li>Ensures appropriate compensatory and corrective actions are implemented</li> <li>Oversees the implementation of compensatory and corrective actions as needed</li> </ul>
Security Manager	Assists in the investigation of vehicle accidents

## F. Definitions/Acronyms

Term	Definition
Off site	Not within the physical property boundary of Berkeley Lab property located at 1 Cyclotron Road, Berkeley, California
On site	Within the Berkeley Lab property boundary located at 1 Cyclotron Road, Berkeley, California
Vehicles	Bicycles and all electric or gasoline- or diesel-powered vehicles
Government- or Laboratory-owned vehicle	A vehicle owned, leased, or otherwise controlled by Berkeley Lab
Official Laboratory business	An activity performed while being compensated by Berkeley Lab
Personal vehicle	A vehicle owned, borrowed, leased, or rented by the person operating it

## G. Recordkeeping Requirements

Vehicle Accident Reports shall be maintained indefinitely.

## H. Implementing Documents

Document Number	Title	Type
n/a	<a href="#">Berkeley Lab Motor Vehicle Accident Report</a>	Form
07.07.028.001	<a href="#">Traffic and Pedestrian Safety</a>	Program
07.03.001.001	<a href="#">Occurrence Reporting</a>	Program

## I. Contact Information

[Traffic & Pedestrian Subject Matter Expert](#)  
EHS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2013	0	R. Fisher	Reformat for wiki (Brief only)	All	Minor
8/28/2013	1	R. DeBusk	Policy created from Traffic Safety Program	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Vehicle Accidents Reporting
Document number	07.03.004.000
Revision number	1
Publication date:	8/28/2013
Effective date:	8/28/2013
Next review date:	8/28/2014
Policy Area:	Incident Review and Reporting
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Sections 5.1.1.5, 5.1.1.6, 5.8.5, 60 (Work Process C)

### Source Requirements

- California Vehicle Code (CVC), Division 11, Rules of the Road
- 10 CFR 851, Appendix A, 9.0 Motor Vehicle Safety

### Other Driving Requirements

- California Commercial Motor Vehicle Safety Act

### Other Related Berkeley Lab Policies

- Vehicles, Use of Laboratory or Government Policy
- Traffic and Pedestrian Safety Policy
- Injury Response and Review Policy
- Occurrence Reporting
- Forklifts and Other Powered Industrial Trucks

### Implementing Documents

Document Number	Title	Type
n/a	<a href="#">Berkeley Lab Motor Vehicle Accident Report</a>	Form
07.07.028.001	<a href="#">Traffic and Pedestrian Safety</a>	Program
07.03.001.001	<a href="#">Occurrence Reporting</a>	Program

# Vehicles, Management of Laboratory or Government Fleet

## Brief

Title:	Vehicles, Management of Laboratory or Government Fleet
Publication date:	12/4/2012
Effective date:	1/2/2012

## BRIEF

### Policy Summary

This policy provides guidance on the management and maintenance of any Berkeley Lab-, Department of Energy (DOE)-, or General Services Administration (GSA)-owned vehicle.

### Who Should Read This Policy

This policy applies to all employees who operate Laboratory or government vehicles, vehicle custodians, Laboratory divisions, and the Fleet Operations staff.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Related Policy

[Vehicles, Use of Laboratory or Government](#), document number 09.05.005.000

### Contact Information

[Fleet Manager](#)  
Facilities Division

## Policy

Title:	Vehicles, Management of Laboratory or Government Fleet
Publication date:	12/4/2012
Effective date:	1/2/2012

## POLICY

### A. Purpose

This policy provides guidance on the management and maintenance of any Berkeley Lab-, Department of Energy (DOE)-, or General Services Administration (GSA)-owned vehicle.

### B. Persons Affected

This policy applies to all employees who operate Laboratory or government vehicles, vehicle custodians, Laboratory divisions, and the Fleet Operations staff.

### C. Exceptions

Not applicable

## D. Policy Statement

1. Berkeley Lab requires operators of Laboratory or government cars, trucks, and electric vehicles to have a valid California driver's license or a California-recognized license issued by the employee's state of legal residence.
2. Fleet Operations of the Facilities Division is responsible for the maintenance and management of Laboratory or government fleet vehicles.
3. Vehicles are assigned to various groups through custodians who are directly responsible for their proper use. These vehicles are required to meet specific usage criteria (see Fleet Procedure: Local Use Objectives [LUO]), and are assigned to various groups through custodians who are directly responsible for their proper use.
4. DOE has supplied the Laboratory with a fleet of cars, trucks, and electric carts to support the Laboratory's scientific mission. Berkeley Lab provides each department with convenient transportation to meet its mission in the most cost-efficient manner. The minimum number of vehicles will be retained to satisfy program and Environment, Safety & Health requirements.

## E. Roles and Responsibilities

Role	Responsibility
Fleet Manager	<ul style="list-style-type: none"><li>• Administers and oversees the fleet of vehicles in accordance with Laboratory and government policies</li><li>• Notifies vehicle custodians and others when vehicles do not meet appropriate utilization criteria</li><li>• Approves and coordinates vehicle additions, deletions, assignments, or reassignments to the Laboratory fleet</li><li>• Reviews and approves vehicle reclassifications or change of type of vehicle</li><li>• Maintains records of fleet maintenance and operation costs</li><li>• Ensures vehicle inventory information is maintained to include appropriate Vehicle Identification Number (VIN) and license information</li><li>• Ensures agency vehicle information is entered into the Federal Motor Vehicle Registration System (FMVRS) at <a href="http://fmvrs.fas.gsa.gov/">fmvrs.fas.gsa.gov/</a></li></ul>
Fleet Administration	<ul style="list-style-type: none"><li>• Maintains fleet maintenance and usage databases</li><li>• Records monthly usage data of each Laboratory or government vehicle</li><li>• Prepares and maintains maintenance schedules, and notifies vehicle custodians of required maintenance</li><li>• Processes accident reports and solicits repair estimates</li></ul>
Custodian Responsibilities	<ul style="list-style-type: none"><li>• Ensures only qualified and appropriate individuals have access to assigned vehicles</li><li>• Ensures assigned vehicle is meeting local use criterion</li><li>• Delivers the vehicle to the transportation area at the scheduled time for all maintenance</li><li>• Maintains the vehicle in clean condition</li><li>• Notifies the Fleet Manager prior to any reassignment of vehicles</li><li>• Reports any mechanical problems promptly to Fleet Operations</li></ul>

## F. Definitions/Acronyms

None

## G. Recordkeeping Requirements

The Fleet Administrator maintains all records for three years.

## H. Implementing Documents

Document number	Other reference number	Title	Type
09.05.008.002	FLEET-004	<a href="#">Fleet Procedure: General Information/Vehicle Acquisition</a>	Procedure
09.05.008.003	FLEET-001	<a href="#">Fleet Procedure: Maintenance</a>	Procedure
09.05.008.004	FLEET-005	<a href="#">Fleet Procedure: Global Positioning System (GPS)</a>	Procedure
09.05.008.005	FLEET-003	<a href="#">Fleet Procedure: Local Use Objectives (LUO)</a>	Procedure
09.05.008.006	FLEET-002	<a href="#">Fleet Procedure: Off-Site/Overnight Use of a Vehicle</a>	Procedure

## I. Contact Information

Fleet Manager  
Facilities Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	K. Porter	Rewrite for the wiki (brief)	all	Minor
12/4/2012	1	K. Porter	Rewrite for the wiki (policy)	all	Minor
3/26/2013	N/A	K. Porter	Linked Implementing Documents	<ul style="list-style-type: none"><li>• Section H under Policy tab</li><li>• Implementing Documents table under Document Information tab</li><li>• Implementing Documents restricted to department/functional use under Additional Information tab</li></ul>	Editorial
12/12/2013	N/A	J.Braithwaite	Add missing SRD	Document Info tab, SRD	Editorial

### Document Information

## DOCUMENT INFORMATION

Title:	Vehicles, Management of Laboratory or Government Fleet
Document number	09.05.008.000
Revision number	1
Publication date:	12/4/2012
Effective date:	1/2/2012
Next review date:	1/2/2015
Policy Area:	Vehicles at LBNL
RPM Section (home)	Facilities Management
RPM Section (cross-reference)	none
Functional Division	Facilities
Prior reference information (optional)	

## Source Requirements Documents

- Contract 31, Clause I.65, DEAR 952.208-7, Tagging of Leased Vehicles (Apr 1984)
- Contract 31, Clause I.139, DEAR 970.5223-6 Executive Order 13423, Strengthening Federal Environmental, Energy, and Transportation Management (Sept 2010)
- Contract 31, Clause I.114, DEAR 970.5244-1 Contractor Purchasing System (Aug. 2009), Paragraph (q)(1), Purchase of Special Items
- Contract 31, Clause I.138, DEAR 952.223-78 Sustainable Acquisition Program (Oct 2010), Executive Order 13514, Federal Leadership in Environmental, Energy, and Economic Performance

## Other Driving Requirements

- [DOE Motor Vehicle Management Handbook](#)

## Implementing Documents

Document number	Other reference number	Title	Type
09.05.008.002	FLEET-004	<a href="#">Fleet Procedure: General Information/Vehicle Acquisition</a>	Procedure
09.05.008.003	FLEET-001	<a href="#">Fleet Procedure: Maintenance</a>	Procedure
09.05.008.004	FLEET-005	<a href="#">Fleet Procedure: Global Positioning System (GPS)</a>	Procedure
09.05.008.005	FLEET-003	<a href="#">Fleet Procedure: Local Use Objectives (LUO)</a>	Procedure
09.05.008.006	FLEET-002	<a href="#">Fleet Procedure: Off-Site/Overnight Use of a Vehicle</a>	Procedure

# Ventilation, Assessment of

Title:	Ventilation, Assessment of
Publication date:	1/2/2012
Effective date:	12/9/2010

## BRIEF

### Policy Summary

The Berkeley Lab Ventilation Program protects workers and the environment by:

- Reducing airborne concentrations of contaminants
- Ensuring hoods, HEPA filters, and exhaust ventilation systems meet requirements
- Establishing minimum performance requirements for hoods, HEPA filters, and exhaust ventilation systems
- Performing periodic surveillance of hoods, HEPA filters, and exhaust ventilation systems

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who work with hazardous substances

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the EH&S Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH04.html#46>

## Contact Information

EH&S Subject Matter Expert for Ventilation

Laurel Davis

(510) 495.2324

[LADavis@lbl.gov](mailto:LADavis@lbl.gov)

Title:	Ventilation, Assessment of
Publication date:	1/2/2012
Effective date:	12/9/2010

## POLICY

### A. Purpose



The Ventilation Program at Lawrence Berkeley National Laboratory (Berkeley Lab) protects workers and the environment by:

- Reducing airborne concentrations of contaminants
- Ensuring hoods, HEPA filters, and exhaust ventilation systems meet requirements
- Establishing minimum performance requirements for hoods, HEPA filters, and exhaust ventilation systems
- Performing periodic surveillance of hoods, HEPA filters, and exhaust ventilation systems

The Ventilation Program includes laboratory fume hoods, inert and negative-pressure glove boxes, biological safety cabinets, HEPA-filtered vacuum cleaners, in-place HEPA filters used for contaminant control, and other local exhaust ventilation systems, such as extractor arms, exhausted enclosures, ventilated tanks, back-draft benches, and canopy hoods.

## B. Persons Affected

Berkeley Lab employees, visitors, affiliates, and subcontractors who work with hazardous substances

## C. Exceptions

None

## D. Policy Statement

The Environment, Health & Safety (EH&S) Division must be notified of the purchase of hoods, glove boxes, filtering equipment, emissions-collection equipment, and other relevant ventilation items. EH&S may review the use of such ventilation systems with the requestor. EH&S must be consulted to determine applicable design, construction, and performance standards for new ventilation systems used for contamination control. Responsibility to ensure the systems meet applicable requirements resides with the Project Manager for Facilities Division projects and with the activity line manager for all other projects.

1. New and relocated ventilation systems may not be used for contamination control until installation and performance has been evaluated and "tagged" by EH&S and verified to meet application standards.
2. Line management must ensure that ventilation systems that do not meet performance standards (i.e., are deficient) are repaired, and are used within safety limits (if allowed) until repaired.
3. Performance of ventilation systems, including HEPA-filtered units, must be periodically evaluated.

## E. Roles and Responsibilities

See [PUB-3000, Chapter 4, Section 4.6](#), for roles and responsibilities related to the execution of this policy's implementation.

Role	Responsibility
Facilities Division	Ensures that newly installed or refurbished ventilation systems are designed, installed, commissioned, and function-tested in accordance with applicable codes and guidance provided by the EH&S Division Maintains a proactive preventive-maintenance program to ensure that ventilation systems are in proper operating condition in accordance with applicable codes and guidance that it has provided
Industrial Hygiene Subject Matter Expert (SME)	Ensures that performance standards are identified for ventilation systems and that periodic surveillance is performed Ensures the development, approval, revision, and administration of this policy and its implementing documents
Line Managers	Ensure that persons within their areas of responsibility comply with this policy and its implementing documents

Supervisors and Work Leads	Ensure that persons within their areas of responsibility comply with this policy and its implementing documents, and have completed any required training prior to beginning work
Ventilation System Users	Follow all guidance provided in training and this policy and its implementing documents

## F. Definitions/Acronyms

See PUB-3000 Chapter 4, Section 4.6 for technical terms related to the details of this policy and its implementation.

## G. Recordkeeping Requirements

- The results of all calibration, certification, and other checks are recorded in the Berkeley Lab Ventilation Database and maintained by the EH&S Division.
- Ventilation systems are marked with stickers that indicate when the last surveillance check was performed.

## H. Implementing Documents

Document Number	Other Reference	Title	Type
07.07.030.001	PUB-3000, Chapter 4, Section 4.6	Ventilation, Hoods, and HEPA Filters	Program
07.07.005.001	PUB-5341	<i>Chemical Hygiene and Safety Plan</i> , "Hazard Controls" section	Program
07.07.004.001	PUB-3435E	<i>Biosafety Manual</i> , Section 5.6.4, "Ventilation and Hoods"	Program
11.01.019.003	Procurement and Property Management Web site	Restricted Items List	Form
tbd		In-Place HEPA Filter Leak Testing Procedure	Procedure

## I. Contact Information

EH&S Subject Matter Expert for Ventilation  
 Laurel Davis  
 (510) 495.2324  
[LADavis@lbl.gov](mailto:LADavis@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	L. Davis	Rewrite for wiki	All	Minor
8/7/2014	1	L. Young	Adjust Next Review from Pub date	Doc Info	Editorial

## DOCUMENT INFORMATION

Title:	Ventilation, Assessment of
Document number	07.07.030.000
Revision number	1
Publication date:	1/12/2012
Effective date:	12/9/2010
Next review date:	1/12/2015
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapter 4, Section 4.6

## Source Requirements Documents

- 10 CFR 851, *Worker Safety and Health Program*
- 29 CFR 1910.94, *Ventilation*
- 29 CFR 1910.106, *Flammable and combustible liquids*
- 29 CFR 1910.107, *Spray finishing using flammable and combustible liquids*
- 29 CFR 1910.124, *General requirements for dipping and coating operations*
- 29CFR 1910.126, *Additional requirements for dipping and coating operations*
- 29 CFR 1910.252, *Welding, Cutting and Brazing*
- 29CFR 1910.1450, *Occupational exposure to hazardous chemicals in labs*
- ACGIH Ventilation Manual, relevant sections

## Related Berkeley Lab Policies

- [Obtaining Goods and Services](#), #12.01.002.000

## Implementing Documents

Document Number	Other Reference	Title	Type

07.07.030.001	PUB-3000, Chapter 4, Section 4.6	Ventilation, Hoods, and HEPA Filters	Program
07.07.005.001	PUB-5341	<i>Chemical Hygiene and Safety Plan</i> , "Hazard Controls" section	Program
07.07.004.001	PUB-3435E	<i>Biosafety Manual</i> , Section 5.6.4, "Ventilation and Hoods"	Program
11.01.019.003	Procurement and Property Management Web site	Restricted Items List	Form
tbd		In-Place HEPA Filter Leak Testing Procedure	Procedure

# Violence in the Workplace

Title:	Violence in the Workplace
Publication date:	1/2/2012
Effective date:	8/5/2005

## BRIEF

### Policy Summary

Berkeley Lab provides a community in which employees, affiliates (formally known as guests), and visitors can work together in an atmosphere of respect and civility, free of harassing and threatening behaviors. Laboratory policies are designed to protect and promote the rights of members of the Berkeley Lab community and to prevent actions that interfere with those rights and with the Laboratory's mission. Any threat or violent act by an individual associated with Berkeley Lab, including any employee, contractor, affiliate, or student, will be considered serious misconduct and may be the basis for disciplinary action or dismissal. Such an act may be reported to local law enforcement officials for appropriate action.

### Who Should Read This Policy

All persons at the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Violence in the Workplace
Publication date:	1/2/2012
Effective date:	8/5/2005

## POLICY

### A. Purpose

Lawrence Berkeley National Laboratory (Berkeley Lab) is committed to providing a workplace that is as free as possible from intimidation, threats of violence, and acts of violence. This policy provides guidance to all who work at or visit the Laboratory to help maintain an environment at and within Berkeley Lab property that is free of violence and the threat of violence.

### B. Persons Affected

All persons at the Laboratory

## C. Exceptions

Requests that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, the Chief Human Resources Officer (CHRO) approval.

## D. Policy Statement

- Policy:** It is the policy of Lawrence Berkeley National Laboratory (Berkeley Lab) to create and maintain a community in which we can work together in an atmosphere of respect and civility, free of harassing and threatening behaviors. Laboratory policies are designed to protect and promote the rights of members of the Berkeley Lab community and to prevent actions that interfere with those rights and with the Laboratory's mission. Any threat or violent act by an individual associated with Berkeley Lab, including any employee, contractor, affiliate (formally known as guest), or student, will be considered serious misconduct and may be the basis for disciplinary action or dismissal. Such an act may be reported to local law-enforcement officials for appropriate action.
- Crisis Action Team:** To assist managers and individuals in assessing situations involving workplace violence, Berkeley Lab has established a Crisis Action Team (CAT), composed of Berkeley Lab and University of California, Berkeley, campus units with special expertise in professional training. These units work together to deal with verbal and physical behaviors perceived as disruptive, intimidating, threatening, or violent. CAT helps clarify the management of situations (including legal and psychological issues), coordinates communication, and monitors resolution of incidents.
- Immediate Assistance:** If an employee believes he or she needs assistance, he or she should call the Employee Labor Relations Manager (x6747). If he or she is experiencing immediate threat, he or she should dial 7911 (or 9-911 from a campus phone).

## E. Roles and Responsibilities

Role	Responsibility
Chief HR Officer (CHRO)	Has the functional responsibility for this policy
Crisis Action Team (CAT)	Helps clarify the management of situations (including legal and psychological issues), coordinates communication, and monitors resolution of incidents
Employees	Have the responsibility to adhere to the provisions of this policy
HR Department	Has the responsibility to advise management and employees on how to comply with this policy
Managers and Supervisors	Have the responsibility to adhere to the provisions of this policy

## F. Definitions/Acronyms

Term	Definition
CAT	Crisis Action Team
CHRO	Chief Human Resources Officer

## G. Recordkeeping Requirements

The Human Resources Department will maintain records of any incidents.

## H. Implementing Documents

Audience	Document Number	Document Title
Managers and Supervisors	02.02.006.001	Managers and Supervisors Responsibilities under the Violence in the Workplace Policy
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)

## I. Contact Information

For more information, contact your division's [Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Violence in the Workplace
Document number	02.02.006.000
Revision number	1
Publication date:	1/2/2012
Effective date:	8/5/2005
Next review date:	1/2/2015
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.05(F)

Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.05(F)

## Source Requirements Documents

Source	Document title
California State Law	<a href="#">Workplace Violence Safety Act ( California Code of Civil Procedure § 527.8</a>
California State Law	<a href="#">California Labor Code § 6400 et seq.</a>
University of California (UC)	<a href="#">Guidelines for Workplace Violence Prevention</a>

## Implementing Documents

Audience	Document Number	Document Title	Type
Managers and Supervisors	02.02.006.001	Managers and Supervisors Responsibilities under the Violence in the Workplace Policy	Process
Managers and Supervisors	02.86.001.001	<a href="#">Supervisor Responsibilities at Berkeley Lab (BLI0117)</a> (mandatory for new supervisors)	Training
Managers and Supervisors	02.86.001.002	<a href="#">Supervisor Scenario Workshop – HR Issues (BLI0122)</a> (mandatory for new supervisors)	Training



# Voluntary Vacation Donation Policy - B

Title:	Voluntary Vacation Donation Policy
Publication date:	1/2/2012
Effective date:	2/10/2010

## BRIEF

### Policy Summary

This policy enables Berkeley Lab employees to donate vacation time on an hour-for-hour basis, regardless of differing pay scales, to another employee:

- Who has exhausted sick and vacation leave due to a catastrophic illness or injury affecting the employee or an eligible person, as defined below, or
- Who has experienced a catastrophic casualty loss, or
- Who has a catastrophic bereavement loss, and
- Is on an approved Family and Medical Leave, Personal, or Bereavement leave of absence

Participation is entirely voluntary and applies only to the donation of vacation credit. Once given, the vacation-credit donation is irrevocable. Donations are anonymous unless the donor chooses to self-identify.

### Who Should Read This Policy

[Career](#), [Term](#), and [Postdoctoral Fellow](#) employees are eligible to participate in this policy. Represented employees should consult their collective bargaining agreement.

All other employees are ineligible to participate in this policy.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.26.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Voluntary Vacation Donation Policy
Publication date:	1/2/2012
Effective date:	2/10/2010

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.26.html>

## Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Voluntary Vacation Donation Policy
Document number	02.07.018.000
Revision number	0
Publication date:	1/2/2012
Effective date:	2/10/2010
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Human Resources
Prior reference information (optional)	RPM Section 2.26

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Voting Leave - B

Title:	Voting Leave
Publication date:	1/2/2012
Effective date:	1/24/1999

## BRIEF

### Policy Summary

A Berkeley Lab employee will be granted necessary time off with pay, not to exceed two hours, for voting in any statewide primary or general election if the employee is scheduled to work eight hours or more on that day and does not have time to vote outside working hours.

### Who Should Read This Policy

All employees. Represented employees should consult their collective bargaining agreement.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.11.html#RTFToC4>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Voting Leave
Publication date:	1/2/2012
Effective date:	1/24/1999

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.11.html#RTFToC4>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

### Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Voting Leave
Document number	02.07.007.000
Revision number	0
Publication date:	1/2/2012
Effective date:	1/24/1999
Next review date:	1/2/2015
Policy Area:	Leaves of Absence
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.11(B)
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- California elections Code
- DOE Contract DE-AC02-05CH11231, Mod No. M046, Sec.J, App. A, Advance Understandings on Human Resources
- University of California Personnel Policies for Staff Members (PPSM) 2.21, [Absence from Work](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form

		Procedure
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# Waste Management

## Brief

Title:	Waste Management
Publication date:	12/17/2013
Effective date:	12/17/2013

## BRIEF

### Policy Summary

The Waste Management Program at Berkeley Lab defines generator accumulation processes and ensures compliance with all laws and regulations governing the disposal of:

- Hazardous waste
- Radioactive waste
- Medical/biohazardous waste
- Mixed waste
- Universal waste

### Who Should Read This Policy

Berkeley Lab employees, visitors, affiliates, and subcontractors who generate these types of wastes

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH20.html>

### Contact Information

Waste Management Group  
EHS Division  
[mmkassis@lbl.gov](mailto:mmkassis@lbl.gov)

## Policy

Title:	Waste Management
Publication date:	12/17/2013
Effective date:	12/17/2013

## POLICY

### A. Purpose

This policy provides general requirements for the management of the following types of wastes:

- **Hazardous waste:** Wastes that are regulated by the U.S. Environmental Protection Agency (EPA) or the state of California as hazardous.
- **Radioactive waste:** Wastes that contain radioactivity that is distinguishable from background or that have been induced to be radioactive. Radioactive waste can be solid or liquid.
- **Mixed waste:** Waste containing both hazardous and radioactive components.
- **Medical/biohazardous waste:** Waste that requires inactivation of the biological material in an approved manner prior to final disposal.
- **Universal waste:** Wastes that are regulated by the EPA or the State of California but are not fully regulated as hazardous wastes and are subject to Standards for Universal Waste Management)

## B. Persons Affected

Lawrence Berkeley National Laboratory (Berkeley Lab) employees, visitors, affiliates, and subcontractors who generate these waste types

## C. Exceptions

This policy does not apply to solid or liquid sanitary wastes.

## D. Policy Statement

The Waste Management Program at Berkeley Lab provides assistance in managing all waste types in compliance with applicable regulations and DOE orders.

### D.1 Hazardous, Radioactive, Mixed, Medical Waste/Biohazardous, and Universal Waste Guidelines at Berkeley Lab (Work Process A)

Waste generators are responsible for the accurate and complete characterization of their wastes, for compliant management of waste in the workplace, and for minimizing the amount of waste generated. Consult the following publications and your Generator Assistant for additional information:

- [PUB-3092, Guidelines for Generators to Meet HWHF Acceptance Requirements for Hazardous, Radioactive, and Mixed Wastes at Berkeley Lab](#)
- [PUB-3093, Guidelines for the Management of Waste Accumulation Areas \(WAAs\) at Berkeley Lab](#)
- [PUB-3095, Medical and Biohazardous Waste Generator's Guide](#) (part of the Biosafety Program)

### D.2 Storing Waste at the Site of Generation (Work Process B)

All generators are required to set up special waste storage areas and follow all regulations while the waste is in the generator area, including:

- Ensuring that only the maximum volumes allowed for any particular hazardous-waste stream are stored
- Ensuring that incompatible wastes are segregated and separated according to their hazard category
- Ensuring that ignitable wastes are accumulated in accordance with the National Fire Protection Association (NFPA) and Occupational Safety and Health Administration (OSHA) safety guidelines and are stored in the appropriate containers.
- Maintaining adequate primary and secondary containment
- Ensuring that every container of hazardous waste is properly and compliantly labeled and packaged
- Storing waste within allowable time frames

Specific waste storage areas include:

- [Satellite Accumulation Areas \(SAAs\)](#)
- [Mixed Waste Satellite Accumulation Areas \(MWSAAs\)](#)
- [Waste Accumulation Areas \(WAAs\)](#)
- Solid medical and biohazardous waste is stored and managed at the generator's site according to the guidance in the [Medical and Biohazardous Waste Generator's Guide](#).
- Radioactive waste is accumulated and managed at generator areas in accordance with all applicable work authorizations.

## E. Roles and Responsibilities



Roles	Responsibilities
Waste generators	<ul style="list-style-type: none"> <li>• Complete all appropriate training</li> <li>• Accurately and completely characterize their wastes for compliant management within their workplaces</li> <li>• Meet Hazardous Waste Handling Facility (HWHF) acceptance requirements</li> <li>• Reduce waste through prevention, minimization, and recycling</li> </ul>
EHS Waste Management Group	<ul style="list-style-type: none"> <li>• Assists generators in all aspects of managing wastes, including characterization, labeling, packaging, and safe and compliant management in the workplace</li> <li>• Ensures that generators have properly characterized their waste and have correctly packaged and labeled the waste before it is picked up</li> <li>• Removes all hazardous and mixed waste from the generator's site in a safe and timely manner</li> <li>• Operates the HWHF in a manner that ensures safety and compliance with all applicable regulations</li> <li>• Ensures that all off-site facilities used for the treatment and disposal of radioactive, mixed, and hazardous wastes have been reviewed and approved for waste-handling activities</li> <li>• Prepares all waste profiles and shipping documents</li> <li>• Tracks waste from the time it is generated, received at the HWHF to its final disposition in a treatment, storage, and disposal facility (TSDF).</li> <li>• Maintains all waste records</li> <li>• Transports hazardous material in accordance with the <a href="#">HazMat Transport/Shipping guidelines</a></li> <li>• Providing classroom or one-on-one waste generator-related training</li> </ul>

## F. Definitions and Acronyms

Term	Definition
Biohazardous waste	<p>Waste that requires biological inactivation in an approved manner prior to final disposal, and includes, but is not limited to, the following discarded items:</p> <ul style="list-style-type: none"> <li>• Primary human cell lines and tissue cultures</li> <li>• Organisms with recombinant DNA</li> <li>• Cultures and stocks of infectious agents</li> <li>• Potentially infectious agents (e.g., bacteria, viruses, fungi, spores)</li> <li>• Toxins</li> <li>• Live and attenuated vaccines</li> <li>• Blood, blood products, and other potentially infectious materials that may contain human blood-borne pathogens</li> <li>• Carcasses</li> <li>• Tissue specimens</li> <li>• Recognizable human or animal body parts</li> <li>• Soil, plants, and pathogens controlled by the U.S. Department of Agriculture (USDA)</li> <li>• Labware (not defined as a sharp) that has come into contact with the aforementioned waste streams (e.g., contaminated plastic pipettes, pipette tips, petri dishes, centrifuge tubes, Eppendorf tubes, disposable gloves, and wipes)</li> </ul>
Extremely hazardous waste	<p>Any hazardous waste or mixture of hazardous wastes that, if human exposure should occur, may likely result in death, disabling personal injury, or serious illness because of its quantity, concentration, or chemical characteristics (22 CCR 66260.10)</p>
Hazardous waste	<p>Any solid waste that exhibits one or more of the characteristics of "hazardous waste" (22 CCR 66261.21-66261.24, 40 CFR Part 261.3). These criteria are:</p> <ul style="list-style-type: none"> <li>• Toxicity</li> <li>• Ignitability</li> <li>• Reactivity</li> <li>• Corrosivity</li> <li>• Wastes from nonspecific sources listed in the California Code of Regulations (22 CCR 66261.31–22 CCR 66261.33) and the Code of Federal Regulations (40 CFR Part 261.31–Part 261.33). These wastes include certain discarded commercial chemical products, off-specification products, container residues, and spill residues.</li> </ul>
Medical waste	<p>According to federal and California laws, refers to waste that is generated or produced as a result of the diagnosis, treatment, or immunization of humans or animals; in research pertaining to the treatment, diagnosis, or immunization of humans or animals; or in the production or testing of biologicals (medicinal preparations made from living organisms and their products including serums, vaccines, and antitoxins) and is either:</p> <ul style="list-style-type: none"> <li>• A biohazard or</li> <li>• A sharp (device with sharp edges capable of piercing or cutting the skin)</li> </ul>
Mixed waste	<p>Any radioactive waste that is also a hazardous waste</p>
Mixed Waste Satellite Accumulation Area (MWSAA)	<p>Designated area within a Radioactive Materials Area used for the accumulation of mixed wastes.</p> <ul style="list-style-type: none"> <li>• Volume and time limits are the same as for Satellite Accumulation Areas (SAAs).</li> <li>• Boundaries must be clearly delineated with tape, signs, and arrows.</li> <li>• MWSAA must be in a room where waste was generated (or an immediately adjacent room) and clearly designated with a purple MWSAA sign.</li> </ul>
Radioactive waste	<ul style="list-style-type: none"> <li>• Wastes that contain radioactivity distinguishable from background or have been induced to be radioactive.</li> <li>• Radioactive waste can be solid or liquid.</li> <li>• Radioactive waste will be accumulated in accordance with all applicable work authorizations.</li> </ul>
Satellite Accumulation Area (SAA)	<p>An area in an individual laboratory, shop, or other facility designated by the generator for the accumulation of waste not to exceed 208 liters (55 gallons) of hazardous waste or 0.95 liter (1 quart) of extremely or acutely hazardous waste. The area must be at or near the point of waste generation and under control of the person generating the waste.</p>
Waste Accumulation Area (WAA)	<p>An officially designated area for the accumulation and storage of large quantities of hazardous waste</p>
Waste characterization	<p>The detailed documentation of the waste constituents (hazardous and nonhazardous) such that appropriate regulatory codes can be applied, and treatment, storage, and disposal decisions can be made. Characterization can include process knowledge, analyses, or written documentation (logbooks, Material Safety Data Sheets, etc.).</p>

## G. Recordkeeping Requirements

The care, maintenance, and disposition of Waste Management records will be done in accordance with Berkeley Lab records-management policies and procedures, as listed in the [Requirements and Policies Manual \(PUB-201\)](#).

## H. Implementing Documents

Document Number	Title	Type
07.08.001.001	Radiation Safety	Program
07.10.002.001	Waste Management	Program
07.10.002.002	Work Process A, <i>Hazardous, Radioactive, Mixed, and Medical Waste/Biohazardous Guidelines at Berkeley Lab</i>	Process
07.10.002.003	Work Process B, <i>Storing Waste at the Site of Generation</i>	Process
PUB-3092	<i>Guidelines for Generators to Meet HWHF Acceptance Requirements for Hazardous, Radioactive, and Mixed Wastes at Berkeley Lab</i>	Guidance
PUB-3093	<i>Guidelines for the Management of Waste Accumulation Areas (WAAs) at Berkeley Lab</i>	Guidance
PUB-3095	<i>Medical and Biohazardous Waste Generator's Guide</i>	Guidance

## Supporting Documents

- EH&S Procedure 820, Hazardous, Radioactive, and Mixed Waste Acceptance Criteria: Characterization and Compliance
- EH&S Procedure 817, Waste Characterization Quality Assurance Program
- ES&H Manual, Biosafety Program
- ES&H Manual, Chemical Hygiene and Safety Plan
- ES&H Manual, Asbestos Hazards and Controls
- ES&H Manual, Polychlorinated Biphenyl (PCB) Management
- EH&S Procedure 811, Hazardous Waste Handling Procedures
- ES&H Manual, Radiation Safety Program

## I. Contact Information

Waste Management Group  
EHS Division  
[mkassis@lbl.gov](mailto:mkassis@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Kassis	Re-write for wiki (brief)	All	Minor
12/17/2013	1	M. Kassis	Re-write for wiki (policy)	All	Minor

### Document Information

## DOCUMENT INFORMATION

Title:	Waste Management
Document number	07.10.002.000
Revision number	1
Publication date:	12/17/2013
Effective date:	12/17/2013
Next review date:	12/17/2016
Policy Area:	Waste Management
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EHS
Prior reference information (optional)	PUB-3000 Chapter 20

## Source Requirements Documents

- DOE O 435.1 Change Notice 1, *Radioactive Waste Management Manual*
- DOE M 435.1-1 Admin Change 2, *Radioactive Waste Management Manual*
- DOE O 458.1 Admin Change 3, *Radiation Protection of the Public and the Environment*
- DOE O 460.1C, *Packaging and Transportation Safety*

## Other Driving Requirements

- 22 CCR 66261.1, *Identification and Listing of Hazardous Waste*
- 22 CCR 66262.34, *Standards Applicable to Generators of Hazardous Waste*
- 22 CCR 66273.1, *Standards for Universal Waste Management*
- 40 CFR Part 261.3, *Definition of Hazardous Waste*
- 40 CFR Part 261.31, *Hazardous Wastes from Non-specific Sources*
- 40 CFR Part 261.32, *Hazardous Wastes from Specific Sources*
- 40 CFR Part 261.33, *Discarded Commercial Chemical Products, Off-Specification Species, Container Residues, and Spill Residues Thereof*
- California Health and Safety Code 117600, *California Medical Waste Management Act*

## Implementing Documents

Document Number	Title	Type
07.08.001.001	Radiation Safety	Program
07.10.002.001	Waste Management	Program
07.10.002.002	Work Process A, <i>Hazardous, Radioactive, Mixed, and Medical Waste/Biohazardous Guidelines at Berkeley Lab</i>	Process
07.10.002.003	Work Process B, <i>Storing Waste at the Site of Generation</i>	Process
PUB-3092	<i>Guidelines for Generators to Meet HWHF Acceptance Requirements for Hazardous, Radioactive, and Mixed Wastes at Berkeley Lab</i>	Guidance
PUB-3093	<i>Guidelines for the Management of Waste Accumulation Areas (WAAs) at Berkeley Lab</i>	Guidance
PUB-3095	<i>Medical and Biohazardous Waste Generator's Guide</i>	Guidance

# Welding, Joining, and Thermal Cutting Safety

Title:	Welding, Joining, and Thermal Cutting Safety
Publication date:	9/10/2013
Effective date:	8/25/2010

## BRIEF

### Policy Summary

The Welding, Joining, and Thermal Cutting Safety Program at Berkeley Lab ensures that welding is performed safely and in conformance with applicable safety standards by qualified and authorized personnel in a manner that ensures acceptable joint quality and integrity. "Welding" includes all joining processes that use heat to join materials with or without a filler material. Examples of such processes are welding, brazing, soldering, and thermal cutting (e.g., severing or removing metal by localized melting, burning, or vaporizing of the work pieces).

### Who Should Read This Policy

This policy applies to:

- Employees who need welding work performed
- Facilities personnel who will be welding
- Engineering personnel who will be welding
- Division personnel performing low-risk welding
- Facilities management overseeing welding operations
- Engineering management overseeing welding operations
- Division management overseeing low-risk welding operations

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### To Read the ES&H Program Details, Go To:

<http://www.lbl.gov/ehs/pub3000/CH33.html>

## Contact Information

Welding Subject Matter Expert  
EH&S Division

Title:	Welding, Joining, and Thermal Cutting Safety
Publication date:	9/10/2013
Effective date:	8/25/2010

# POLICY

## A. Purpose

The Welding, Joining, and Thermal Cutting Safety Program at Lawrence Berkeley National Laboratory (Berkeley Lab) ensures that welding is performed safely and in conformance with applicable safety standards by qualified and authorized personnel in a manner that ensures acceptable joint quality and integrity.

"Welding" includes all joining processes that use heat to join materials with or without a filler material. Examples of such processes are welding, brazing, soldering, and thermal cutting (e.g., severing or removing metal by localized melting, burning, or vaporizing of the work pieces).

## B. Persons Affected

This policy applies to:

- Employees who need welding work performed
- Facilities personnel who will be welding
- Engineering personnel who will be welding
- Division personnel performing low-risk welding
- Facilities management overseeing welding operations
- Engineering management overseeing welding operations
- Division management overseeing low-risk welding operations

## C. Exceptions

This policy does not apply to:

- Subcontractors performing repairs on subcontractor-owned equipment that may be operated at Berkeley Lab. Note that other Berkeley Lab requirements apply to these same subcontractors. See the [Construction Health & Safety](#) and [sJHA Process – Subcontractor Job Hazards Analysis](#) programs in the ES&H Manual.
- Subcontractors performing welding where quality and safety requirements are specifically addressed in subcontractor requirements (e.g., structural welding, fabricating components or equipment)

## D. Policy Statement

1. Requests for welding through the Facilities Division are made via the [Work Request Center](#).
  - a. The Facilities Division will follow its internal welding procedures ([ADMN-070, Facilities, Welding and Brazing](#), and [OPER-346, Facilities Welding and Brazing](#)).
2. Requests for welding on scientific equipment are made to the Engineering Division.
  - a. The Engineering Division will follow its internal welding procedure.
  - b. An Engineering or Safety Note will be prepared for high-risk welds.
3. Perform a Job Hazards Analysis (JHA) and follow Integrated Safety Management (ISM) to identify hazards and controls for low-risk welding (e.g., soldering, spot welding, and torch brazing).
  - a. Should a scientific division need to perform other types of welding, specific policies and procedures should be developed and implemented with the oversight of Environment, Health & Safety (EH&S) Welding Subject Matter Expert Joe Dionne (ext. 7586).
4. Obtain a Hot Work Permit for:
  - a. Resistance spot welding
  - b. Open-flame welding processes
  - c. Arc-welding processes
5. Perform an Exposure Assessment prior to performing welds to ensure vapors, fumes, gases, heat, noise, and radiation are controlled.
6. Complete training requirements for welding to be performed.
7. Implement control measures identified in:
  - a. JHA
  - b. Hot Work Permit
  - c. Exposure Assessment

- d. Division-specific welding procedures
- 8. Perform welding process according to control measures.
- 9. File Hot Work Permits with the Berkeley Lab Fire Department.

## E. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

Role	Responsibility
Division Directors	<ul style="list-style-type: none"> <li>• Ensure that welding performed in their divisions is done in accordance with the Welding, Joining, and Thermal Cutting Safety Program, and only by individuals qualified and authorized to do so</li> <li>• Ensure that documented processes are used to authorize individuals within their divisions to request welds, weld plans, assign risk categories, and/or perform welding</li> </ul>
Engineering Division	Performs high-risk welded joints on research equipment and assemblies
Engineering Division Director	<ul style="list-style-type: none"> <li>• Designates qualified welding engineers (see <a href="#">Section 33.5, Roles and Responsibilities</a>), or procures these services from a qualified vendor to provide welding guidance for research applications</li> <li>• Ensures the review and approval of high-risk welding designs for research equipment or assemblies prepared by vendors and Berkeley Lab personnel</li> </ul>
Facilities Division	Responsible for high-risk joints (see <a href="#">Section 33.6, Definitions</a> ) performed on Berkeley Lab infrastructure (e.g., buildings, utility piping systems, seismic restraints, etc.)
Facilities Division Director	<ul style="list-style-type: none"> <li>• Ensures that qualified welding engineers (see <a href="#">Section 33.5, Roles and Responsibilities</a>) provide welding guidance for building or infrastructure applications</li> <li>• Ensures the review and approval of high-risk welding designs for building infrastructure, equipment, or assemblies prepared by vendors and Berkeley Lab personnel</li> </ul>
Designated Welding Engineers	<p>Designated welding engineers specialize in relevant welding codes, welding design, welding drawing standards, material properties, and quality aspects of welds. A welding engineer may be appointed by his or her division director as a designated welding engineer. Welding engineering services can be procured from external vendors (e.g., Consolidated Engineering, Inc.). Designated welding engineers are responsible for:</p> <ul style="list-style-type: none"> <li>• Providing Berkeley Lab staff with advice and guidance on weld integrity and welding codes compliance</li> <li>• Reviewing and approving welding-related designs/drawings on behalf of their respective division directors</li> </ul>
Work Leads	Ensure that only qualified and authorized workers perform welding, and that the authorizations are documented in the JHA
Environment, Health & Safety Division	<ul style="list-style-type: none"> <li>• Provides guidance to Berkeley Lab staff on welding-related occupational safety and health hazards and the graded approach, and assists divisions in developing welding policies and procedures</li> <li>• Assists divisions in assessing worker exposures to hazardous airborne agents and safety hazards during welding, as requested by workers and/or work leads or division safety coordinators</li> </ul>

## F. Definitions/Acronyms

Term	Definition

High-risk welded joint	A welded joint that, if it fails, has the potential to cause severe injury or death, and/or the release of hazardous materials. Joints on engineered seismic bracing and pressure vessels typically contain high-risk joints.
Low-risk welded joint	A welded joint that, if it fails, does not have a recognized potential to cause injury. The risk of property damage due to such a failure is nil to moderate. Examples include welded joints on lower-value equipment, and welding of most plumbing systems (water, nonhazardous gas, vacuum).
Welding	Processes that use heat to join materials with or without a filler material. Examples of such processes are welding, brazing, soldering, and thermal cutting (e.g., severing or removing metal by localized melting, burning, or vaporizing of the work pieces).

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
07.07.031.001	Welding, Joining, and Thermal Cutting Safety	Program
07.07.031.002	Work Process A, <i>Welds Requiring a Facilities Work Request</i>	Process
07.07.031.003	Work Process B, <i>Welds for Scientific Research Equipment</i>	Process
07.07.031.004	Work Process C, <i>Low-Risk Welds Using ISM and JHA Processes</i>	Process
07.07.031.005	Work Process D, <i>Hot Work Permit and Associated Controls</i>	Process
07.07.031.006	Work Process E, <i>Exposure Assessment</i>	Process
07.07.031.007	Work Process F, <i>Training</i>	Process
07.07.031.008	Work Process G, <i>Hazard Control</i>	Process
07.07.031.009	Work Process H, <i>Safe Work Processes</i>	Process

## I. Other References

- ANSI Z49.1:1999, Safety in Welding, Cutting, and Allied Processes
- ANSI Z49.1:2005, Safety in Welding, Cutting, and Allied Processes
- ANSI/ASME Z87.1:2003, Occupational and Educational Personal Eye and Face Protection Devices
- ANSI Z87.1:1989, American National Standard Practice for Occupational and Educational Eye and Face Protection

## J. Contact Information



## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/10/2013	1.1	D.Best	Reviewed 8/29/2013	Publ & Next Review Dates	Minor
1/2/2012	1	J. Dionne	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Welding, Joining, and Thermal Cutting Safety
Document number	07.07.031.000
Revision number	1.1
Publication date:	9/10/2013
Effective date:	8/25/2010
Next review date:	9/10/2016
Policy Area:	Industrial Hygiene and Safety
RPM Section (home)	ESH
RPM Section (cross-reference)	none
Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapter 33

## Source Requirements Documents

- 10 CFR 851, *Worker Safety and Health Program*
- 29 CFR 1910, Subpart I, *Personal Protective Equipment*,
- 29 CFR 1910, Subpart Q, *Welding, Cutting and Brazing*;
- 29 CFR 1926, *Construction*, Subpart J, *Welding and Cutting*
- 29 CFR 1926, *Safety and Health Regulations for Construction*, Subpart E, *Personal Protective and Life Saving Equipment*

## Implementing Documents

Document Number	Title	Type
07.07.031.001	Welding, Joining, and Thermal Cutting Safety	Program
07.07.031.002	Work Process A, <i>Welds Requiring a Facilities Work Request</i>	Process
07.07.031.003	Work Process B, <i>Welds for Scientific Research Equipment</i>	Process
07.07.031.004	Work Process C, <i>Low-Risk Welds Using ISM and JHA Processes</i>	Process
07.07.031.005	Work Process D, <i>Hot Work Permit and Associated Controls</i>	Process
07.07.031.006	Work Process E, <i>Exposure Assessment</i>	Process
07.07.031.007	Work Process F, <i>Training</i>	Process
07.07.031.008	Work Process G, <i>Hazard Control</i>	Process
07.07.031.009	Work Process H, <i>Safe Work Processes</i>	Process

## Other References

- ANSI Z49.1:1999, Safety in Welding, Cutting, and Allied Processes
- ANSI Z49.1:2005, Safety in Welding, Cutting, and Allied Processes
- ANSI/ASME Z87.1:2003, Occupational and Educational Personal Eye and Face Protection Devices
- ANSI Z87.1:1989, American National Standard Practice for Occupational and Educational Eye and Face Protection

# WFO Agreements - Compensation above Salary Limits

Title:	WFO Agreements – Compensation above Contractual Salary Limits
Publication date:	9/11/2012
Effective date:	9/11/2012

## BRIEF

### Policy Summary

This policy provides guidelines for accounting for the cost of compensation above the allowable limits for grants and cooperative agreements at Berkeley Lab. Compensation for researchers working on grants and cooperative agreements may be subject to limitations by federal law or provisions of specific Work for Others (WFO) agreements. The cost of salaries and wages in excess of the limitations are unallowable under the UC-DOE Prime Contract (Contract 31) and must be covered by bestowments or other non-federal funds.

### Who Should Read This Policy

All employees with financial responsibilities for WFO agreements

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Contract Accounting](#), OCFO

Title:	WFO Agreements – Compensation above Contractual Salary Limits
Publication date:	9/11/2012
Effective date:	9/11/2012

## POLICY

### A. Purpose

The policy provides guidelines for accounting for the cost of compensation above the allowable contractual limits for grants and cooperative agreements at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All employees with financial responsibilities for Work for Others (WFO) agreements

## C. Exceptions

None

## D. Policy Statement

Compensation for researchers working on grants and cooperative agreements may be subject to limitations under federal law or other terms and provisions of the agreement. For example, certain WFO and Interlocation Appointment (ILA) agreements contain such limitations. The cost of salaries and wages in excess of these contractual limitations must be covered by unrestricted or other nonresearch funds. Unrestricted or nonresearch funds used for this unique purpose include gift and University of California (UC) fee funds.

The Laboratory must ensure that any compensation above the prescribed limitations is identified and excluded from billings, claims, or proposals.

## E. Roles and Responsibilities

Role	Responsibility
Division	<p>Prior to the final contract negotiation, the division must:</p> <ul style="list-style-type: none"><li>• Identify any researcher working on the project whose salary exceeds a contractual compensation limit</li><li>• Identify the funding source for the compensation above contractual limitations prior to commencing work on the agreement. Per the policy statement above, this can be either gift or UC fee.</li><li>• Complete a <a href="#">Less Than Full Cost Recovery form</a>, found on the Web site of the Office of Sponsored Projects and Industry Partnerships (OSPIP), and return the signed, completed form to OSPIP prior to accepting the award</li><li>• For any National Institutes of Health (NIH) agreement where a salary limitation applies: Prepare a resource adjustment each month prior to the month-end close to align salary costs with contractual limitations. The adjustment will be one month in arrears, and should be done after the first hard close at fiscal year-end. The NIH Salary Cap Adjustment Report (produced and circulated by Berkeley Lab's Business Systems Analysis [BSA]) should be used for this purpose.</li><li>• If gift is approved as the funding source: Make the monthly adjustment. In the journal entry, the first three words of the "line description" should be "NIH Salary Cap."</li><li>• If fee is approved as the funding source: Contact and coordinate with General Accounting for the monthly adjustment. General Accounting has a template for submitting the correct projects and amounts. In the journal entry, the first three words of the "line description" should be "NIH Salary Cap."</li></ul> <p>Note: The NIH Salary Cap Adjustment Report only applies to NIH WFO agreements. The division will use its own reporting tools to adjust any other type of agreement with a salary limitation.</p>
Office of Sponsored Projects and Industry Partnerships (OSPIP)	<ul style="list-style-type: none"><li>• Must receive completed Less Than Full Cost Recovery form from the division before completing award negotiations</li><li>• Communicates significant changes in the NIH salary cap policy to affected divisions</li></ul>
Business Systems Analysis (BSA)	<ul style="list-style-type: none"><li>• Prepares and distributes the monthly NIH Salary Cap Adjustment Report to all affected divisions and to General Accounting and Field Operations</li><li>• In September, as part of the year-end process, prior to the third hard close, runs the annual reconciliation report against journal IDs to confirm all costs have been moved off the appropriate NIH projects</li></ul>
Contract Accounting	<ul style="list-style-type: none"><li>• Uses BSA annual reconciliation report to confirm completion of the necessary resource adjustments</li><li>• Works with Field Ops if the necessary adjustments have not been made</li></ul>

## F. Definitions/Acronyms

Term	Definition
Cooperative Agreement	An agreement between the University of California and one or more participants under which the government (through Berkeley Lab) provides personnel services, facilities, equipment, or other resources (with or without reimbursement) toward the conduct of specified research or development efforts that are consistent with the mission of the Laboratory
Grant	A financial assistance mechanism that provides money, property, or both to an eligible entity to carry out an approved project or activity. A grant is used whenever the grantor anticipates no substantial programmatic involvement with the recipient during performance of the financially assisted activities.
Interlocation Appointment (ILA)	A non-Berkeley Lab appointment of Laboratory personnel to perform work at other organizations such as the federal government, state, or local governments; institutions of higher learning; Native American tribal governments; and other eligible non-federal organizations, including federally funded research and development centers
Work for Others (WFO)	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

none

## I. Contact Information

[Contract Accounting](#), OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/11/2012	1.1	M. Mock	Policy-implementation roles clarified. Added Other Related Information table with a link to the NIH Salary Cap Process Flowchart to the Document Information tab.	E. Roles and Responsibilities in Policy tab; Other Related Document table in Document Information tab	Minor
1/2/2012	1	M. Mock	Re-format for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	WFO Agreements – Compensation above Contractual Salary Limits
Document number	11.01.007.000

Revision number	1.1
Publication date:	9/11/2012
Effective date:	9/11/2012
Next review date:	9/11/2015
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.21
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.21

## Source Requirements Documents

[NIH Guide – Salary Cap Summary \(FY 1990 – FY 2012\)](#)

## Implementing Documents

none

## Other References

11.01.010.000	<a href="#">Contractor Supporting Research (CSR) Program — Financial Management</a>	Policy
11.02.009.000	<a href="#">Interlocation Appointments (ILAs) — Financial Management</a>	Policy
11.01.007.001	<a href="#">NIH Salary Cap Process Flowchart</a>	Flowchart

# Whistleblower Policy – Reporting & Investigating Allegations of Suspected Improper Governmental Activities

Title:	Whistleblower Policy – Reporting & Investigating Allegations of Suspected Improper Governmental Activities
Publication date:	8/6/2014
Effective date:	6/1/2011

## BRIEF

### Policy Summary

University of California policy governs reporting and investigating allegations of suspected improper governmental activities at Berkeley Lab. Laboratory employees have the right and the responsibility to identify and report suspected improper governmental activities and serious or substantial health and safety concerns without fear of reprisal. While the scope of this policy is limited to the statutory definition of improper governmental activities, serious or substantial violations of University policy may constitute improper governmental activities. Determination will be made upon review or investigation.

### Who Should Read This Policy

This policy applies to all employees and affiliates.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

Title:	Whistleblower Policy – Reporting & Investigating Allegations of Suspected Improper Governmental Activities
Publication date:	8/6/2014
Effective date:	6/1/2011

## POLICY

### A. Purpose

This policy governs reporting and investigation of allegations of suspected improper governmental activities, and together with the *Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints*, represents University of California (UC)

implementing policies for the *California Whistleblower Protection Act* (Government Code Section 8547 - 8547.12).

## B. Persons Affected

This policy applies to all employees and affiliates.

## C. Exceptions

None

## D. Policy Statement

Information and telephone numbers for reporting suspected improper governmental activities or report retaliation against a whistleblower may be found [here](#). The Locally Designated Official at Lawrence Berkeley National Laboratory (Berkeley Lab) is the Associate Laboratory Director for Operations.

**NOTE:** When the following UC policies refer to "staff personnel policies," Laboratory employees should refer to the [Human Resources](#) section of the Requirements and Policies Manual (RPM). These sections of the RPM are the approved Human Resources policies for Berkeley Lab employees.

## I. Introduction

The University of California has a responsibility for the stewardship of University resources and the public and private support that enables it to pursue its mission. The University is committed to compliance with the laws and regulations to which it is subject and to promulgating University policies and procedures to interpret and apply these laws and regulations in the University setting. Laws, regulations, policies and procedures strengthen and promote ethical practices and ethical treatment of the members of the University community and those who conduct business with the University.

The University's internal controls and operating procedures are intended to detect, prevent or deter improper activities. However, even the best systems of control cannot provide absolute safeguards against irregularities. Intentional and unintentional violations of laws, regulations, policies and procedures may occur and may constitute improper governmental activities as defined by statute (see "[Definitions](#)"). The University has a responsibility to investigate and report to appropriate parties allegations of suspected improper governmental activities and the actions taken by the University.

This policy governs reporting and investigation of allegations of suspected improper governmental activities, and together with the *Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints*, represents the University's implementing policies for the *California Whistleblower Protection Act* (Government Code Section 8547 - 8547.12).

Employees and others are encouraged to use guidance provided by this policy for reporting all allegations of suspected improper governmental activities. While the scope of this policy is intended to be limited to the statutory definition of improper governmental activities, serious or substantial violations of University policy may constitute improper governmental activities determined upon review or investigation.

This policy does not fundamentally change the responsibility for conducting investigations but clarifies normal jurisdictional interests. Individual employee grievances and complaints regarding terms and conditions of employment will continue to be reviewed under the applicable academic and staff personnel policies or collective bargaining agreements. Any allegations of improper governmental activities that may result in subsequent actions bringing disciplinary charges against an academic or staff member shall be coordinated with the applicable academic or staff personnel conduct and disciplinary policies. In all instances, the University retains the prerogative to determine when circumstances warrant an investigation and, in conformity with this policy and applicable laws and regulations, the appropriate investigative process to be employed.

## II. Definitions

### A. University Resources



For purposes of this policy, the term University resources is defined to include, but not be limited to the following, whether owned by or under the management of the University:

- Cash and other assets, whether tangible or intangible; real or personal property;
- Receivables and other rights or claims against third parties;
- Intellectual property rights;
- Effort of University personnel and of any non-University entity billing the University for its effort;
- Facilities and the rights to use of University facilities;
- The University's name; and
- University records, including student and patient records.

## **B. Improper Governmental Activities**

According to California Government Code Section 8547.2, an *improper governmental activity* is:

Any activity by a state agency or by an employee that is undertaken in the performance of the employee's official duties, whether or not that action is within the scope of his or her employment, and that (1) is in violation of any state or federal law or regulation, including, but not limited to, corruption, malfeasance, bribery, theft of government property, fraudulent claims, fraud, coercion, conversion, malicious prosecution, misuse of government property, or willful omission to perform duty, or (2) is in violation of an executive order of the governor of California, a California Rule of Court, or any policy or procedure mandated by the *State Administrative Manual* or *State Contracting Manual*, or (3) is economically wasteful, involves gross misconduct, incompetency, or inefficiency.

## **C. Protected Disclosure**

According to California Government Code Section 8547.2, a *protected disclosure* is:

A good faith communication, including a communication based on, or when carrying out, job duties, that discloses or demonstrates an intention to disclose information that may evidence (1) an improper governmental activity, or (2) a condition that may significantly threaten the health or safety of employees or the public if the disclosure or intention to disclose was made for the purpose of remedying that condition.

## **D. Illegal Order**

According to California Government Code Section 8547.2(b), an *illegal order* means:

A directive to violate or assist in violating a federal, state, or local law, rule, or regulation, or an order to work or cause others to work in conditions outside of their line of duty that would unreasonably threaten the health or safety of employees or the public

## **E. Whistleblower**

A person or entity making a protected disclosure is commonly referred to as a whistleblower. Whistleblowers may be University employees (academic or staff), applicants for employment, students, patients, vendors, contractors or the general public. The whistleblower's role is as a reporting party. They are not investigators or finders of fact, nor do they determine the appropriate corrective or remedial action that may be warranted.

## **F. Locally Designated Official (LDO)**

The person designated by each campus, the Lawrence Berkeley National Laboratory, the Office of the President and the Division of Agriculture and Natural Resources as the official with primary responsibility to receive reports of allegations of suspected improper governmental activities.

## **III. Reporting Allegations of Suspected Improper Governmental Activities**

## A. Filing a Report

1. Any person may report allegations of suspected improper governmental activities. Knowledge or suspicion of improper governmental activities may originate from academic personnel, staff or administrators carrying out their assigned duties, internal or external auditors, law enforcement, regulatory agencies, and customers, patients, vendors, students or other third parties. Allegations of suspected improper governmental activities may also be reported anonymously.
2. Reports of allegations of suspected improper governmental activities are encouraged to be made in writing so as to assure a clear understanding of the issues raised, but may be made orally. Such reports should be factual rather than speculative or conclusory, and contain as much specific information as possible to allow for proper assessment of the nature, extent and urgency of preliminary investigative procedures.
3. The University recommends that any reports by persons who are not University employees be made to the LDO. Such reports may also be made to another University official whom the reporting person may reasonably expect to have either responsibility over the affected area or the authority to review the alleged improper governmental activity on behalf of the University.
4. Normally, a report by a University employee of allegations of a suspected improper governmental activity should be made to the reporting employee's immediate supervisor or other appropriate administrator or supervisor within the operating unit (such as the unit head), or to the LDO. However, in the interest of confidentiality, when there is a potential conflict of interest or for other reasons, such reports may be made to another University official whom the reporting employee may reasonably expect to have either responsibility over the affected area or the authority to review the alleged improper governmental activity on behalf of the University. When the alleged improper governmental activities involve the Chancellor, Laboratory Director, Vice President – Agriculture and Natural Resources, the LDO or the LDO's supervisor, such reports should be made to the Systemwide LDO with a copy to the Director of Investigations (DOI) and the Senior Vice President/Chief Compliance and Audit Officer of the Regents (SVP-CCAO) at the Office of the President. If the alleged improper governmental activities involve the Systemwide LDO or the President, the report should be made to the SVP-CCAO.
5. When a person reports allegations of suspected improper governmental activities to an appropriate authority the report is known as a protected disclosure. The rights of University employees and applicants for employment when making a protected disclosure are covered by the Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints.
6. All University employees, and especially any academic or staff employee in a supervisory role, should be aware of and alert to either oral or written, formal or informal communications that may constitute a report of allegations of suspected improper governmental activity.
7. Under the *California Whistleblower Protection Act*, reports of allegations of suspected improper governmental activities may be made to the State Auditor. Under that law, the State Auditor is prohibited from disclosing the identity of a whistleblower unless he or she obtains the whistleblower's permission to do so, or when the disclosure is to a law enforcement agency that is conducting a criminal investigation.

## B. Reporting to the LDO

1. Each campus, the Lawrence Berkeley National Laboratory, the Office of the President and the Division of Agriculture and Natural Resources shall designate an official with primary responsibility to receive reports of allegations of suspected improper governmental activities (the LDO).
2. Managers, administrators and employees in supervisory roles who receive a report alleging suspected improper governmental activities shall ensure that the matter is promptly reported to their supervisor, an appropriate University manager and/or the LDO. Such employees are charged with exercising appropriate judgement in determining which matters can be reviewed under their authority and which matters must be referred to a higher level of management or the LDO. Consulting with supervisors, the LDO or other appropriate University management is encouraged and the exercise of judgement should err on the side of upward reporting. Oral reports should normally be documented by the supervisor by a written transcription of the oral report, and internal communications regarding allegations of improper governmental activities should normally be in writing.
3. Managers, administrators and employees in supervisory roles shall report to the LDO any allegations of suspected improper governmental activities — whether received as a protected disclosure, reported by their subordinates in the ordinary course of performing their duties, or discovered in the course of performing their own duties — when any of the following conditions are met:
  - a. The matter is the result of a significant internal control or policy deficiency that is likely to exist at other units within the institution or across the University system;
  - b. The matter is likely to receive media or other public attention;
  - c. The matter involves the misuse of University resources or creates exposure to a liability in potentially significant amounts;
  - d. The matter involves allegations or events that have a significant possibility of being the result of a criminal act (e.g., disappearance of cash);
  - e. The matter involves a significant threat to the health and safety of employees and/or the public; or
  - f. The matter is judged to be significant or sensitive for other reasons.

### C. Reporting to the Office of the President and Others

1. The LDO shall have principal responsibility for meeting the reporting requirements to the Office of the President and local senior management. The LDO shall consult with members of the Investigations Workgroup (see [Section IV.B](#)) as necessary in fulfilling this reporting responsibility and will inform the Investigations Workgroup of any reports made to the Systemwide LDO and DOI. The LDO (or designated member of the Local Investigations Workgroup, if there is a real or perceived potential conflict) shall forward a written report to the Systemwide LDO with copies to the DOI, the General Counsel and Vice President for Legal Affairs (General Counsel), and the SVP-CCAO regarding any reported allegations of suspected improper activities when any of the following conditions are met:
  - a. The matter is the result of a significant internal control or policy deficiency that is likely to exist at other units within the institution or across the University system;
  - b. The matter is likely to receive media or other public attention;
  - c. The matter involves the misuse of University resources or creates exposure to a liability of at least \$25,000;
  - d. The matter involves a significant threat to the health and safety of employees and/or the public;
  - e. The matter is judged to be significant or sensitive for other reasons;
  - f. The matter alleges an improper activity by the Chancellor or Laboratory Director, the LDO, or the local Internal Audit Director.
2. A copy of communications sent to the Systemwide LDO shall be sent to the respective UC Police department if on the basis of the allegations it appears that a crime may have been committed. The UC Police shall be consulted to determine the appropriate action with regard to these investigations.
3. In some instances, even an allegation of improper governmental activity may be reportable to a funding entity or regulatory agency. More typically, at least preliminary investigation results are needed to assess reporting obligations to parties outside the University. The LDO, in consultation with the leadership of the affected area and the SVP-CCAO, will determine the nature and timing of such communications. Pursuant to [Section III.C.1.b](#) above, the Systemwide LDO, the DOI and the SVP-CCAO shall be notified of any matter being reported to external agencies (other than matters routinely reported to the DOE pursuant to the Lawrence Berkeley National Laboratory contract).
4. Allegations of suspected losses of money, securities or other property shall be reported to the local risk management office as soon as discovered. The Chief Risk Officer, Office of the President shall be notified of such matters when they meet the criteria for reporting to the Systemwide LDO by copy of such notification. The Chief Risk Officer shall report such matters in accordance with the terms of any contracts with insurance or bonding companies.
5. In the event that any person with a reporting obligation under this policy believes that there is a conflict of interest on the part of the person to whom the allegations of suspected improper activities are to be reported, the next higher level of authority shall receive the report.
6. Whistleblowers frequently make their reports in confidence. To the extent possible within the limitations of law and policy and the need to conduct a competent investigation, confidentiality of whistleblowers will be maintained. Whistleblowers should be cautioned that their identity may become known for reasons outside of the control of the investigators or University administrators.
  - a. Similarly, the identity of the subject(s) of the investigation will be maintained in confidence with the same limitations.

### IV. Investigating Alleged Improper Governmental Activities

A. A number of functional units within the University have responsibility for routinely conducting investigations of certain types of allegations of improper governmental activities, and have dedicated resources and expertise for such purposes. These include Compliance, Internal Audit, the UC Police, Human Resources and the Academic Personnel Office. In addition, other University parties may become involved in investigations of matters based on their areas of oversight responsibility or topical expertise, for example, environmental health and safety, risk management, research administration, academic affairs, health sciences compliance officers, conflict of interest coordinators, etc.

B. Each location (campus, the Lawrence Berkeley National Laboratory, the Office of the President, and the Division of Agriculture and Natural Resources) shall establish an Investigations Workgroup to ensure coordination and proper reporting of investigations. Acting in an advisory role, the Workgroup shall assist the LDO in assessing the location's planned course of action related to allegations and investigations, including determining that an adequate basis exists for commencing an investigation.

C. The LDO will chair the Investigations Workgroup. Workgroup membership should include representatives from each functional unit that has routine responsibility for certain types of investigations (e.g., Compliance, Internal Audit, UC Police, Human Resources, Risk Management, Office of the General Counsel and the Academic Personnel Office). Additional representation to be determined locally may include research administration, academic affairs, campus controllers, compliance officers, campus/laboratory counsel and representatives from any other area in which investigations routinely occur but are not conducted by a standing body (for example, parties responsible for investigating allegations of scientific misconduct). In addition, specialized expertise may be required on an ad hoc basis for investigation of certain matters.

D. The Investigations Workgroup's responsibilities shall include:

1. Assisting the LDO in assuring that the proper investigative channels are utilized according to appropriate expertise and jurisdiction;
2. Assuring that all appropriate administrative and senior officials are apprised of the allegations as necessary;
3. Assuring appropriate reporting occurs to the Office of the President through a written communication to the Systemwide LDO, the DOI and the SVP-CCAO to funding and regulatory agencies, whistleblowers and others as necessary or provided by this policy;
4. Assisting the LDO in ensuring appropriate resources and expertise are brought to bear to cause the timely and thorough review of reports of allegations of suspected improper governmental activities;
5. Ensuring that there are no conflicts of interest on the part of any party involved in specific investigations;
6. Coordinating and facilitating communications across investigative channels as necessary to ensure comprehensive attention to all facets of the matter;
7. Assisting the LDO in monitoring significant elements and progress of investigations to ensure that allegations are timely and thoroughly addressed; and
8. Coordinating and facilitating in an advisory capacity the corrective and remedial action that may be initiated in accordance with applicable faculty or staff conduct and disciplinary procedures.

E. Each unit with investigative authority shall carry out investigative activities in accordance with appropriate laws and established procedures within its discipline (e.g., UC Police, Human Resources, Academic Personnel, Compliance, Internal Audit, etc.), and regulatory policies and guidelines (e.g., scientific misconduct per Office of Science and Technology Policy (OSTP) rules).

F. The purpose and authority of the Investigations Workgroup shall not be construed as to limit or halt investigations undertaken with proper authority granted by law or policy to any University investigative authority. Nor is the Workgroup empowered to initiate investigations without an adequate basis. Rather, the Workgroup's purpose is to provide guidance, advice and/or coordination for investigative activities as requested by the LDO and to facilitate communications among appropriate parties as requested by the LDO.

G. All employees of the University have a duty to cooperate with investigations initiated under this policy.

H. Consistent with applicable personnel policies or collective bargaining agreements, an employee may be placed on an administrative leave or an investigatory leave, as appropriate, when it is determined by the University that such a leave would serve the best interests of the employee, the University or both. Such a leave is not to be interpreted as an accusation or a conclusion of guilt or innocence of any individual including the person on leave. The appropriate Academic Personnel or Human Resources Office shall be consulted regarding any plan to place an employee on such a leave.

## V. Responsibilities

### A. Office of the President

1. The Systemwide LDO assisted by the DOI and the Office of Compliance and Audit shall have overall responsibility for implementation of this policy.
2. For the Office of the President, the Systemwide LDO will have the same responsibilities assigned to Chancellors under this policy.
3. The President, based on advice and consultation with the Systemwide LDO, the Provost and Executive Vice President – Academic Affairs, the General Counsel, and the SVP-CCAO will communicate with The Regents regarding alleged improper governmental activities and investigative results on matters of significance.
4. Through the publication of administrative guidelines, the Systemwide LDO assisted by the DOI shall provide guidance to campuses and the Lawrence Berkeley National Laboratory on the creation of local implementing procedures. Campus process and structure will be defined in local implementing procedures for the University's Whistleblower Policy. These local procedures must contain a statement in the introduction, purpose or background section to identify the University's Whistleblower Policy as the controlling policy document which supersedes any other local or System policy related to this matter. This statement should be worded as for example: "Nothing contained in these local implementing procedures should be read or interpreted to contradict the underlying University of California Whistleblower Policy." Each location should submit to the Systemwide LDO, the DOI, and the SVP-CCAO for review and approval that location's implementing procedures, including the nomination of the LDO.

### B. Chancellor

1. The Chancellor shall be responsible for implementing this policy at the local level. Authorities and responsibilities delegated to the Chancellor are also assumed by the Lawrence Berkeley National Laboratory Director, the Systemwide LDO and the Vice President – Agriculture and Natural Resources in their respective jurisdictions.

2. The Chancellor shall appoint (with the approval of the Systemwide LDO) the local LDO responsible for carrying out this policy. This individual will chair the Investigations Workgroup established under [Section IV.B](#), above. The LDO should be at the level of Associate Vice Chancellor or higher.
3. The Chancellor shall appoint the standing members of the Investigations Workgroup. The LDO may appoint additional regular members and ad hoc members as necessary to address particular issues.

### C. Locally Designated Official (LDO)

1. The LDO shall be responsible for the establishment and maintenance of local implementing procedures that comply with this policy and the associated administrative guidelines. The local implementing procedures may in certain regards such as reporting thresholds be more stringent than this policy, but they may not be any less stringent.
2. The LDO shall oversee the establishment of mechanisms to ensure compliance with the reporting requirements of this policy. Principal among these are the local channels for assuring that reports of allegations of suspected improper governmental activities – which may be orally and/or informally communicated to numerous administrators and academic and staff employees in supervisory roles – are brought to the attention of the LDO or a member of the Investigations Workgroup.
3. The LDO is responsible for determining the need for consultation with the Investigations Work Group, select Workgroup members or other subject matter experts when initiating an investigation. The LDO shall convene the Workgroup on a scheduled basis and on an ad hoc basis as necessary to assist in promptly addressing allegations, and shall keep the Workgroup and the DOI apprised of the progress and status of investigations, as appropriate. Procedures guiding the initiation of investigations should not impede prompt action by the LDO or investigators when warranted.

### D. Investigative Responsibilities

1. The LDO assisted by the Investigations Workgroup has responsibility for ensuring that independent, unbiased and competent investigative resources are used to conduct investigations of suspected improper governmental activity. In assigning the lead investigator role, the LDO should take into consideration the specific expertise and availability of dedicated investigation resources possessed by functional units such as Compliance, Internal Audit, Human Resources, etc. If criminal activity is detected, consultation with UC Police will determine if the police should take the lead, participate, or initiate a separate investigation.
2. UC Police are responsible for investigations of known or suspected criminal acts within their jurisdiction. In cases involving principally criminal concerns, the UC Police should be the lead investigators and others with an investigative interest should work in support of the police investigation.
3. Procedures for investigations of personnel matters, scientific misconduct, regulatory non-compliance, student misconduct and other matters are established locally by each campus, the Lawrence Berkeley National Laboratory, the Office of the President or the Division of Agriculture and Natural Resources. Such procedures shall be consistent with this policy and applicable laws and regulations.
4. In cases involving overlapping interests among investigative bodies, assistance and cooperation will be provided between the investigators based on the relative expertise of the investigative bodies.

## VI. Roles, Rights, and Responsibilities of Whistleblowers, Investigation Participants, Subjects, and Investigators

### A. Whistleblowers

1. Whistleblowers provide initial information related to a reasonable belief that an improper governmental activity has occurred. The motivation of a whistleblower is irrelevant to the consideration of the validity of the allegations. However, the intentional filing of a false report, whether orally or in writing is itself considered an improper governmental activity which the University has the right to act upon.
2. Whistleblowers shall refrain from obtaining evidence for which they do not have a right of access. Such improper access may itself be considered an improper governmental activity.
3. Whistleblowers have a responsibility to be candid with the LDO, investigators or others to whom they make a report of alleged improper governmental activities and shall set forth all known information regarding any reported allegations. Persons making a report of alleged improper governmental activities should be prepared to be interviewed by University investigators.
4. Anonymous whistleblowers must provide sufficient corroborating evidence to justify the commencement of an investigation. An investigation of unspecified wrongdoing or broad allegations will not be undertaken without verifiable evidentiary support. Because investigators are unable to interview anonymous whistleblowers, it may be more difficult to evaluate the credibility of the allegations and therefore, less likely to cause an investigation to be initiated.

5. Whistleblowers are "reporting parties," not investigators. They are not to act on their own in conducting any investigative activities, nor do they have a right to participate in any investigative activities other than as requested by investigators.
6. Protection of a whistleblower's identity will be maintained to the extent possible within the legitimate needs of law and the investigation. Should the whistleblower self-disclose his or her identity, the University will no longer be obligated to maintain such confidence.
7. A whistleblower's right to protection from retaliation does not extend immunity for any complicity in the matters that are the subject of the allegations or an ensuing investigation.
8. Whistleblowers have a right to be informed of the disposition of their disclosure absent overriding legal or public interest reasons.

## B. Investigation Participants

1. University employees who are interviewed, asked to provide information or otherwise participate in an investigation have a duty to fully cooperate with University-authorized investigators.
2. Participants should refrain from discussing or disclosing the investigation or their testimony with anyone not connected to the investigation. In no case should the participant discuss with the investigation subject the nature of evidence requested or provided or testimony given to investigators unless agreed to by the investigator.
3. Requests for confidentiality by participants will be honored to the extent possible within the legitimate needs of law and the investigation.
4. Participants are entitled to protection from retaliation for having participated in an investigation.

## C. Investigation Subjects

1. A subject is a person who is the focus of investigative fact finding either by virtue of an allegation made or evidence gathered during the course of an investigation. The decision to conduct an investigation is not an accusation; it is to be treated as a neutral fact-finding process. The outcome of the investigation may or may not support a conclusion that an improper governmental act was committed and, if so, by whom.
2. The identity of a subject should be maintained in confidence to the extent possible given the legitimate needs of law and the investigation.
3. Subjects should normally be informed of the allegations at the outset of a formal investigation and have opportunities for input during the investigation.
4. Subjects have a duty to cooperate with investigators to the extent that their cooperation will not compromise self-incrimination protections under state or federal law.
5. Subjects have a right to consult with a person or persons of their choice. This may involve representation, including legal representation.
6. Subjects may consult with the Office of the General Counsel (including campus and National Laboratory counsel) concerning the investigation. The Office of the General Counsel will provide legal advice to the subject regarding issues in the investigation, unless the Office of the General Counsel determines that a divergence of interest prevents it from doing so, it being understood that at all times the Office of the General Counsel represents the interests of the University. If legal services are provided by the Office of the General Counsel to the subject, the attorney-client privilege may not be invoked by the subject to prevent disclosure to the University of information obtained by the attorney providing the services, and the subject will be advised whenever it appears that a divergence of interest may require the attorney to withdraw from providing such legal services to the subject.
  - a. Subjects are free at any time to retain their own counsel to represent them with regard to the investigation and may request that the University pay or reimburse the attorney's fees. Chancellors shall designate a person to receive the request for reimbursement. Such requests shall be considered consistent with statutory law, case law and University practice, but this policy creates no entitlement to such payments or reimbursements.
7. Subjects have a responsibility not to interfere with the investigation and to adhere to admonitions from investigators in this regard. Evidence shall not be withheld, destroyed or tampered with, and witnesses shall not be influenced, coached or intimidated.
8. Unless there are compelling reasons to the contrary, subjects should be given the opportunity to respond to material points of evidence contained in an investigation report.
9. No allegation of wrongdoing against a subject shall be considered sustained unless at a minimum, a preponderance of the evidence supports the allegation.
10. Subjects have a right to be informed of the outcome of the investigation. If allegations are not sustained, the subject should be consulted as to whether public disclosure of the investigation results would be in the best interest of the University and the subject.
11. Any disciplinary or corrective action initiated against the subject as a result of an investigation pursuant to this policy shall adhere to the applicable academic personnel or staff conduct and disciplinary procedures.

## D. Investigators

1. Investigators are those persons authorized by the University to conduct fact finding and analysis related to cases of alleged improper

- governmental activities.
2. Investigators derive their authority and access rights from University policy or Regental authority when acting within the course and scope of their responsibilities.
  3. The University, investigation participants and subjects should be assured that investigators have competency in the area under investigation. Technical and other resources may be drawn upon as necessary to augment the investigation.
  4. All investigators shall be independent and unbiased both in fact and appearance.
  5. Investigators have a duty of fairness, objectivity, thoroughness, ethical behavior, and observance of legal and professional standards.
  6. Investigations should be launched only after preliminary consideration that establishes that:
    - a. The allegation, if true, constitutes an improper governmental activity, <sup>1</sup> and either:
      - i. The allegation is accompanied by information specific enough to be investigated, or
      - ii. The allegation has or directly points to corroborating evidence that can be pursued. Such evidence may be testamentary or documentary.

## VII. Additional Required Communications

A. If an investigation leads University officials to conclude that a crime has probably been committed, the results of the investigation shall be reported to the District Attorney or other appropriate law enforcement agency. The UC Police should be the conduit for communications with law enforcement agencies unless the Investigations Workgroup in a particular situation determines a different communications strategy.

B. If an investigation leads University officials to conclude that a faculty member has engaged in conduct that may be a violation of the Faculty Code of Conduct, the results of the investigation shall be reported to appropriate academic personnel governing bodies in accordance with the applicable procedures for faculty conduct and the administration of discipline. Any charges of faculty misconduct brought as a result of an investigation under this policy shall comply with established faculty conduct procedures.

C. Consultation with the Office of the General Counsel is required before negotiating or entering into any restitution agreement resulting from the findings of an investigation.

**Footnote 1 (concerning D.VI.D.6.a above):** Matters that do not meet this standard may be worthy of management review, but should not be undertaken as an investigation of an improper governmental activity.

## E. Roles and Responsibilities

See above.

## F. Definitions/Acronyms

See above.

## G. Recordkeeping Requirements

See above.

## H. Implementing Documents

Document Number	Title	Type
n/a	<a href="#">LBNL Hotline</a>	Form
02.02.008.002	Lawrence Berkeley National Laboratory <a href="#">Investigations Workgroup Charter</a>	Charter

## I. Contact Information

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
8/6/2014	1.2	M. Stoufer	Reviewed. No changes.	Next review date	Minor
1/11/2013	1.1	M. Stoufer	Correct wording to match UCOP language	D.II.B.(3)	Minor
6/7/2012	1	M. Stoufer	Re-write for wiki (policy)	all	Minor
1/2/2012	0	M. Stoufer	Re-write for wiki (brief)	all	Minor

## DOCUMENT INFORMATION

Title:	Whistleblower Policy – Reporting & Investigating Allegations of Suspected Improper Governmental Activities
Document number	02.02.008.000
Revision number	1.2
Publication date:	8/6/2014
Effective date:	6/1/2011
Next review date:	8/6/2017
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.05(J)
Functional Division	Research and Institutional Integrity Office
Prior reference information (optional)	Section 2.05(J)

## Source Requirements Documents

- California Whistleblower Protection Act (Government Code Section 8547 - 8547.12)
- 10 CFR 708, DOE Contractor Employee Protection Program



## Implementing Documents

Document Number	Title	Type
n/a	<a href="#">LBNL Hotline</a>	Form
02.02.008.002	Lawrence Berkeley National Laboratory <a href="#">Investigations Workgroup Charter</a>	Charter

# Whistleblower Protection

## Brief

Title:	Whistleblower Protection
Publication date:	8/6/2014
Effective date:	6/1/2011

## BRIEF

### Policy Summary

The University of California is committed to protecting employees and applicants for employment from interference with making a protected disclosure, or from retaliation for having made a protected disclosure or for having refused an illegal order. A University employee may not:

- Retaliate against an employee or applicant for employment who has made a protected disclosure or who has refused to obey an illegal order nor
- Directly or indirectly use or attempt to use the official authority or influence of his or her position or office for the purpose of interfering with the right of an applicant or an employee to make a protected disclosure

### Who Should Read This Policy

This policy applies to all Berkeley Lab employees and affiliates.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Research and Institutional Integrity Office  
RIIO@lbl.gov

## Policy

Title:	Whistleblower Protection
Publication date:	8/6/2014
Effective date:	6/1/2011

## POLICY

### A. Purpose

This policy describes protections for Lawrence Berkeley National Laboratory (Berkeley Lab) employees and applicants for employment from interference with making a protected disclosure, or from retaliation for having made a protected disclosure or for having refused an illegal order.

### B. Persons Affected

This policy applies to Berkeley Lab employees and affiliates.

### C. Exceptions

Not applicable

## D. Policy Statement

Information and telephone numbers for reporting suspected improper governmental activities or reporting retaliation against a whistleblower may be found [here](#). The Locally Designated Official (LDO) at Berkeley Lab is the Associate Laboratory Director for Operations.

**NOTE:** This policy is a University of California (UC) policy, and as such, retains language from the UC policy and also retains references to other UC policies and procedures. When this policy refers to "staff personnel policies," Laboratory employees should refer to the [Human Resources Policy Area](#) of the *Requirements and Policies Manual* (RPM), which contains the approved Human Resources policies for Berkeley Lab employees.

### I. Policy

The University of California is committed to protecting employees and applicants for employment from interference with making a protected disclosure, or from retaliation for having made a protected disclosure or for having refused an illegal order as defined in this policy. This policy is derived from the California Whistleblower Protection Act (California Government Code, Section 8547–8547.12). Pursuant to this code section, a University employee may not: (1) retaliate against an employee or applicant for employment who has made a protected disclosure or who has refused to obey an illegal order, nor (2) directly or indirectly use or attempt to use the official authority or influence of his or her position or office for the purpose of interfering with the right of an applicant or an employee to make a protected disclosure to the University Auditor, the employee's immediate supervisor or other appropriate administrator or supervisor within the operating unit, the locally designated University official as defined in the University's Whistleblower Policy, or California State Auditor, Bureau of State Audits about matters within the scope of this policy. It is the intention of the University to take whatever action may be needed to prevent and correct activities that violate this policy.

### II. Scope of Policy and Definitions

This policy applies to complaints of retaliation or interference filed by employees or applicants for employment who have made or attempted to make a protected disclosure ("whistleblowers") or refused to obey an illegal order, as defined below. Local retaliation complaint resolution procedures shall incorporate the following definitions.

#### A. Improper Governmental Activity

Any activity undertaken by the University or by an employee that is undertaken in the performance of the employee's official duties, whether or not that action is within the scope of his or her employment, and that (1) is in violation of any state or federal law or regulation, including, but not limited to, corruption, malfeasance, bribery, theft of University property, fraudulent claims, fraud, coercion, conversion, malicious prosecution, misuse of University property and facilities, or willful omission to perform duty, or (2) is economically wasteful, or involves gross misconduct, gross incompetence, or gross inefficiency

#### B. Protected Disclosure

Any good faith communication that discloses or demonstrates an intention to disclose information that may evidence either (1) an improper governmental activity or (2) any condition that may significantly threaten the health or safety of employees or the public if the disclosure or intention to disclose was made for the purpose of remedying that condition

#### C. Illegal Order

Any directive to violate or assist in violating an applicable federal, state, or local law, rule, or regulation; or any order to work or to cause others to work in conditions outside of their line of duty that would unreasonably threaten the health or safety of employees or the public

#### D. Interference

Direct or indirect use of authority to obstruct an individual's right to make a protected disclosure

#### E. Official Authority or Influence

Promising to confer, or conferring, any benefit; effecting, or threatening to effect, any reprisal; taking, or directing others to take, or recommending, processing, or approving, any personnel action, including, but not limited to, appointment, promotion, transfer, assignment, performance evaluation, suspension, or other disciplinary action

#### F. Retaliation Complaint

Any written complaint by an employee or an applicant for employment alleging retaliation for having made a protected disclosure or for having refused an illegal order or interference with an attempt to make a protected disclosure, together with a sworn statement, made under penalty of perjury, that the contents of the complaint are true or are believed by the complainant to be true

### III. Authority and Responsibilities

## A. Local Procedures

The Chancellor shall establish local retaliation complaint resolution procedures in accordance with this policy. Authorities and responsibilities delegated to the Chancellor are assumed by the Laboratory Directors, the Senior Vice President – Business and Finance, and the Vice President – Agriculture and Natural Resources for employees within their respective jurisdictions.

## B. Locally Designated Official (LDO)

The Chancellor<sup>1</sup> shall appoint a Locally Designated Official (LDO) to receive retaliation complaints and administer local implementing procedures. The LDO (or designee) shall determine (1) whether a complaint is timely; (2) whether it sets forth the necessary facts to support a claim of retaliation for having made a protected disclosure, having disobeyed an illegal order, or interference with the right to make a protected disclosure; and (3) whether a complaint is eligible for processing under University grievance or complaint resolution procedures available to the complainant (as noted in [Section VII.A](#), below). The LDO may be the same official designated to administer local procedures for investigating whistleblower complaints.

## C. Retaliation Complaint Officer (RCO)

The LDO may appoint one or more individuals or a standing body to serve as Retaliation Complaint Officers (RCOs) to oversee the investigation of complaints filed by employees and applicants for employment alleging interference with or retaliation for making a protected disclosure or for refusing to obey an illegal order. The RCO may delegate conduct of the investigation, including any fact-finding, to another person. The term "RCO" as used in this policy includes the person to whom the investigation may be delegated.

## D. Chancellor

The Chancellor renders a decision when the RCO conducts an investigation and determines the appropriate corrective action, if any, as set forth in [Section VII.C](#), below. The Chancellor may delegate his or her duties under this policy.

## IV. Filing a Complaint

A retaliation complaint (grievance plus sworn statement) may be filed (a) under an applicable grievance or complaint resolution procedure, (b) with the LDO, or (c) with the employee's supervisor. Threshold requirements for filing a retaliation complaint are described in [Section IV.D](#), below. Employees who elect to file a grievance unaccompanied by a sworn statement made under penalty of perjury that its contents are true or are believed to be true are not covered by the retaliation provisions of the California Whistleblower Protection Act.

### A. Filing Pursuant to an Applicable Grievance or Complaint Resolution Procedure

A retaliation complaint (grievance plus sworn statement) may be filed pursuant to the applicable personnel policy, or the grievance or complaint resolution procedure under the collective bargaining agreement. The individual designated locally to receive grievances (i.e., grievance liaison) pursuant to academic or staff personnel policies, or collective bargaining agreements, shall provide the LDO with a copy of the retaliation complaint. If the grievance is not accompanied by a sworn statement, but raises issues of retaliation covered by this policy, then the grievance liaison shall provide the LDO with a copy of the grievance. Campus procedures shall specify the individual responsible for advising the complainant of his or her rights to file a whistleblower retaliation complaint and the time frame for filing. Local procedures shall refer to the following grievance and complaint resolution policies and/or their respective implementing procedures:

**1. Academic Personnel.** Academic personnel may file complaints alleging retaliation, if eligible, as follows:

Category (Academic Personnel)	Policy/Agreement
Members of the Academic Senate	<a href="#">Academic Senate Bylaw 335</a>
Non-Senate Academic Personnel	<a href="#">Academic Personnel Manual (APM)-140</a>
Exclusively Represented Academic Personnel	The applicable collective bargaining agreement

**2. Staff Personnel:** Staff personnel may file complaints alleging retaliation, if eligible, as follows:

a.	Senior Managers	Personnel Policies for Staff Members (PPSM) II-70
b.	Managers and Senior Professionals, Salary Grades VIII and IX	PPSM 71
c.	Managers and Senior Professionals (except Salary Grades VIII and IX) and Professionals and Support Staff	PPSM 70
d.	Exclusively Represented Staff Personnel	The applicable collective bargaining agreement

## B. Filing with the LDO

A written retaliation complaint may be filed directly with the LDO. A retaliation complaint filed with the LDO must be filed within 12 months of the alleged act or threat of interference or retaliation. If the complaint alleges a pattern of retaliation, the complaint must be filed within 12 months of the most recent alleged act or threat of interference or retaliation.

1. If the complaint received by the LDO is eligible for review under an existing grievance or complaint resolution procedure and the complainant also elects to file under the applicable grievance or complaint resolution procedure, the LDO will hold the retaliation complaint in abeyance until all of the steps preceding hearing, arbitration, or fact-finding have been completed. (For example, under a collective bargaining agreement, the whistleblower retaliation complaint is joined with the grievance when the grievance advances to arbitration under the applicable procedure.) At that point in the review process, the retaliation complaint will be joined with the applicable procedure and referred to the RCO for handling as described in Section VI.A.3, below.
2. If a complaint received by the LDO is eligible for review under an existing grievance or complaint resolution procedure but the complainant elects not to file, the complaint will be referred to the RCO for investigation at the end of the grievance filing period.
3. The LDO shall refer a complaint to the RCO for investigation under the following conditions:
  - a. The complaint is not within the scope of, or filed within the time limits of, the complaint resolution procedure available to the complainant under applicable University personnel policies, collective bargaining agreements, or procedures established by the Academic Senate; or
  - b. The employee does not have a complaint resolution procedure available for some other reason (for example, the alleged retaliatory act cannot be grieved under the respective collective bargaining agreement); or
  - c. The complainant is an applicant for employment.
4. If a complaint that is normally eligible for investigation by the RCO alleges that the Chancellor, the LDO, or the LDO's supervisor interfered or took the retaliatory action, the LDO or designee shall request:
  - a. That the Senior Vice President – Business and Finance appoint an RCO when the complainant is a current employee in, or applicant for, a staff or management position or
  - b. That the Provost and Senior Vice President – Academic Affairs appoint an RCO when the complainant is a current appointee in, or applicant for, an academic position

## C. Filing with a Supervisor

A written complaint filed with a supervisor shall be referred by the supervisor to the LDO and processed in accordance with Section IV.B. above.

## D. Filing Requirements and Thresholds

1. The retaliation complaint filed with the LDO or the supervisor must set forth in sufficient detail the necessary facts, including dates and names of relevant persons. The complaint must contain facts supporting the filing thresholds as set forth below in Section IV.D.2.a through IV.D.2.c, the alleged retaliatory act(s), and the effects on the complainant of the alleged retaliatory acts. The LDO may require the complainant to amend the complaint to provide sufficient detail. If the complainant does not amend the complaint to correct the insufficiencies identified by the LDO within a reasonable time frame, as established in local procedures, the complaint may be dismissed by the LDO.
2. In order for a retaliation complaint to be accepted, the complainant must allege that:
  - a. He or she filed a report or made a protected disclosure alleging improper governmental activities pursuant to current University policy; or
  - b. He or she was threatened, coerced, commanded, or prevented by intimidation from filing a report of improper governmental activities; or
  - c. He or she refused to obey an illegal order.
3. The LDO may consult with the local Investigations Workgroup in determining whether the alleged disclosure is a protected disclosure, and in determining whether an alleged order was an illegal order if the complaint is otherwise eligible for review.

## V. Administrative Proceedings

### A. Evidentiary Standards

1. Pursuant to California Government Code Section 8547.10(e), an arbitrator, University or non-University hearing officer, or University committee that hears a retaliation complaint shall be instructed that once the complainant demonstrates by a preponderance of the evidence that he or she engaged in activity protected by the University's Whistleblower Policy and that such activity was a contributing factor in the alleged retaliation, the burden of proof shall be on the supervisor, manager, or University to demonstrate by clear and convincing evidence that the alleged retaliatory action would have occurred independent of the employee's engagement in a protected disclosure or refusal of an illegal order. If the complaint is investigated by a fact finder, the fact finder shall find facts concerning the burden of proof so that the Chancellor is able to make this determination. If the University fails to meet this burden, the employee or applicant for employment shall have a complete affirmative defense to the adverse action that was the subject of the complaint.
2. However, pursuant to California Government Code Section 8547.10(d), a manager or supervisor is not prevented from taking, directing others to take, recommending, or approving any personnel action, or from taking or failing to take a personnel action with respect to any employee or applicant for employment, if the manager or supervisor reasonably believes any action or inaction is justified on the basis of evidence separate and apart from the fact that the person has made a protected disclosure.

## **B. Special Evidentiary Standards for Health Care Workers**

Pursuant to Section 1278.5 of the California Health and Safety Code, discriminatory treatment (as defined in the Section) of a health care worker for having presented a grievance or complaint, or having initiated, participated, or cooperated in any investigation or proceeding against the health facility on issues relating to care, services, or condition of the health facility if the health facility had knowledge of such action, shall raise a rebuttable presumption that discriminatory action was taken in retaliation, if the discriminatory action occurs within 120 days of the filing of the grievance or complaint.

## **VI. Complaints Investigated by the RCO**

**A.** When an employee files a complaint that contains an eligible allegation of retaliation under an existing University grievance or complaint resolution procedure, the RCO shall investigate the allegation of retaliation or interference as provided below:

1. If the complaint is filed under a complaint resolution procedure containing fact-finding as specified in University policies as part of the final available step (e.g., PPSM 70, 71, and II-70 for some issues), the RCO will serve as the fact finder.
2. If the complaint is filed under a grievance procedure in personnel policy, a collective bargaining agreement, or under procedures established by the Academic Senate, but is not eligible under that policy, collective bargaining agreement, or procedure for arbitration, hearing, or fact-finding, the RCO will investigate the complaint after exhaustion of the available steps of the policy, collective bargaining agreement, or Academic Senate procedure. The investigation and findings will be limited to the interference or retaliation aspect of the complaint only.
3. If the complaint is heard before an arbitrator, University or non-University hearing officer, or University committee, the RCO will receive a copy of that decision. If the decision does not include findings regarding the alleged interference or retaliation, the RCO shall request that the arbitrator, University or non-University hearing officer, or University committee revise the report to include findings regarding the alleged interference or retaliation. If the arbitrator, University or non-University hearing officer, or University committee subsequently fails to include such findings in the report, the RCO will conduct a separate investigation on that issue only.

**B.** When no University grievance or complaint resolution procedure is available to the complainant, the RCO will conduct the investigation.

**C.** Before findings are reached, the RCO (or fact finder, if the RCO has delegated conduct of the investigation) shall provide a copy of the complaint and any documents on which the RCO (or fact finder) intends to rely in reaching findings for the person accused of interference or retaliation. That person shall be provided with the opportunity, within locally established time limits, to respond to the complaint, and to file a written statement, which the RCO (or fact finder) will make part of the record submitted to the Chancellor.

**D.** The RCO shall present findings of fact based on the evidence and factual conclusions to the Chancellor within 120 days from the date on which the complaint was assigned to the RCO unless an extension is granted by the LDO.

**E.** When an employee has filed a complaint under an applicable personnel policy or collective bargaining agreement grievance or complaint resolution procedure (1) that alleges retaliation for an action protected by this policy, and (2) a final University decision within the meaning of the applicable complaint resolution policy or collective bargaining agreement has been rendered, and (3) the employee later files a timely whistleblower retaliation complaint, the RCO shall review the decision. If there is a finding of retaliation, the RCO shall review it to ensure that the remedy is consistent with the policy, and if not, the RCO shall make a recommendation to the Chancellor. If there is no finding of retaliation, the LDO shall request that the hearing officer, committee, or arbitrator reopen the case and apply the standard of proof specified above in [Section V.](#) and, if necessary, find additional facts for application of the standard. If the foregoing does not occur, the RCO shall find additional facts, if necessary, for application of the standard of proof specified in [Section V.](#) above. The case shall then be forwarded to the Chancellor for a decision.

**F.** When it is alleged that the Chancellor, the LDO, or the LDO's supervisor interfered or took the retaliatory action, the Senior Vice President – Business and Finance or the Provost and Senior Vice President – Academic Affairs, whichever applies, shall appoint an RCO to undertake the investigation consistent with the provisions of [Section VI.A](#) through [VI.E](#), above. The RCO shall present findings of fact based on the evidence and factual conclusions to the Senior Vice President – Business and Finance or the Provost and Senior Vice President – Academic Affairs, as appropriate, for a decision. The RCO's findings shall be presented within 120 days from the date on which the complaint was assigned to the RCO unless an extension is granted by the Senior Vice President – Business and Finance, or the Provost and Senior Vice President – Academic Affairs.

## VII. Decision

### A. Decision Based on Findings of an Arbitrator, a University or Non-University Hearing Officer, or a University Committee

1. The RCO shall be provided with a copy of the decision in those cases in which the complaint was heard before an arbitrator, a University or non-University hearing officer, or a University committee.
2. When there are findings that interference or retaliation has occurred, the RCO will provide that information to the Chancellor. If the decision is final and binding, the Chancellor may not alter the decision in any way, but may, through the appropriate channels, initiate a corrective action against the University employee who interfered or retaliated, based on the findings in the decision.

### B. Decision Based on Findings of an Investigation Conducted by the RCO

1. The RCO is to present findings of fact based on the evidence and factual conclusions to the Chancellor who shall render a decision in the matter consistent with the standard of proof specified in [Section V.](#) above. The Chancellor may remand the findings to the RCO if further investigation is needed before making a decision. The Chancellor will communicate the decision in writing to the complainant and to the person or persons accused of violating the University's Whistleblower Protection Policy.
2. The Chancellor's written decision will include any appropriate relief for the complainant, but will not describe any corrective action that may need to be taken.

### C. Corrective Action of a University Employee

The Chancellor determines, through the appropriate channel, or in the case of an Academic Senate member, through the appropriate Senate committee, the appropriate corrective action, if any, that will be initiated against a University employee who is found to have retaliated against or interfered with an employee's or applicant's right to make a protected disclosure or to refuse an illegal order. Such action shall be in accordance with the applicable personnel policy or collective bargaining agreement. For a member of the Academic Senate, disciplinary proceedings are in accordance with academic personnel policies and procedures established by the Academic Senate.

### D. Complaint against the Chancellor, the LDO, or the LDO's Supervisor

With regard to complaints in which it is alleged that the Chancellor, the LDO, or the LDO's supervisor interfered or took retaliatory action, the findings of the investigation shall be presented for a decision to the Senior Vice President – Business and Finance, or the Provost and Senior Vice President – Academic Affairs, in accordance with [Section VI.F.](#) above.

## VIII. Appeal

An employee may appeal the local decision only on the basis that the complaint was ineligible for processing because it was untimely filed and/or the complaint did not qualify for review under the scope of this policy by:

- A. The Senior Vice President – Business and Finance, if the complainant is a current employee in, or applicant for, a staff or management position or
- B. The Provost and Senior Vice President – Academic Affairs, if the complainant is a current appointee in, or applicant for, an academic position

## IX. Reports

Each location shall submit a copy of local procedures implementing this policy to the Office of the Senior Vice President – Business and Finance. Additionally, on July 31 of each year, each location shall submit to the Senior Vice President – Business and Finance a report summarizing the number of whistleblower retaliation complaints filed during the preceding fiscal year and their dispositions. The Department of Human Resources will provide a reporting format for this purpose.

### Footnote to Section III.B, Locally Designated Official (LDO):

<sup>1</sup> For the purpose of this policy, the Chancellor also means the Laboratory Directors for the Lawrence Berkeley National Laboratory, the Lawrence Livermore National Laboratory, and the Los Alamos National Laboratory; the Senior Vice President – Business and Finance; and the Vice President – Agriculture and Natural Resources.

## E. Roles and Responsibilities

See above.

## F. Definitions/Acronyms

See above.

## G. Recordkeeping Requirements

See above.

## H. Implementing Documents

Document number	Title	Type
N/A	<a href="#">LBNL Hotline</a>	
N/A	<a href="#">Investigations Workgroup Charter</a>	Charter

## I. Contact Information

Research and Institutional Integrity Office  
[RIIO@lbl.gov](mailto:RIIO@lbl.gov)

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
1/2/2012	0	M. Stoufer	Re-write for wiki (brief)	All	Minor
11/20/2012	1	M. Stoufer	Re-write for wiki (policy)	All	Minor
8/6/2014	1.1	M. Stoufer	Reviewed. No changes	Next Review date	Minor

### Document Information



## DOCUMENT INFORMATION

Title:	Whistleblower Protection
Document number	02.02.009.000
Revision number	1.1
Publication date:	8/6/2014
Effective date:	6/1/2011
Next review date:	8/6/2017
Policy Area:	Work Environment
RPM Section (home)	Human Resources
RPM Section (cross-reference)	none
Functional Division	Operations
Prior reference information (optional)	RPM Chapter 2.05(K)

## Source Requirements Documents

- California Whistleblower Protection Act (California Government Code, Section 8547–8547.12)
- 10 CFR 708, *DOE Contractor Employee Protection Program*
- Contract 31, Clause I.061, DEAR 952.203-70, *Whistleblower Protection for Contractor Employees (Dec 2000)*

## Implementing Documents

Document number	Title	Type
N/A	<a href="#">LBNL Hotline</a>	
N/A	<a href="#">Investigations Workgroup Charter</a>	Charter

# WN Funding Requests

Title:	WN Funding Requests
Publication date:	3/25/2013
Effective date:	12/31/2010

## BRIEF

### Policy Summary

This policy defines the process to request WN funds in support of the Berkeley Lab mission in a manner consistent with Department of Energy (DOE) guidelines. Berkeley Lab receives a limited amount of WN funding each year for Work for Others sponsors that are precluded by law or statute from paying in advance.

### Who Should Read This Policy

All Berkeley Lab employees with financial responsibilities for WN funds

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Direct Budget Manager](#)

Title:	WN Funding Requests
Publication date:	3/25/2013
Effective date:	12/31/2010

## POLICY

### A. Purpose

This policy defines the process to request WN funds in support of the Lawrence Berkeley National Laboratory (Berkeley Lab) mission in a manner consistent with Department of Energy (DOE) guidelines.

### B. Persons Affected

All Berkeley Lab employees with financial responsibilities for WN funds

### C. Exceptions

None

## D. Policy Statement

### 1. Sponsor Criteria

- a. Budget and Reporting (B&R) WN funds authority can be requested for the following Work for Others sponsors:
  - i. Non-federal entities for which the sponsor is precluded by law or statute from providing advance payment, which are typically state and local governments. All requests will be reviewed and approved by the Budget Office on a case-by-case basis.
  - ii. Non-federal entities other than a state or local government will need to be reviewed and approved by the DOE Berkeley Site Office (BSO).

### 2. Approval Process and Criteria

- a. Requests for WN funds included in the DOE Field Budget submission process, which is submitted two years prior to being funded by the current year's funding authority level, will be considered on a first-come, first-served basis and managed by the Budget Office. If a request is received after the current year's ceiling has been expended, it may be funded with WN carryover funding. Provided that there are carryover funds available, the request will be approved based on fund availability and institutional needs.
- b. Requests for WN that are not included in the DOE Field Budget submission process will be approved based on fund availability and institutional needs. The Deputy Director has authorized the Budget Office to approve individual requests based on the availability of funds. Requests for WN can be approved prior to having a signed contract in place but the approval is only valid for six months. If it takes longer than six months to get the contract signed, the WN request must be resubmitted to the Budget Office for approval. Requests with signed contracts have priority.
- c. The request must include the following signatures before WN Funds are released:

Signor	Authorization/Description
Principal Investigator	Formal requestor
Business Manager	Signifies division approval
OSPIP Contracts Officer	<ul style="list-style-type: none"><li>• Certifies that sponsor meets the WN funding criteria and a contract has been signed or is currently under negotiation</li><li>• For non-federal sponsors other than state and local governments, certifies that use of WN requires DOE approval</li></ul>
Berkeley Site Office (BSO) Finance Manager (if applicable)	Certifies that sponsor meets WN funding criteria
Budget Officer	Certifies that WN Funds Authority is available. Depending on the amount of funds available, the Deputy Director may be required to review and approve.
Deputy Director of Operations (or designate)*	Allocation of WN Funds Authority is appropriate

\* The Budget Office will review each request and forward it to the Deputy Director for approval as necessary.

## E. Roles and Responsibilities

Role	Responsibility
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Resource Analyst	<ul style="list-style-type: none"> <li>• Prepares and completes the WN Funding Request form. Works with the Budget Office questions arise on whether the sponsor meets the criteria.</li> <li>• Coordinates and obtains the required signatures; the form must be signed by the principal investigator and business manager</li> <li>• Upon project completion, notifies the Budget Office of any unexpended funds</li> </ul>
Office of Sponsored Projects and Industry Partnerships (OSPIP)	<ul style="list-style-type: none"> <li>• Reviews and signs the request form</li> <li>• Forwards the request form to the Budget Office for review and approval, with a copy of the state statute, which says the sponsor is prohibited from paying in advance</li> </ul>
Budget Office	<p>Reviews the request form Coordinates approvals (if applicable) from BSO* and the Deputy Director</p> <ul style="list-style-type: none"> <li>• Informs the Resource Analyst and the OSPIP Contracts Officer on whether the request has been approved by the Budget Office or sent to BSO* or the Deputy Director for approval. The OSPIP Contracts Officer will be informed by e-mail upon final approval.</li> <li>• Any unexpended funds are to be released to the Budget Office and will be used based on institutional needs.</li> </ul> <p>* BSO only approves appropriateness of sponsor, not the allocation of WN Funding Authority.</p>

## F. Definitions/Acronyms

Term	Definition
B&R	DOE Budget and Reporting classification code
BARC	Budget and Reporting Classification
Field Budget Submission	DOE Annual Budget Call each spring for inclusion in the President's budget presented to Congress. Field budget formulation takes place two years prior to the execution year.
WN Carryover Funding	WN Budget Authority obligated in prior fiscal years that is not associated with a specific contract, and unexpended balances from complete projects. DOE has authorized use of carryover funds for projects that meet the WN criteria.

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.02.007.001	WN Request Form	Form
11.02.007.002	DOE BARC Report	Report
11.02.010.000	Advance Payments for Nonfederal Work for Others (WFO) Sponsors	Policy

## I. Contact Information

Direct Budget Manager

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
3/25/2013	1.1	Lundell	Review completed 12/31/2012, no changes	Pub & next review dates	Minor
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	WN Funding Requests
Document number	11.02.007.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	12/31/2010
Next review date:	12/31/2014
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	Section 11.47
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.47

## Source Requirements Documents

*DOE Accounting Handbook, Chapter 13, paragraph 2 (g)*

## Implementing Documents

Document Number	Title	Type
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11.02.007.001	WN Request Form	Form
11.02.007.002	DOE BARC Report	Report
11.02.010.000	Advance Payments for Nonfederal Work for Others (WFO) Sponsors	Policy

# Work for Others – Special Financial Terms and Conditions

Title:	Work for Others – Special Financial Terms and Conditions
Publication date:	1/2/2012
Effective date:	3/10/2010

## BRIEF

### Policy Summary

This policy defines the guidelines for approval of special financial terms and conditions for Work for Others agreements to ensure compliance with DOE reimbursable work cash management requirements at Berkeley Lab. Special financial terms and conditions are only considered when specifically requested by a sponsor.

Most special financial terms are associated with non-federal awards. However, there are instances when federal sponsors require additional processing, and these instances are governed by this policy.

### Who Should Read This Policy

Any Berkeley Lab employee who works under a WFO agreement with a sponsor who requires special financial terms and conditions

### To Read the Full Policy, Go To:

POLICY tab of this wiki page

### Contact Information

- [Business Services Manager](#) (Contract Accounting and Travel)
- [Contract Accounting at ARHelp@lbl.gov](mailto:ARHelp@lbl.gov)
- [WFO Analyst, Budget Office](#)
- [Office of Sponsored Projects and Industry Partnership Manager](#)

Title:	Work for Others – Special Financial Terms and Conditions
Publication date:	1/2/2012
Effective date:	3/10/2010

## POLICY

### A. Purpose

The purpose of this policy is to define the guidelines for approval of special financial terms and conditions for Work for Others agreements to ensure compliance with DOE reimbursable work cash management requirements at Lawrence Berkeley National Laboratory (Berkeley Lab).

## B. Persons Affected

Any Berkeley Lab employee who works under a WFO agreement with a sponsor who requires special financial terms and conditions

## C. Exceptions

None

## D. Policy Statement

1. Special financial terms and conditions are only considered when specifically requested by a sponsor. Most special financial terms are associated with non-federal awards. However, there are instances when federal sponsors require additional processing, and these instances are governed by this policy.
2. There are a number of sponsors with special financial terms and conditions for [Work for Others Exceptions](#) previously approved by the Office of the Chief Financial Officer (OCFO). A sponsor is added to the list of special terms once approved.
3. The following items are considered Berkeley Lab's standard requirements for non-federal WFO agreements.
  - a. Receipt of a 120-day advance payment (four highest months of costs) prior to the start of work on the award (see the [Advance Payment Requirement for Non-Federal Work for Others \(WFO\) Sponsors](#) policy)
  - b. Maintenance of a 120-day advance payment throughout the period of performance (POP) of the contract until such time as the advance paid + invoice payments = contract funding limit and the advance balance is drawn down (see the [Advance Payment Requirement for Non-Federal Work for Others \(WFO\) Sponsors](#) policy)
  - c. Full advance for agreements that have an estimated cost of \$25,000 or less or that have a completed performance in 90 days or less (see the [Advance Payment Requirement for Non-Federal Work for Others \(WFO\) Sponsors](#) policy)
  - d. Monthly invoices with payment due upon receipt of the invoice
  - e. If a sponsor requests a substantive change to the standard requirements, a [Request for Special Financial Terms For Work For Others form](#) should be initiated for the following:
    - i. Special handling terms, such as
      1. Electronic billing, including an uploaded invoice or file to the sponsor's payment system
      2. E-mailed or faxed invoices to multiple locations or recipients, or invoices submitted in duplicate
      3. The use of the sponsor's special invoice template or format
    - ii. Special billing or payment periods, such as scheduled billings, manual billing in foreign currency, or payment terms rather than due upon receipt
    - iii. Monthly or other periodic invoices with additional requirements, such as
      1. Invoice certifications, letters of truth and accuracy, or notarized invoices
      2. Invoices accompanied by financial reports matching scientific tasks or milestones to invoice costs
      3. Inclusion of spend plans
      4. Submission of the final invoice and/or financial report no later than 60 days after the contract end date
      5. Budgets or receipts for items purchased
      6. Payment withholds (retention) until receipt of final reports or task completion or award close out
    - iv. Advances insufficient to cover the 120 days or four months of highest costs
    - v. Waiver of advance requirement for non-federal awards excluding approved WN funded awards (see [WN Funding Requests](#) policy)

## E. Roles and Responsibilities

### E.1 General

Role	Responsibility
Division Resource Analyst	<ul style="list-style-type: none"><li>• Determines whether terms are reasonable and possible to meet</li><li>• Agrees to provide sponsor's requested reporting/certification/documentation requirements if applicable</li></ul>



Division Director (or designee – limited to Deputy Division Director or Business Manager)	<ul style="list-style-type: none"> <li>Ensures terms are in the best interest of the Laboratory given required resources</li> <li>Agrees to provide sponsor's requested reporting/ certification/documentation requirements if applicable. Approves division's administrative effort to accommodate terms.</li> <li>Recognizes the risk that any unallowable or uncollected costs from a default would be funded out of appropriate alternative divisional funds or Laboratory CSR funds, but the best interest of the Laboratory is still to assume the risk</li> </ul>
Division Director (no designee) – if payment is at risk	<ul style="list-style-type: none"> <li>Determines whether terms are in the best interest of the Laboratory despite the risk of uncollectible receivables</li> </ul>
Office of Sponsored Projects and Industry Partnerships (OSPIP)	<ul style="list-style-type: none"> <li>Reviews special financial terms form to include sponsor's justification</li> </ul>
Budget Office Analyst	<ul style="list-style-type: none"> <li>Ensures supporting documentation is appropriate.</li> <li>In consultation with Contract Accounting (CA), reviews sponsor's payment history and verifies that sponsor has not defaulted payment resulting in collection by the US Treasury</li> </ul>
Contract Accounting	<ul style="list-style-type: none"> <li>Terms are reasonable and possible to meet</li> </ul>
Controller (or designee)	<ul style="list-style-type: none"> <li>Approves deviation of special terms</li> <li>Approves release of bridge funding</li> </ul>

***E.2 Prior to Inclusion of Special Financial Terms in a Reimbursable Work Agreement (See [Special Financial Terms for WFO Approval Process Flowchart](#))***

Role	Responsibility
Office of Sponsored Projects and Industry Partnerships (OSPIP)	<ul style="list-style-type: none"> <li>Submits the sponsor's proposed terms on the <a href="#">Request for Special Financial Terms For Work for Others form</a> with the agreement language and proposal review to Contract Accounting through the Help Desk (<a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a>) for review and comment</li> <li>For repeat customers where the terms have not changed since the last approval, the <a href="#">Request for Special Financial Terms For Work for Others form</a> is not required. Notifies Contract Accounting of new agreements and amendments through the Help Desk (<a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a>) and the Budget Office via e-mail.</li> </ul>
Contract Accounting	<ul style="list-style-type: none"> <li>Reviews and approves special handling terms. The <a href="#">Request for Special Financial Terms For Work for Others form</a> does not need to be forwarded to the Division Analyst, Budget Office Analyst, or Controller for approval.</li> <li>Within two business days from receipt of the form from OSPIP, reviews the financial terms, identifies accommodations required to meet terms and identifies potential risks including impacts to cash status, prior history with sponsor, and delinquent payment issues</li> <li>Forwards completed form to the Budget Office Analyst for review</li> <li>Notifies OSPIP, the Division Resource Analyst, and the Budget Office Analyst if there are any issues with the <a href="#">Request for Special Financial Terms For Work for Others form</a></li> <li>Secures approval from the Controller (or designee)</li> <li>Sends notification of approval to the Division, OSPIP, and the Budget Office within one business day of receipt of the completed form</li> </ul>
Budget Office	<ul style="list-style-type: none"> <li>Reviews the terms and completes the Budget Office Section on the <a href="#">Request for Special Financial Terms For Work for Others form</a></li> <li>Forwards the completed form to the Division Resource Analyst, with copies to Contract Accounting through the Help Desk (<a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a>), and OSPIP within two business days of receipt of the completed form</li> </ul>

Division Resource Analyst	<ul style="list-style-type: none"> <li>• Reviews the terms on the <a href="#">Request for Special Financial Terms For Work for Others form</a></li> <li>• Evaluates the bridge funding usage and the administrative effort needed to meet identified accommodations</li> <li>• Confirms to the principal investigator that the terms are acceptable</li> <li>• Completes the Division section on the <a href="#">Request for Special Financial Terms For Work for Others form</a></li> <li>• Forwards the form to Contract Accounting through the Help Desk (<a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a>), with copies to the Budget Office and OSPIP within two business days of receipt of the completed form</li> </ul>
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### ***E.3 For Signed Reimbursable Agreement with Approved Special Financial Terms***

<b>Role</b>	<b>Responsibility</b>
Office of Sponsored Projects and Industry Partnerships (OSPIP)	<ul style="list-style-type: none"> <li>• Notes that special financial terms have been approved in the Comment section of the Sponsored Projects Award Authorization (SPAA) document</li> <li>• In the event the sponsor is late with the payment remittance due to the special financial terms, assists Contract Accounting with payment resolution, if requested</li> <li>• Notifies Contract Accounting through the Help Desk (<a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a>) prior to renegotiating contract terms (e.g., funding increased or reduced or period of performance changed) for those receivables reported delinquent by Contract Accounting</li> <li>• Ensures that all billing information, including name, address, phone and fax numbers, e-mail, and sponsor's reference number of the financial payment contact, is accurate and completed on the contract at the time of contract signature</li> <li>• Sets up the non-federal award as a partial advance if the award proposes to use scheduled billing and thus the payment terms are to not pay with a full advance</li> <li>• Sets up scheduled billing in the contract to coincide with the financial report schedule or with the sponsor's payment calendar, if requested by the sponsor. Due dates are required when the sponsor requests scheduled billing.</li> <li>• If the award is terminated prior to the contractual expiration date, amends the award end date in the Research Administration Proposal Information Database (RAPID) and issues the SPAA</li> </ul>
Division Resource Analyst	<ul style="list-style-type: none"> <li>• Prepares the financial reports (e.g., quarterly spend plans)</li> <li>• Signs all letters of certification or truth on the schedule outlined by the sponsor (see <a href="#">Work for Others (WFO) Awards - Financial Certifications</a>).</li> <li>• Submits certifications to Contract Accounting through the Help Desk (<a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a>) by the <b>10th business day</b> of the month. If the Division Resource Analyst chooses to send the invoice, notifies or copies Contract Accounting through the Help Desk when the invoice is sent to the sponsor.</li> <li>• In the event that the sponsor is late with the payment remittance as a result of the special financial terms, assists Contract Accounting with payment resolution</li> </ul>
Principal Investigator	<ul style="list-style-type: none"> <li>• Ensures that technical reports are submitted to the sponsor on time</li> </ul>
Contract Accounting	<ul style="list-style-type: none"> <li>• Assists the Division Resource Analyst and OSPIP with payment resolution with the sponsor if the sponsor is late with payment remittance per the special financial terms</li> <li>• Issues special invoices with required backup to the sponsor after receipt of division-prepared reports unless the division requests that Contract Accounting sends out the invoices <ul style="list-style-type: none"> <li>• Sets the advance to be drawn down first if the award uses scheduled billing or payment terms with partial advance</li> <li>• If the award is terminated prior to the contractual expiration date (SPAA notice), cancels the scheduled billing, reviews the account activities, and applies advance balance against open invoices if applicable</li> </ul> </li> </ul>
Budget Office	<ul style="list-style-type: none"> <li>• Enters the Bridge Funding Request, which is based on the cost estimate for the life of the proposed contract, into the Budget System</li> </ul>

## **F. Definitions/Acronyms**

Term	Definition
Work for Others	The performance of work for non-DOE entities by DOE/contractor personnel and/or the utilization of DOE facilities that are not directly funded by DOE appropriations. Work is in accordance with <a href="#">DOE Order 481.1C</a> .

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
11.02.010.000	<a href="#">Advance Payment Required for Non-Federal Work For Others (WFO) Sponsors</a>	Policy
11.01.001.001	<a href="#">Special Financial Terms for Work for Others</a>	Procedure
11.01.001.002	<a href="#">Request for Special Financial Terms for Work For Others</a>	Procedure
11.01.001.003	<a href="#">Reprint Invoice Instructions</a>	Procedure

## I. Contact Information

- [Business Services Manager](#) (Contract Accounting and Travel)
- [Contract Accounting](#) at [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov)
- [WFO Analyst](#), Budget Office
- [Office of Sponsored Projects and Industry Partnership Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	M. Mock	Re-format for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Work for Others – Special Financial Terms and Conditions
Document number	11.01.001.000
Revision number	1
Publication date:	1/2/2012

Effective date:	3/10/2010
Next review date:	3/1/2014
Policy Area:	Accounting
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.09
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.09

## Source Requirements Documents

- [DOE Accounting Handbook, Chapter 8, \*Receivables\*](#)
- [DOE Accounting Handbook, Chapter 13, \*Reimbursable Work, Revenues, and Other Collections\*](#)

## Implementing Documents

Document Number	Title	Type
11.02.010.000	<a href="#">Advance Payment Required for Non-Federal Work For Others (WFO) Sponsors</a>	Policy
11.01.001.001	<a href="#">Special Financial Terms for Work for Others</a>	Procedure
11.01.001.002	<a href="#">Request for Special Financial Terms for Work For Others</a>	Procedure
11.01.001.003	<a href="#">Reprint Invoice Instructions</a>	Procedure

## Other References

Document Number	Title	Type
11.02.001.000	<a href="#">Bridge Funding</a>	Policy
11.01.009.000	<a href="#">Work for Others (WFO) Awards - Financial Certifications</a>	Policy
11.02.007.000	<a href="#">WN Funding Requests</a>	Policy

# Work for Others (WFO) Awards — Financial Certifications

Title:	Work for Others (WFO) Awards — Financial Certifications
Publication date:	3/25/2013
Effective date:	1/15/2011

## BRIEF

### Policy Summary

This policy defines the requirements for Berkeley Lab's financial officials to certify costs for select Work for Others (WFO) award documents.

### Who Should Read This Policy

Any Laboratory employee who certifies costs for WFO award documents

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Business Services Manager](#)

Title:	Work for Others (WFO) Awards — Financial Certifications
Publication date:	3/25/2013
Effective date:	1/15/2011

## POLICY

### A. Purpose

The purpose of this policy is to define the requirements and procedures for Lawrence Berkeley National Laboratory (Berkeley Lab) financial officials who are required to certify costs for select Work for Others (WFO) award documents.

### B. Persons Affected

All Laboratory employees who certify costs for WFO award documents

### C. Exceptions

Not applicable

## D. Policy Statement

Berkeley Lab is responsible and accountable for administering the terms and conditions of Work for Others awards. Funding sponsors may require financial certification (e.g., periodic/annual/close-out financial status reports, invoice statements) of costs associated with work being performed at the Laboratory without specifically designating a Laboratory financial administrator to oversee certification. The Laboratory generally submits these types of documents to the funding sponsors to update the sponsor on the financial status of work performed and/or to seek cost reimbursement from the sponsor. Additionally, the Laboratory is responsible for attesting or certifying the costs are appropriate, allocable, accurate, and complete.

The Laboratory's Principal Investigator (PI) for the project is responsible for managing, directing, and performing scientific and technical project work. Additionally, the PI is ultimately responsible for the financial management of an award's funds, including certifying costs incurred for work performed that is reflected on a funding sponsor's invoice statements. For all other financial certifications required by the Laboratory's funding sponsors, it is the Laboratory's policy that Accounts Receivable will serve as the Laboratory's financial certifier on all periodic/annual/close-out financial status reports for the funding sponsor.

When a funding sponsor specifically requires it, Accounts Receivable will also certify the integrity of the Laboratory's Financial Management System, confirming that the Laboratory is generating appropriate, allocable, accurate, and complete cost information. In order to further ensure division-level financial accountability for the division's Work for Others awards, the division business or financial manager, on behalf of the PI, will submit a completed [Division Cost Certification Form](#) via e-mail to [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov) within the sponsor's contractual time limit.

## E. Roles and Responsibilities

Role	Responsibility
Principal Investigator or designee	<ul style="list-style-type: none"><li>• Manages, directs, and performs work in support of Work for Others awards</li><li>• Certifies costs are appropriate, allocable, accurate, and complete for work performed that is reflected on a funding sponsor's invoice statement. As appropriate, the PI may formally delegate the responsibility for certifying costs for work performed reflected on an invoice statement to a division business or financial manager or analyst. Additionally, the division director or designee may formally delegate authority for invoice certifications to the division business or financial manager or analyst.</li><li>• In those instances where a cost certification to a funding sponsor on a periodic/annual/close-out financial status report is required for certifying the integrity of the Laboratory's Financial Management System, the division designee submits the completed <a href="#">Division Cost Certification Form</a> via e-mail to <a href="mailto:ARHelp@lbl.gov">ARHelp@lbl.gov</a> within the sponsor's contractual time limit. The e-mail must contain the following:<ul style="list-style-type: none"><li>• A subject line that states "Division Cost Certification Attached"</li><li>• A checklist (for the periodic/annual/close-out financial status report) certifying that costs incurred are appropriate, allocable, accurate, and complete<ul style="list-style-type: none"><li>• The checklist is primary backup documentation for Accounts Receivable's internal control, auditing, and financial-integrity purposes.</li></ul></li></ul></li></ul>
Accounts Receivable	<ul style="list-style-type: none"><li>• Serves as the Laboratory's Authorized Fiscal Officer when certifying costs on the affected contract award documents, such as periodic/annual/close-out financial status reports</li><li>• Certifies the costs incurred are appropriate, allocable, accurate, and complete by sending certification to the sponsor via e-mail, unless the award terms states otherwise</li><li>• Certifies the integrity of the Laboratory's Financial Management System, and that the Laboratory is generating appropriate, allocable, accurate, and complete cost information</li><li>• Will only certify the date and amounts of advance payments, invoice payments, and/or invoice numbers if the division's supporting documentation (e.g., checklist) is not included</li></ul>

## F. Definitions/Acronyms

Term	Definition
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Principal Investigator	The Laboratory manager or employee who has ultimate responsibility for meeting the terms of a project proposal, including the scope of work, the schedule, and the budget
Work for Others	The performance of work for non-DOE entities by DOE/contractor personnel and/or the use of DOE facilities that are not directly funded by DOE appropriations

## G. Recordkeeping Requirements

None

## H. Implementing Documents

To be determined

## I. Contact Information

[Business Services Manager](#)

## J. Revision History

Date	Revision	By Whom	Revision Description	Section(s) Affected	Change Type
3/25/2013	1.1	Franier	Review completed 1/31/2013, no changes	Pub & next review dates	Minor
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Work for Others (WFO) Awards — Financial Certifications
Document number	11.01.009.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	1/15/2011
Next review date:	1/31/2015
Policy Area:	Accounting

RPM Section (home)	Financial Management
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	RPM Section 11.24

## Source Requirements Documents

- [DOE Order 481.1C, Work for Others \(Non-Department of Energy Funded Work\)](#)
- [University of California Contracts and Grant Manual, Chapter 1, Academic Policy](#)

## Implementing Documents

To be determined



# Work for Others (WFO) Overview

Title:	Work for Others (WFO) Overview
Publication date:	4/16/2013
Effective date:	3/25/2011

## BRIEF

### Policy Summary

The [UC-DOE Prime Contract, Clause I.134](#), authorizes the University of California (UC) to perform Work for Others (non-Department of Energy [DOE] entities) in compliance with applicable laws, regulations, and DOE policy. Berkeley Lab's Office of Sponsored Projects & Industry Partnerships (OSPIP) is responsible for submitting all proposals to and accepting all awards from non-DOE sponsors. All proposals and awards for sponsored research must be processed by the OSPIP Contracts Officers (COs).

This policy describes the requirements and processes for all Work for Others funding, such as:

- Non-federal funding
- Federal funding, except National Institutes of Health (NIH)
- NIH funding

### Who Should Read This Policy

Any Berkeley Lab employee involved with submitting, reviewing, or approving proposals and accepting, performing, or administering awards from non-DOE sponsors

### To Read the Full Policy, Go To:

The [POLICY](#) tab on this wiki page

### Contact Information

[Office of Sponsored Projects & Industry Partnerships \(OSPIP\) Manager](#)

Title:	Work for Others (WFO) Overview
Publication date:	4/16/2013
Effective date:	3/25/2011

#### [D. Policy Statement](#)

##### [D.1 General](#)

##### [D.2 Non-federal WFO Sponsors](#)

##### [D.3 Federal Sponsors \(Non-NIH\)](#)

##### [D.4 National Institutes of Health \(NIH\)](#)

# POLICY

## A. Purpose

This policy describes the requirements and processes for all Work for Others funding, such as:

- Non-federal funding
- Federal funding, except National Institutes of Health (NIH)
- NIH funding

The [UC-DOE Prime Contract, Clause I.134](#), authorizes the University of California (UC) to perform Work for Others (work for non-Department of Energy [DOE] entities) in compliance with applicable laws, regulations, and DOE policy. The Office of Sponsored Projects & Industry Partnerships (OSPIP) is the Lawrence Berkeley National Laboratory (Berkeley Lab) organization responsible for submitting all proposals to and accepting all awards from non-DOE sponsors.

## B. Persons Affected

Any Berkeley Lab employee involved with submitting, reviewing, or approving proposals and accepting, performing, or administering awards from non-DOE sponsors

## C. Exceptions

None

## D. Policy Statement

### D.1 General

Work for Others (WFO) applies to all research projects fully funded by non-DOE entities. All proposals and awards for sponsored research must be processed by the OSPIP Contracts Officers (COs). (OSPIP COs have been delegated authority by the Berkeley Lab Director to submit proposals and negotiate and accept awards in accordance with UC policy.)

### D.2 Non-federal WFO Sponsors

1. **Proposals – Non-federal Sponsors:** Proposals are prepared by the division's principal investigator (PI) and administrative support group. All proposals submitted to OSPIP must include the required Berkeley Lab and sponsor forms, scope of work, and budget, and must be approved by the PI and division director or an authorized designee. The OSPIP COs are responsible for officially submitting all proposals to non-DOE entities or non-federal sponsors. For proposals submitted to non-federal sponsors, OSPIP COs should give special attention to the following:
  - a. **Sponsor Solicitation, if Any**
    - i. The OSPIP CO must review the solicitation to ensure that Berkeley Lab is not responding to a federal Request for Proposal (RFP) but is instead responding to Broad Agency Announcement (BAA) solicitation as allowed by DOE (including requests for applications, program announcements, etc.). Once a determination has been made, the OSPIP CO must ensure that Berkeley Lab meets sponsor eligibility requirements and that the solicitation does not contain sponsor requirements that would prevent Berkeley Lab from responding.
    - ii. The OSPIP CO ensures that a Web site for the solicitation is included in the RAPID DOE Review Factor for Broad Agency Announcements so it can be transmitted to the DOE/Berkeley Site Office (BSO).
    - iii. If Berkeley Lab's immediate sponsor is responding to a federal solicitation, the OSPIP CO must review the federal solicitation to ensure that Berkeley Lab and its immediate sponsor are not responding to an RFP but are instead responding to a BAA as allowed by DOE (including requests for applications, program announcements, etc.). (See [OSPIP Questions and Answers on Responding to Solicitations](#).)
    - iv. Once that determination is made, the OSPIP CO ensures that Berkeley Lab meets the federal agency's eligibility

- requirements and that the solicitation does not contain requirements that would prevent Berkeley Lab from participating.
- b. **Description of Berkeley Lab's Unique Capabilities.** The division's description of Berkeley Lab's special expertise, unique capability, or unique facilities for the performance of work is a key element in the proposal, assuring DOE that Berkeley Lab is not directly competing with the private sector.
  - c. **OSPIP Intellectual Property Review.** The OSPIP CO determines whether the class waiver is applicable.
  - d. **Advance Payment.** All non-federal entities must pay an advance prior to start of work. The only exceptions are state and local governments precluded by law from making advance payments.
  - e. **Sponsor Is a Foreign Entity.** If the sponsor is a foreign entity, the OSPIP CO needs to send the proposal to the Berkeley Lab Counsel's Office for an export-control review.
  - f. **Human and Animal Use Approvals.** If the proposal indicates that use of human or animal research subjects are involved, the OSPIP CO must check that all necessary Human and Animal Regulatory Committees Office (HARC)-coordinated approvals are obtained. (See [Human and Animal Subjects Research](#).)
  - g. **Conflict of Interest Review.** Berkeley Lab's [Research and Institutional Integrity Office \(RIIO\)](#) is the office of record for the original conflict-of-interest forms for both positive and negative disclosures. OSPIP receives copies of both positive and negative disclosures. (See [Conflict of Interest policies](#).) If there is a positive response to a disclosure, the OSPIP CO should follow up with the division to remind it to work with the Berkeley Lab Conflict of Interest Coordinator to resolve the issue. Awards cannot be authorized until a positive conflict of interest has been resolved.
  - h. **National Environmental Policy Act (NEPA)/California Environmental Quality Act (CEQA).** OSPIP must verify that the Berkeley Lab NEPA/CEQA Program has approved the proposal. (See [NEPA/CEQA](#).)
  - i. **OSPIP Proposal Approval and WFO Agreement**
    - i. The OSPIP CO should determine which non-federal WFO agreement is most appropriate for the proposal.
    - ii. The OSPIP CO should determine from the PI if materials, samples, equipment, or people will be received from the sponsor and sent to Berkeley Lab. If not, the general indemnity can be reserved if the sponsor will not accept the standard general indemnity clause.
    - iii. Once the OSPIP CO has decided which agreement is appropriate for the project, the OSPIP CO reviews the Research Administration Proposal/Project Information Database (RAPID)/Proposal Review/Intellectual Property panel to ensure it has been completed correctly. The OSPIP CO then prints the Allocation of [Patent Rights under Non-Federal Work for Others](#). DOE will submit its approvals via RAPID.
  - j. **Submission to Sponsor**
    - i. The OSPIP CO prepares the proposal transmittal letter and the selected non-federal WFO contract. The transmittal letter; proposed non-federal WFO contract; and proposed scope of work, budget, and other sponsor application forms, if required, are transmitted to the non-federal sponsor contact identified by the scientific division. Sponsor contact information is entered by the division analyst in the RAPID/Proposal Submission panel and is printed on the WFO Sponsored Projects Proposal Form (SPPF).
    - ii. The RAPID/Proposal Submission panel is updated with the dates the proposal was received from the division and sent to the sponsor.
  - k. **DOE Review**
    - i. The OSPIP CO must ensure DOE approval for all proposals prior to authorization of an award.
    - ii. In accordance with the DOE/BSO memorandum of 6/11/2002, proposals in response to solicitations for which funding is uncertain are not submitted to DOE until the sponsor notifies Berkeley Lab that funding is pending. Examples of these types of proposals include those submitted to the NIH, the University of California Special Research Program, and the Department of Defense (DOD) Congressionally Directed Medical Research Program.

## 2. Awards – Non-Federal Sponsors

### a. OSPIP Award Negotiations

- i. The OSPIP CO contacts the sponsor's contracts office to determine if the sponsor has any questions or issues on the proposed contract.
- ii. If the proposed contract terms are acceptable, the OSPIP CO requests that the sponsor sign the contract and return it to the OSPIP CO. When the OSPIP CO receives the contract with the sponsor's signature, the OSPIP CO also signs the contract and prepares a transmittal letter. The OSPIP CO then sends the executed contract back to the sponsor and with a reminder to make the advance payment, if applicable. This can be done with electronic copies if acceptable to the sponsor.
- iii. If negotiations on contract terms are necessary, the OSPIP CO should not agree to changes to terms and conditions unlikely to be approved by DOE. The OSPIP CO should only agree to changes that have a reasonable chance of obtaining DOE approval.
- iv. In addition, if the sponsor's proposed changes to contract terms restrict Berkeley Lab's ability to publish and are in violation of [the Publications Restrictions Policy](#), the OSPIP CO must prepare a Publication Restriction Memorandum asking for the Berkeley Lab Director's approval of the contract changes.

- v. Once contract negotiations are complete, the OSPIP CO prepares an e-mail explaining the basis for each change and submits the changes to the DOE/BSO Contracting Officer for approval.
  - vi. The OSPIP CO should follow up with the DOE/BSO Contracting Officer to determine if the negotiated contract terms are acceptable. If not, changes to the negotiated contract are renegotiated until the sponsor, DOE, and Berkeley Lab agree on the contract terms. Signatures on the negotiated contract and advance payment, if required, are then obtained from the sponsor.
- b. **Advance Invoice.** When it appears an agreement will be signed, an advance invoice is requested by Contract Accounting.
- c. **Award Authorization.** Once all the required Berkeley Lab and DOE approvals have been obtained for the award, the OSPIP CO follows the procedures to enter the needed information into RAPID system. A Sponsored Project Award Authorization (SPAA), with the award document attached, is sent to the division PI, division analyst, Contract Accounting, and Budget Office. Any special terms or restrictions are noted on the SPAA.

### D.3 Federal Sponsors (Non-NIH)

1. **Proposals – Federal Sponsors (Non-NIH):** Proposals are prepared by the division's PI and administrative support group. All proposals submitted to OSPIP for submittal need to include the required Berkeley Lab and sponsor forms, scope of work, and budget, and must be approved by the PI and division director or an authorized designee. The OSPIP CO has the institutional review responsibility for officially submitting all proposals to non-DOE entities. For proposals submitted to federal government sponsors, OSPIP COs should give special attention to the following:
- a. **Sponsor Solicitation**
    - i. If the proposal is in response to a published sponsor solicitation, the OSPIP CO must review the solicitation in accordance with [OSPIP's guidance on responding to federal solicitations](#) to ensure that Berkeley Lab is not responding to a federal RFP but is instead responding to a BAA solicitation as allowed by DOE (including request for applications, program announcements, and program research and development announcements).
    - ii. Once that determination has been made, the OSPIP CO must ensure that Berkeley Lab meets sponsor eligibility requirements and that the solicitation contains no sponsor requirements that would prevent Berkeley Lab from responding. The OSPIP CO ensures that the title and Web address for the solicitation is provided so it may print out on the RAPID DOE Review Factor for Broad Agency Announcements.
  - b. **Description of Berkeley Lab's Unique Capabilities.** The division's description of Berkeley Lab's special expertise, unique capability, or unique facilities for the performance of work is a key element that provides DOE the basis to make its determination that Berkeley Lab is not directly competing with the private sector. Include the phrase "The work should not be available from commercial sources" in the RAPID DOE Review Factor for the Uniqueness Statement.
  - c. **Exception to Full Cost Recovery.** A list of exempt federal sponsors is provided in the [DOE Guidance Memo of 10/29/1998](#). Additional memos were issued to include blanket pricing exceptions for work performed in support of counterterrorism and homeland security (see [DOE Guidance Memo of 5/8/2002](#)).
  - d. **Subcontracting.** If there is subcontracting in excess of \$100,000 and/or exceeding 40% of total project costs, it could dilute Berkeley Lab's assertion that it is uniquely qualified to perform the proposed work, since a high level of outside assistance is required. Berkeley Lab, not the federal agency sponsor, must be responsible for subcontractor selection. This prevents the sponsoring agency from circumventing the Competition in Contracting Act. The explanation of the subcontract activity should be included in the RAPID DOE Review Factor for Subcontracting.
  - e. **Animal/Human Subjects.** If the proposal indicates that use of human or animal research subjects are involved, the OSPIP CO must check that all necessary Human and Animal Regulatory Committees Office (HARC) coordinated approvals are obtained. (See [Human and Animal Subjects Research](#).)
  - f. **National Environmental Policy Act (NEPA)/California Environmental Quality Act (CEQA).** OSPIP must verify that the Berkeley Lab NEPA/CEQA Program has approved the proposal. (See [NEPA/CEQA](#).)
  - g. **Conflict of Interest**
    - i. Berkeley Lab's [Research and Institutional Integrity Office \(RIIO\)](#) is the office of record for the original conflict of interest forms for both positive and negative disclosures. OSPIP receives copies of both positive and negative disclosures. (See [Conflict of Interest policies](#).)
    - ii. If there is a positive response to a disclosure, the OSPIP CO should remind the division to work with the Berkeley Lab Conflict of Interest Coordinator to resolve the issue.
    - iii. Awards cannot be authorized until a positive conflict of interest has been resolved.
  - h. **Non-nuclear Proliferation.** If the proposal involves work related to non-nuclear proliferation, counterterrorism, or intelligence-related activities, the Berkeley Lab Office of Homeland Security approval is required before submittal to OSPIP.
  - i. **Restriction on Publications.** If the sponsor requests to restrict Berkeley Lab's ability to publish to an extent that it violates the [Publications Restrictions Policy](#), the Berkeley Lab Director's approval must be obtained prior to agreeing to the requested change.

The OSPIP CO prepares the Publication Restriction Memorandum and obtains approval from the Berkeley Lab Director.

- j. **Proposal Submission to Sponsor.** The OSPIP CO sends the WFO federal-proposal transmittal letter, proposed scope of work, budget, and other sponsor application forms, if required, to the federal-sponsor contact identified by the scientific division. Electronic proposal submission through [grants.gov](https://grants.gov) will be prepared and submitted using the eSRA system. The OSPIP CO ensures that LDRD is identified in the budget and the sponsor is informed of LDRD costs per the DOE Guidance Memo of 4/30/2002. There is a separate proposal transmittal letter for funding directly from the Department of Homeland Security. The OSPIP CO updates the fields in RAPID regarding OSPIP review and approval of proposals.
- k. **DOE Review**
  - i. The OSPIP CO must ensure DOE approval for all proposals prior to authorization of an award. The DOE guidance letter of 10/8/1996 states that proposals for fellowships or conference support do not require DOE approval.
  - ii. In accordance with the DOE/BSO Memorandum of 6/11/2002, proposals in response to solicitations for which funding is uncertain are not submitted to DOE until the sponsor notifies Berkeley Lab that funding is pending. Examples of these types of proposals include those submitted to the NIH, the University of California Special Research Program, the DOD Congressionally Mandated and Directed Research Program.

## 2. Awards – Federal Sponsors (Non-NIH)

- a. **Federal Sponsor Award Document.** The OSPIP CO receives the federal-sponsor award document, reviews it for appropriate Berkeley Lab and DOE approval requirements, and coordinates with the scientific division to gain concurrence if the proposed scope of work and budget have been altered in the award document. The OSPIP CO also negotiates, if necessary, with the federal sponsor if the terms of the award are unacceptable.
- b. **Funding Order Reconciliation Sheet.** The OSPIP CO prepares the Funding Order Reconciliation Sheet, scans the Funding Order Reconciliation and the federal-sponsor award document, and e-mails the package to the DOE/BSO. Within five working days of submittal of the federal-sponsor award document to DOE, the OSPIP CO follows up to ensure approval.
- c. **DOD Congressionally Mandated Research Program (CMRP).** The DOD CMRP (such as the DOD Breast Cancer Research Program) and NIH grant award document is not sent to DOE/BSO for acceptance. Instead, the OSPIP CO sends a DOD CMRP Award transmittal letter and a copy of the award to DOE/BSO for its records.
- d. **Award Authorization.** DOE signs the award and mails it to the sponsor along with the required cover letter stating LDRD costs. A copy is provided to OSPIP. Once all required Berkeley Lab and DOE approvals have been obtained for the award, the OSPIP CO follows the procedures to enter the needed information into RAPID. The SPAA and award document are sent to the PI, the division, Contract Accounting, and the Budget Office. Any special terms are noted on the SPAA.

## D.4 National Institutes of Health (NIH)

1. **Proposals – NIH:** Proposals are prepared by the division's PI and administrative support group. All proposals submitted to OSPIP for submittal need to include the required Berkeley Lab and sponsor forms, scope of work, and budget, and must be approved by the PI and division director or an authorized designee. The OSPIP CO has the institutional review responsibility for officially submitting all proposals to non-DOE entities. OSPIP COs should give special attention to the following:
  - a. **Sponsor (NIH) Solicitation**
    - i. The OSPIP CO must review the solicitation to ensure that Berkeley Lab is not responding to a request that is similar to a federal Request for Proposal (RFP) but is instead responding to a solicitation similar to a Broad Agency Announcement (BAA) as allowed by DOE (including requests for applications, program announcements, etc.). Once a determination has been made, the OSPIP CO must ensure that Berkeley Lab meets sponsor eligibility requirements and that the solicitation contains no sponsor requirements that would prevent Berkeley Lab from responding.
    - ii. All electronic submissions will be in response to a program announcement, or the PI will use the appropriate "parent announcement" (see [Definitions/Acronyms](#), below). The program announcement must be selected before beginning the electronic proposal because the application package is specific to the program announcement or parent announcement. [Grants.gov](https://grants.gov) submissions will be prepared and submitted using the Berkeley Lab eSRA system. If the proposal is still using the NIH paper process and is in response to a program announcement or other NIH solicitation, "Item No. 2" on the NIH face page will be flagged "YES" and the solicitation identified.
    - iii. Once that determination has been made, the OSPIP CO must ensure that Berkeley Lab meets sponsor eligibility requirements, and that the solicitation contains no sponsor requirements that would prevent Berkeley Lab from responding. The OSPIP CO ensures that the title and Web address for the solicitation is provided so it may print out on the RAPID DOE Review Factor for Broad Agency Announcements for transmittal to DOE.
  - b. **Description of Berkeley Lab's Unique Capabilities.** The division's description of Berkeley Lab's special expertise, unique capability, or unique facilities for the performance of work is a key element that provides DOE the basis to make its determination that Berkeley Lab is not directly competing with the private sector. Include the phrase "The work should not be available from commercial sources" in the RAPID DOE Review Factor for the Uniqueness Statement.

- c. **Exception to Full Cost Recovery.** A list of exempt federal sponsors including NIH is provided in the [DOE Guidance Memo of 10/29/1998](#). Additional memos were issued to include blanket pricing exceptions for work performed in support of counterterrorism and homeland security (see [DOE Guidance Memo of 5/8/2002](#)).
- d. **Subcontracting.** If there is subcontracting in excess of \$100,000 and/or exceeding 40% of total project costs, it could dilute Berkeley Lab's assertion that it is uniquely qualified to perform the proposed work, since a high level of outside assistance is required. Berkeley Lab, not the federal agency sponsor, must be responsible for subcontractor selection. This prevents the sponsoring agency from circumventing the Competition in Contracting Act. The explanation of the subcontract activity should be included in the RAPID DOE Review Factor for Subcontracting.
- e. **Animal/Human Subjects.** If the proposal indicates that use of human or animal research subjects are involved, the OSPIP CO must check that all necessary Human and Animal Regulatory Committees Office (HARC)-coordinated approvals are obtained. (See [Human and Animal Subjects Research](#).)
- f. **National Environmental Policy Act (NEPA)/California Environmental Quality Act (CEQA).** OSPIP must verify that the Berkeley Lab NEPA/CEQA Program has approved the proposal. (See [NEPA/CEQA](#).)
- g. **Conflict of Interest**
  - i. Berkeley Lab's **Research and Institutional Integrity Office (RIIO)** is the office of record that receives the original conflict of interest forms for both positive and negative disclosures. OSPIP receives copies of both positive and negative disclosures. (See [Conflict of Interest policies](#).)
  - ii. If there is a positive response to a disclosure, the OSPIP CO should follow up with the division to remind it to work with the Berkeley Lab Conflict of Interest Coordinator to resolve the issue.
  - iii. Awards cannot be authorized until a positive conflict of interest has been resolved.
- h. **Non-Nuclear Proliferation.** If the proposal involves work related to non-nuclear proliferation, counterterrorism, or intelligence-related activities, Berkeley Lab Office of Homeland Security approval is required before submittal to OSPIP.
- i. **Proposal Submission to NIH.** After proposal review, the OSPIP CO prepares the NIH proposal transmittal letter for non-Grants.gov proposals. The transmittal letter and proposed NIH grant application are submitted to the NIH Center for Scientific Review or electronically through Grants.gov.
- j. **NIH Integrated Review Group (IRG) Notices**
  - i. The OSPIP CO receives a notice by e-mail and then accesses the grant assignment number in eRA Commons.
  - ii. If the proposal is in RAPID, the OSPIP CO updates the sponsor in the Maintain Proposal header in RAPID to reflect the institute to which the proposal is assigned. The NIH Application ID is entered into the RAPID Submission Panel Sponsor Proposal ID field.
  - iii. If the proposal is in eSRA, the OSPIP CO updates the sponsor and the NIH Application ID by clicking on the Update Sponsor and Application Number button.
- k. **Peer Review**
  - i. After the proposal has been assigned to an NIH Integrated Review Group (IRG), NIH sends the proposal for peer review.
  - ii. Based on the rankings by the reviewers, the bottom 50% of proposals will not be reviewed by the NIH IRG. A letter may be sent to the PI indicating there will be no further review. The status in Commons is changed to "Unscored" or "Not Discussed."
    - 1. The OSPIP CO accesses the proposal file, updates the RAPID proposal status to "Not Funded," or selects "Submission Rejected" in eSRA.
  - iii. After the formal IRG review, proposals are ranked and sent to the NIH Awarding Institute's advisory group, which makes the final funding decision.
  - iv. For those proposals that fall below the fundable range for the NIH Awarding Institute to which the proposal is assigned, the PI and OSPIP receive a letter indicating that funding is unlikely.
    - 1. The OSPIP CO pulls the proposal file, updates the RAPID Proposal Status to "Not Funded," or uses the "Submission Rejected" activity in eSRA.
- l. **Just-in-Time (JIT).** For those proposals above the fundable range, the PI and/or OSPIP will receive an e-mail with a Just-in-Time notice requesting updates for approvals, current "other support" (see [Definitions/Acronyms](#), below) and other requests (e.g., revised budget). Just-in-Time requests sent to the division are tracked in eSRA with the activities "Request NIH Other Support" and "Request NIH Updated F&A."
  - i. At any JIT request, or when OSPIP is notified NIH funding is probable, OSPIP contacts the NIH Grants Management Officer to update the Facilities and Administrative (F&A) document, even if a revised budget is not submitted.
  - ii. The OSPIP CO will work with the division analyst and PI to obtain the information. The division analyst must gather the human and/or animal research approvals, other support, and budget revisions. This process is initiated in eSRA with the activities "Request IACUC CRF" and/or "Request IRB CRF."
  - iii. The OSPIP CO will review the information and formally submit the information to the NIH Grants Management Specialist on behalf of the institution, as required by NIH.

- iv. JIT submissions are tracked in eSRA with the activities "Upload NIH OS When Requested" and "Upload NIH Updated F&A."
- v. In parallel with receiving the NIH JIT notification, the OSPIP CO reviews the proposal, updates the approvals, and prepares the proposal for submittal to DOE/BSO for approval.
- m. **Fellowships.** Fellowships do not require DOE review (see [DOE guidance letter of 10/8/1996](#)) but do require approval for a Federal Administrative Charge (FAC) waiver.
- n. Once all the requests are submitted and accepted, NIH will issue an award via e-mail to [LBNLAwards@lbl.gov](mailto:LBNLAwards@lbl.gov).

**2. Awards – NIH**

**a. Award Notification**

- i. The OSPIP CO receives the NIH grant award via NIH e-mail to Berkeley Lab ([LBNLAwards@lbl.gov](mailto:LBNLAwards@lbl.gov)) and reviews it for the appropriate Berkeley Lab and DOE requirements.
- ii. The OSPIP CO negotiates, if necessary, with the NIH Grants Management Specialist if the terms of the award are unacceptable. The OSPIP COs must ensure the award references the terms of the [DOE/NIH Memorandum of Understanding \(MOU\)](#).

- b. **Notice of Award to DOE.** The OSPIP CO prepares a transmittal letter for forwarding a copy of NIH Notice of Grant Award to DOE/BSO for its records.

## E. Roles and Responsibilities

Role	Responsibility
OSPIP Contracts Officer	Authorized to submit proposals, and negotiate and accept sponsored research awards as an institutional official for Berkeley Lab
Sponsor	Receives Berkeley Lab proposals, and approves appropriate award documents
DOE Berkeley Site Office (BSO)	Reviews and approves Work for Others proposals, and approves federal interagency agreements
Research and Institutional Integrity Office (RIIO)	Office of record for Statements of Economic Interest forms. Coordinates reviews of potential conflicts of interests related to sponsored research.
Principle Investigator	Responsible for the conduct of sponsored research awards consistent with the award from the sponsor and the terms of the UC-DOE Prime Contract (DOE Contract No. DE-AC02-05CH11231)
EH&S Division	Reviews and approves WFO proposals for safety and protection of human and/or animal subjects
All Berkeley Lab Division Directors	Review and approve sponsored research proposals to ensure the project is appropriate for Berkeley Lab; that there is sufficient space, equipment, and support; and that the project is in compliance with Berkeley Lab, DOE, and University of California policies
Facilities Division	Provides NEPA/CEQA review and approval
Berkeley Lab Director	Reviews and approves the acceptability of publication restrictions in sponsored research agreements

## F. Definitions/Acronyms

Term	Definition
BAA	Broad Agency Announcement
BSO	Berkeley Site Office (of the U.S. Department of Energy)
CEQA	California Environmental Quality Act
CO	Office of Sponsored Research & Industry Partnerships (OSPIP) Contracts Officer
COI	Conflict of Interest
DOD	U.S. Department of Defense
DOD CMRP	Department of Defense Congressionally Mandated Research Program
eRA Commons	An online system managed by the Electronic Research Administration of the National Institutes of Health, Office of Extramural research. Allows signing officials, principal investigators, trainees, and postdocs at institutions/organizations to access and share administrative information relating to research grants.
eSRA	The Berkeley Lab electronic Sponsored Research Administration system for electronic submittal and tracking of proposals as well as nonfinancial award management
FAC	Federal Administrative Charge
LDRD	Laboratory Directed Research and Development
NEPA	National Environmental Protection Act
OSPIP	Office of Sponsored Research and Industry Partnerships
Other Support	"Includes all financial resources, whether Federal, non-Federal, commercial or organizational, available in direct support of an individual's research endeavors, including, but not limited to, research grants, cooperative agreements, contracts, or organizational awards. Other support does not include training awards, prizes, or gifts." ( <i>Glossary of NIH Terms</i> )
Parent Announcement	"NIH-wide funding opportunity announcement enabling applicants to submit an electronic investigator-initiated grant application for a specific activity code, e.g., Research Project Grant (Parent R01)." ( <i>Glossary of NIH Terms</i> )
RAPID	Research Administration Proposal/Project Information Database
SPAA	Sponsored Project Award Authorization



## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Title	Type
06.01.001.001	<a href="#">OSPIP Contracts Officer Guidance, Human and Animal Subjects Process for Sponsor Request for Certification</a>	Process
06.01.001.002	<a href="#">OSPIP Questions and Answers on Responding to Solicitations</a>	Process

## I. Contact Information

[Office of Sponsored Projects and Industry Partnerships \(OSPIP\) Manager](#)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
4/16/2013	1.2	R. Inada	Review completed 3/25/13, no changes	Pub & Next Review dates	Minor
7/3/2012	1.1	R. Inada	Organized Source Requirements Documents, added Implementing Documents, fixed links	All	Minor
5/14/2012	1	R. Inada	Re-format for wiki (policy)	All	Minor
1/2/2012	0	R. Inada	Re-format for wiki (brief)	All	Minor

## DOCUMENT INFORMATION

Title:	Work for Others (WFO) Overview
Document number	06.01.001.000
Revision number	1.2
Publication date:	4/16/2013

Effective date:	3/25/2011
Next review date:	3/25/2014
Policy Area:	Non-DOE Funded Research Mechanisms
RPM Section (home)	Non-DOE Funded Research
RPM Section (cross-reference)	none
Functional Division	OCFO
Prior reference information (optional)	

## Source Requirements Documents

- U.S. Department of Energy (DOE) [Contract No. DE-AC02-05CH11231](#), [Clause I.134](#)
- [DOE O 484.1](#), *Reimbursable Work for the Department of Homeland Security*, Attachment 2 (CRD) and Attachment 3
- [DOE Financial Management Accounting Handbook](#), Chapter 13, *Reimbursable Work, Revenues, and Other Collections*
- [DOE Approval of 5/5/2010](#), Standard WFO Agreements
- [DOE Blanket Pricing Exception Memo of 5/8/2002](#). Blanket pricing exception for work performed in support of counterterrorism and homeland security.
- [NIH/DOE Memorandum of Understanding of 6/18/1998](#). MOU defines conduct of NIH grant-supported research projects at DOE national laboratories.
- [UC Guidance Memo of 4/19/2004](#), "Provision of Information on Citizenship, Visa Status, Nationality or Country of Origin: Federal and State Law and Regulation"
- [UC Letter of 8/26/1999](#), "Principles Regarding Rights to Future Research Results in University Agreements with External Parties"
- [DOE Statement of Considerations dated 5/3/2012](#), "Class Waiver of the Government's Domestic and Foreign Patent Rights and Allocation of Data Rights Arising from the Use of DOE Facilities and Facility Contractors by or for Third-Party Sponsors: DOE Waiver W(C)-2011-009"
- [WFO Management and Administrative Plan for DOE Order 481.1C](#), dated 5/5/2010
- [DOE Order 481.1C](#), *Work for Others Non-Department of Energy Funded Work*. This is not part of Contract 31 but emphasizes noncompetition with private industry and requires DOE approval of proposals and DOE acceptance of federal interagency agreements.

## Implementing Documents

Document Number	Title	Type
06.01.001.001	<a href="#">OSPIP Contracts Officer Guidance, Human and Animal Subjects Process for Sponsor Request for Certification</a>	Process
06.01.001.002	<a href="#">OSPIP Questions and Answers on Responding to Solicitations</a>	Process

## Other References

- [Advance Payment Requirement for Nonfederal Work for Others \(WFO\) Sponsors Policy](#), 11.02.010.000
- [External Research Funding – Publication Restrictions Policy](#), 10.02.002.000

- [Human and Animal Subjects Research policies](#), 03.02.001.000, 03.02.002.000, and 03.02.003.000
- [UCOP Delegation of Contract and Grant Authority to Berkeley Lab Director and OSPIP Contracts Officers](#), dated 3/19/1995
- [DOE Clarification Memo of 9/11/2003](#). Affords the same waiver of the Federal Administrative Charge and Safeguards and Security charges for Army Medical Research and Materials Command work performed on behalf of the Department of Homeland Security.
- [DOE Guidance Memorandum of 10/29/1998](#), "Guidance to Implement National Defense Authorization Act for Fiscal Year 1999, Direction on Federal Administrative Charges"
- [DOE Guidance of 4/30/2002](#), "Future Direction of Laboratory Directed Research and Development Program and the Plan Directed Research, Development and Demonstration Program"
- [DOE Manual M 481.1-1A](#), *Reimbursable Work for Non-Federal Sponsors Process Manual*
- [DOE WFO Guide G 481.1-1](#), *Work for Others Guide*
- [UC Guidance Memo of 2/13/1990](#), "Acceptance of Funds Restricted to U.S. Citizens"
- [DOE E-mail of 6/9/1999](#), "Federal Energy Technology Center Program Research Development Announcements." Guidance issued by DOE Headquarters WFO Program Analyst allows Berkeley Lab to respond to a Program Research Development Announcement issued by the Federal Energy Technology Center.

# Work Deferment Policy - B

Title:	Work Deferment Policy
Publication date:	10/30/2013
Effective date:	8/14/2008

## BRIEF

### Policy Summary

When a reduction in force is being considered or when there is a temporary lack of funding or a temporary lack of work, a division or department may also consider strategies such as temporary work deferment or temporary reduction in hours for up to four months as alternatives to indefinite layoffs of [Career](#) appointment employees or early release of [Term](#) appointment employees. Such arrangements, when consistent with the needs of the division or department and the Laboratory, can retain the valuable skills of existing employees while responding to short-term critical budget or work-shortage issues.

### Who Should Read This Policy

[Career](#) and [Term](#) appointment employees. Represented employees should consult their collective bargaining agreements.

### To Read the Full Policy, Go To:

<http://www.lbl.gov/Workplace/RPM/R2.29.html>

### Contact Information

For more information, contact your [division's Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

Title:	Work Deferment Policy
Publication date:	10/30/2013
Effective date:	8/14/2008

## POLICY

Details of this policy have not yet been converted to the new format.

Please go to this page to find the details:

<http://www.lbl.gov/Workplace/RPM/R2.29.html>

## Contact Information

For more information, contact your division's [Human Resources Center](#).

Feedback on HR policies or procedures is welcomed. Send comments to [hrpolicies@lbl.gov](mailto:hrpolicies@lbl.gov).

## Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/30/2013	0.2	M.Bello	Remove temporary exception	–	Minor
10/10/2013	0.1	M.Bello	Post temporary exception	Additional Info	Minor
1/2/2012	0	M. Bello	Rewrite for wiki	all	Minor

## DOCUMENT INFORMATION

Title:	Work Deferment Policy
Document number	02.06.007.000
Revision number	0.2
Publication date:	10/30/2013
Effective date:	8/14/2008
Next review date:	1/2/2015
Policy Area:	Compensation & Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.29
Functional Division	Human Resources
Prior reference information (optional)	

## Source Requirements Documents

- University of California Personnel Policies for Staff Members (PPSM) 60, [Layoff and Reduction in Time from Professional and Support Staff Career Positions](#)

## Implementing Documents

Document number	Title	Type
		Process
		Form
		Procedure

# Workers' Compensation – Financial Management

Title:	Workers' Compensation – Financial Management
Publication date:	3/25/2013
Effective date:	11/22/2010

## BRIEF

### Policy Summary

This policy provides guidelines for the financial management of workers' compensation costs at Berkeley Lab.

### Who Should Read This Policy

All Office of the Chief Financial Officer (OCFO) employees with responsibility for workers' compensation costs at Berkeley Lab

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

- [Indirect Budget Manager](#), OCFO
- [Budget Officer](#), OCFO

Title:	Workers' Compensation – Financial Management
Publication date:	3/25/2013
Effective date:	11/22/2010

## POLICY

### A. Purpose

This policy defines the process for expensing workers' compensation at Lawrence Berkeley National Laboratory (Berkeley Lab).

### B. Persons Affected

All Office of the Chief Financial Officer (OCFO) employees with responsibility for workers' compensation costs at Berkeley Lab

### C. Exceptions

None

## D. Policy Statement

1. Berkeley Lab participates in the University of California (UC) Workers' Compensation Self-Insurance Program. The program's annual funding is based on the results of an independent actuarial study. The study's objective is to estimate the funding required for a given fiscal year and recommend accrual rates for each UC location. The rates are identified as a rate per \$100 of payroll. The independent actuarial study results are available around January of each calendar year and the recommended rates are applicable for the next fiscal year. The actuarial study does not account for claims Incurred but Not Reported (IBNR) because of the Department of Energy's (DOE's) prohibition against recognizing contingencies. The practice of not accounting for IBNR claims can contribute to underfunding the workers' compensation plan, which can result in deficits.
2. Standard Practice
  - a. Each month, the Laboratory costs its share of the UC Workers' Compensation Self-Insurance Program to payroll burden, based on applying the independent actuarial recommended rate for a given fiscal year to the monthly payroll costs. Deficit or surplus funding amounts for workers' compensation are charged to payroll burden as an adjustment to the current year, or charged to payroll burden during future fiscal years, via the actuarial recommended rates.
  - b. Any additional adjustments for deficit or surplus funding amounts reported by the actuary will be based on an assessment of the Laboratory's recent history of actuarially determined deficits and surpluses.

## E. Roles and Responsibilities

Role	Responsibility
Budget Officer	Ensures workers' compensation costs are expensed in compliance with the above Laboratory policy and procedures, and all supporting documentation is retained

## F. Definitions/Acronyms

Term	Definition
Workers' Compensation	Insurance (paid for by the employer) that provides cash benefits, retraining, and medical care to an employee who is injured or contracts a disease within the course and scope of employment

## G. Recordkeeping Requirements

All supporting documentation is to be retained.

## H. Implementing Documents

None

## I. Contact Information

- [Indirect Budget Manager](#), OCFO
- [Budget Officer](#), OCFO

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
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3/25/2013	1.1	L. Freeman	Review completed 12/1/2012, no changes	Pub & next review dates	Minor
1/2/2012	1	M. Mock	Reformat for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Workers' Compensation – Financial Management
Document number	11.02.008.000
Revision number	1.1
Publication date:	3/25/2013
Effective date:	11/22/2010
Next review date:	12/31/2014
Policy Area:	Budget
RPM Section (home)	Financial Management
RPM Section (cross-reference)	11.48
Functional Division	OCFO
Prior reference information (optional)	RPM, Chapter 11, Section 11.48

## Source Requirements Documents

U.S. Department of Energy Contract No. DE-AC02-05CH11231, Clause I.38 - FAR 52.230-2, *Cost Accounting Standards* (OCT 2010)

## Implementing Documents

None

# Workers' Compensation Policy

Title:	Workers' Compensation Policy
Publication date:	1/2/2012
Effective date:	7/7/2011

## BRIEF

### Policy Summary

In accordance with California's Labor Code, Berkeley Lab provides workers' compensation benefits as part of the University of California's self-insured, third-party-administered risk-management program.

### Who Should Read This Policy

Berkeley Lab employees with work-related injuries and their supervisors; Human Resources and Health Services staff

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

Workers' Compensation Manager  
Laurie Westphal  
(510) 486-5213  
[lawestphal@lbl.gov](mailto:lawestphal@lbl.gov)

or

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)

or

Health Services Program Manager  
Sue Broadway  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

Title:	Workers' Compensation Policy
Publication date:	1/2/2012

Effective date:

7/7/2011

## POLICY

### A. Purpose

This policy describes Lawrence Berkeley National Laboratory's (Berkeley Lab's) workers' compensation program.

### B. Persons Affected

Berkeley Lab employees with work-related injuries, and their supervisors

### C. Exceptions

The information presented below describes benefits under California law. Employees based outside of California may be covered by other workers' compensation systems and may inquire about those benefits from the Workers' Compensation Manager in Health Services.

### D. Policy Statement

In accordance with California's Labor Code, Berkeley Lab provides workers' compensation benefits as part of the University of California's self-insured, third-party-administered risk-management program. Berkeley Lab workers employed outside of California may refer questions about their workers' compensation coverage to the Workers' Compensation Manager in Health Services.

An employee who is injured or contracts a disease within the course and scope of employment may be entitled to benefits. These include medical care, compensation for wage loss during disability (temporary disability payments), death benefits and a burial allowance, and supplemental job-displacement benefits if the injury or illness prevents an employee from continuing in his or her job.

#### 1. Reporting of Work-Incurred Injuries and Illnesses

- a. **Injuries and Illnesses Occurring and Reported On Site.** Employees must report work-related injuries and illnesses *immediately* to their supervisors and to Health Services (see document number 07.03.002.000, *Injury and Illness Reporting*, or PUB-3000, Chapter 5, Section 5.1, *Incident Reviewing and Reporting*). Health Services completes the employer section of the Workers' Compensation Claim form (DWC1) and gives the form to the employee, who initiates a claim by completing and signing the employee section of the form.
- b. **Injuries and Illnesses Occurring or Reported Off Site.** Supervisors must advise the Laboratory Workers' Compensation Office in Health Services *immediately* of all off-site reports of employee work-related injuries or illnesses. As above, Health Services completes the employer section of the Workers' Compensation Claim form (DWC1) and mails the form to the employee within one working day of the report or Laboratory knowledge of the illness or injury.

#### 2. Obtaining Medical Treatment for Work-Incurred Injuries and Illnesses

- a. **Treatment for a Work-Related Injury or Illness.** During business hours, the injured or ill employee's division should send or transport the employee to Health Services for treatment. After business hours, the employee's division should activate the emergency medical system, if needed (see document number 07.06.002.000, *Emergency Response*, or PUB-3000, Chapter 9, *Emergency Management*).
- b. **Treatment by Personal Physicians.** Injured employees who have completed a Predesignation of Personal Physician form and have it on file with Health Services may be treated by that physician for a work-incurred injury or illness. These forms may be obtained from the Health Services Workers' Compensation office.

#### 3. Compensation while Absent Due to Work-Incurred Disability

- a. **Use of Accrued Sick Leave and Vacation (Supplemental Leave).** Temporary disability income replacement from workers' compensation is less than an employee's usual income. An employee with accrued sick leave and/or vacation is permitted to use it, at the employee's option, to supplement temporary disability payments received from workers' compensation up to his or her regular rate of pay. Sick-leave and vacation payments will be limited to the difference between the amount payable to the employee under workers' compensation as temporary disability and the employee's regular rate of pay.
- b. **Insufficient Accrued Sick Leave to Provide Income during Waiting Period.** An eligible employee who does not have sufficient accrued sick leave to provide income during the three-calendar-day waiting period to receive workers' compensation temporary disability payments will receive extended sick-leave benefits (see 3.c. below) to cover any part of the waiting period

not covered by sick leave. Payment will be made only after determination that the injury or illness is compensable under workers' compensation. **An employee who elects not to use all accrued sick leave is not eligible for extended sick-leave benefits.**

**c. Extended Sick-Leave Income Supplement for Work-Incurred Injury/Illness**

- i. **Definition.** The Extended Sick-Leave Income Supplement is a University of California pay benefit for employees with work-related injuries or illnesses that supplements temporary disability payments from workers' compensation to allow employees to receive income at 80% of salary for a maximum of 26 weeks.
- ii. **Eligibility.** All employees who accrue sick leave are eligible to receive extended sick-leave benefits.
- iii. An employee receiving temporary disability payments who has exhausted all accrued sick leave will receive extended sick-leave payments.
- iv. **Amount.** Extended sick-leave payments will be the difference between the temporary disability payments from workers' compensation and 80% of basic pay, plus any shift differential the employee would have received.
- v. **Returning to Work Part Time.** If the employee returns to work at less than his or her normal hours (reduced work schedule) at the time of injury, the employee's reduced-schedule earnings, plus any temporary disability payments, shall be supplemented to 80% of the pre-injury pay by extended sick-leave payments, provided the employee continues to be medically authorized for workers' compensation temporary disability.
- vi. **Duration of benefit.** Total extended sick-leave payments will not exceed 26 weeks for any one injury or illness.

**d. Effect of Receiving Supplemental Leave, Extended Sick Leave, or Taking Leave without Pay on the Applicability of Other Laboratory Personnel Policies**

- i. **Supplemental Leave.** An employee receiving temporary disability payments and either supplemental sick leave or vacation, as described in 3.a above, is considered to be on regular pay status with regard to all Laboratory personnel policies except completion of the probationary period. The probationary period will be extended during periods of absence. Sick leave and vacation accrued during this period of disability may be used as soon as accrued.
  - ii. **Extended Sick Leave.** An employee receiving temporary disability payments and extended sick-leave benefits is considered to be on regular pay status with regard to all Laboratory personnel policies except completion of the probationary period. The probationary period will be extended during periods of absence. Sick leave and vacation accrued during this period of disability are credited to the employee, however, only upon return to work. If an employee terminates without returning to work, the employee will be paid for vacation for the period during which he or she received extended sick-leave payments.
  - iii. **Leave Without Pay.** An employee on leave without pay (from Berkeley Lab) and receiving temporary disability payments (from workers' compensation) accumulates credit for sick leave and vacation at the same rate as if regularly employed, but only receives the sick leave and vacation credit upon returning to work. If an employee terminates employment at Berkeley Lab without returning to work, no payment will be made for such credit.
- e. **Family and Medical Leave Act (FMLA).** Employees eligible for FMLA leave (see document number 02.07.003.000, *Family and Medical Leave Policy*, or *RPM, Chapter 2, Section 2.13, Family Care and Medical Leave*) while receiving supplemental leave or extended sick leave, as described in 3.d.i-ii above, will have that time deducted from the 12-workweek entitlement to family and medical leave.
- f. **Termination.** An employee may not use vacation, sick leave, or extended sick leave to supplement temporary disability payments beyond a predetermined date of termination, or leave without pay. Any vacation credit remaining on the date of termination will be paid on a lump-sum basis.

**4. Annual Report to the Department of Energy.** The Berkeley Lab manager who oversees workers' compensation claims must submit an annual report to the Department of Energy (DOE) Site Office Contracting Officer. This report shall include:

- a. Workers' compensation costs as a percentage of Berkeley Lab payroll
- b. A discussion comparing Berkeley Lab's costs with those of similar institutions
- c. A discussion of claims audit activities
- d. A summary of actuarial methods used to set reserves

5. A significant change to the Laboratory's workers' compensation coverage requires pre-approval by the DOE Site Office Contracting Officer.

## E. Roles and Responsibilities

Role	Responsibility
Workers' Compensation Manager	Manages Berkeley Lab's workers' compensation program, including claim initiation, consultation with the University of California third-party administrator, and reporting of claim experience

Laboratory Medical Director	Oversees workers' compensation policy and coordinates with Human Resources
Human Resources Officer	Establishes Berkeley Lab Human Resources policies that apply to injured/ill workers consistent with University of California policy
Berkeley Lab Employees and Supervisors	Must immediately report work-related injuries and illnesses

## F. Definitions/Acronyms

Term	Definition
Regular Pay Status	The status of employees working their regular schedule. It shall also apply to the period of time that employees are off work receiving temporary disability and either sick-leave or vacation-leave pay.
Temporary Disability Income Replacement	Income received from the University of California's third-party workers' compensation claims administrator by individuals with accepted claims who are unable to work some or all of their regular work schedule. Also known as temporary disability.
Supplemental Leave	Another form of income replacement that allows employees with accepted claims who are unable to work to supplement their temporary disability income replacement with their Berkeley Lab accrued sick leave or vacation pay benefit up to their full regular income level
Extended Sick Leave Income Supplement	A University of California income replacement benefit available to employees off work with an accepted claim who are receiving temporary disability payments and have exhausted their accrued sick leave. The amount of income replacement is calculated to combine with the temporary disability payment to reach 80% of regular income, including applicable shift differentials. The duration of this benefit is limited to 26 weeks.

## G. Recordkeeping Requirements

Health Services maintains medical records of work-related injuries and illnesses.

## H. Implementing Documents

Document Number	Other Reference	Title	Type
02.13.002.001	PUB-3000, Chapter 3	<a href="#">Health Services</a>	Program
07.07.023.001		Non-ionizing Radiation	Program
07.07.013.001		Exposure Assessment	Program

## I. Contact Information

Workers' Compensation Manager  
Laurie Westphal  
(510) 486-5213  
[lawestphal@lbl.gov](mailto:lawestphal@lbl.gov)

or

Laboratory Medical Director  
Pedro Estacio, MD  
(510) 486-7589  
[PLEstacio@lbl.gov](mailto:PLEstacio@lbl.gov)

or

Health Services Program Manager  
Sue Broadway  
(510) 486-6266  
[scbroadway@lbl.gov](mailto:scbroadway@lbl.gov)

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	P. Lichty	Rewrite for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Workers' Compensation Policy
Document number	02.06.008.000
Revision number	1
Publication date:	1/2/2012
Effective date:	7/7/2011
Next review date:	7/7/2014
Policy Area:	Compensation and Work Hours
RPM Section (home)	Human Resources
RPM Section (cross-reference)	Section 2.15
Functional Division	EH&S

Prior reference information (optional)

RPM Sections 2.15 and 11.48

## Source Requirements Documents

- California Labor Code, Division 4, Workers' Compensation and Insurance
- [10 CFR 851](#) Appendix A, Section 8, (k)(3), *Worker Health and Safety Program; Occupational Medicine Section; Employee Counseling and Health Promotional Programs*

## Related Berkeley Lab Policies

- Health Services Policy, 02.13.002.000

## Implementing Documents

Document Number	Other Reference	Title	Type
02.13.002.001	PUB-3000, Chapter 3	<a href="#">Health Services</a>	Program
07.07.023.001		Non-ionizing Radiation	Program
07.07.013.001		Exposure Assessment	Program

## Other References

- DOE G 440.1-8, *Implementation Guide for Use with 10 CFR Part 851, Worker Safety and Health Programs*, Section 3.6.8.9, *Assistance and Wellness*

# Workers' ES&H Rights and Responsibilities

Title:	Workers' ES&H Rights and Responsibilities
Publication date:	9/7/2012
Effective date:	11/10/2011

## BRIEF

### Policy Summary

Berkeley Lab's Workers' Environment, Safety & Health (ES&H) Rights and Responsibilities policy defines workers' rights to participate in ES&H activities and to have access to ES&H records and information; and describes workers' responsibilities for understanding and following ES&H requirements.

### Who Should Read This Policy

All Laboratory employees and non-employees

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

[Safety Compliance Program Manager](#)  
Technical Support Services Group  
EHSS Division

Title:	Workers' ES&H Rights and Responsibilities
Publication date:	9/7/2012
Effective date:	11/10/2011

## POLICY

### A. Purpose

The Worker Environment, Safety & Health (ES&H) Rights & Responsibilities policy at Lawrence Berkeley National Laboratory (Berkeley Lab) defines workers' rights to participate in ES&H activities and to have access to ES&H records and information; and describes workers' responsibilities for understanding and following ES&H requirements. Specific worker rights are guaranteed by federal law in the DOE Worker Safety and Health Program rule, 10 CFR 851. These rights are implemented through the *Environment, Health, Safety, and Security (EHSS) Manual* (formerly known as PUB-3000) and other safety documents

### B. Persons Affected



All employees and non-employees at Berkeley Lab

## C. Exceptions

None

## D. Policy Statement

1. Workers at Berkeley Lab have the right, without reprisal, to:
  - a. Participate in activities related to the ES&H Program, including exercising all workers' rights, listed in D.2.a through h below, on official time.
  - b. Be notified when monitoring results indicate they have been overexposed to hazardous materials
  - c. Observe the exposure monitoring or measurement of hazardous agents, and to be provided with the results of their own exposure monitoring
  - d. Express their concerns related to worker safety and health
  - e. Decline to perform an assigned task because of a reasonable belief that the task poses an imminent risk of serious physical harm or death, coupled with a reasonable belief that there is insufficient time to seek effective redress through normal hazard reporting and abatement procedures
  - f. Stop work if there is an imminently dangerous condition
2. Workers have the right to have access to:
  - a. Department of Energy (DOE) safety and health publications
  - b. Documents describing the Berkeley Lab Worker Safety and Health Program, such as the *Worker Safety and Health Program* (PU B-3851) and the ISMS
  - c. Safety and health standards, controls, and procedures applicable to Berkeley Lab as identified in such documents as the *EHSS Manual* and the *Chemical Hygiene and Safety Plan*
  - d. The Worker Protection for DOE Contractor Employees poster that informs workers of their rights and responsibilities
  - e. Results of inspections and accident investigations
  - f. Limited information on any record-keeping log (OSHA Form 300) subject to Freedom of Information Act requirements and restrictions
  - g. DOE Form 5484.3 (the DOE equivalent of OSHA Form 301, Injury and Illness Incident Report) that contains the employee's name as the injured or ill worker
  - h. A worker representative authorized to accompany the DOE Director or authorized representative during the physical inspection of the workplace for the purpose of aiding any inspection. When no authorized worker representative is available, the DOE Director or authorized representative must consult, as appropriate, with workers on matters of worker safety and health.
3. Every worker at Berkeley Lab is responsible for:
  - a. Ensuring his or her own safety and for promoting a safe and healthful workplace and community
  - b. Following ES&H-related work instructions. If work instructions cannot be followed safely as presented, or if they present a new hazard, workers must notify the appropriate individuals and assist, as appropriate, with modifying the work instructions.
  - c. Understanding and participating in the Berkeley Lab ES&H goal of performing all work safely and in a manner that strives to protect employees, affiliates, visitors, subcontractors, the public, and the environment from hazards
  - d. Collaborating with other workers to determine the best way to achieve the ES&H goal in conformance with Laboratory requirements
  - e. Using appropriate resources at his or her disposal
  - f. Asking for any help necessary (such as assistance from technical, administrative, or craft services) to ensure a safe work environment and reduce environmental impact while performing his or her broader set of job responsibilities
  - g. Bringing existing or previously unrecognized hazardous conditions and opportunities for improvement to the attention of his or her immediate supervisor
  - h. Notifying his or her work supervisor immediately, and obtaining appropriate transportation to Health Services, if he or she is injured or becomes ill as a result of a work-related activity or an accident

## E. Roles and Responsibilities

Laboratory Director (and the Chain of Command)	<ul style="list-style-type: none"> <li>Establish written policy, goals, and objectives for the worker safety and health program</li> <li>Use qualified worker safety and health staff (e.g., a certified industrial hygienist or safety professional) to direct and manage the program</li> <li>Assign worker safety and health program responsibilities, evaluate personnel performance, and hold personnel accountable for worker safety and health performance</li> <li>Provide mechanisms to involve workers and their elected representatives in developing worker safety and health program goals, objectives, and performance measures, and in identifying and controlling hazards in the workplace</li> <li>Provide workers with access to information relevant to the worker safety and health program</li> <li>Establish procedures for workers to report, without reprisal, job-related fatalities, injuries, illnesses, incidents, and hazards; make recommendations about appropriate ways to control those hazards; and provide for prompt response to such reports and recommendations</li> <li>Provide for regular communication with workers about workplace safety and health matters</li> <li>Establish procedures to permit workers to stop work or decline to perform an assigned task because of a reasonable belief that the task poses an imminent risk of death, serious physical harm, or other serious hazard to workers in circumstances where the workers believe there is insufficient time to use normal hazard-reporting and abatement procedures</li> <li>Inform workers of their rights and responsibilities using appropriate means, including posting the Worker Protection for DOE Contractor Employees poster in the workplace where it is accessible to all workers</li> </ul>
Employees	Must comply with the requirements of the ES&H Program

## F. Definitions/Acronyms">F. Definitions/Acronyms

None

## G. Recordkeeping Requirements">G. Recordkeeping Requirements

None

## H. Implementing Documents">H. Implementing Documents

Document Number	Title	Type
07.01.003.000	ES&H Core Policy	Policy
PUB-3000	Berkeley Lab <i>Health and Safety Manual</i>	Manual
PUB-3140	<i>Integrated Environment, Safety &amp; Health Management Plan</i>	Plan
PUB-3851	Berkeley Lab <i>Worker Safety and Health Program</i>	Program Document

## I. Contact Information">I. Contact Information

Safety Compliance Program Manager  
 Technical Support Services Group  
 EHSS Division

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
9/7/2012	1.1	W. Wells	Revised to correspond with PUB-3851	All	Minor
1/2/2012	1	W. Wells	Re-write for wiki	All	Minor

## DOCUMENT INFORMATION

Title:	Workers' ES&H Rights and Responsibilities
Document number	07.01.003.000
Revision number	1.1
Publication date:	9/7/2012
Effective date:	11/10/2011
Next review date:	11/10/2014
Policy Area:	General Policy — ES&H
RPM Section (home)	ESH
RPM Section (cross-reference)	PUB-3000 Chapter 1; RPM Chapter 7
Functional Division	EHSS
Prior reference information (optional)	

## Source Requirements Documents

- Contract 31, Clause I.79 – DEAR 970.5204-2, *Laws, Regulations and DOE Directives (Dec 2000)*
- Contract 31, Appendix I, *Environment, Safety and Health Standards for LBNL*
- 10 CFR 851, *DOE Worker Safety and Health Program*

## Implementing Documents

Document Number	Title	Type
07.01.003.000	ES&H Core Policy	Policy
PUB-3000	Berkeley Lab <i>Health and Safety Manual</i>	Manual

PUB-3140	<i>Integrated Environment, Safety &amp; Health Management Plan</i>	Plan
PUB-3851	<i>Berkeley Lab Worker Safety and Health Program</i>	Program Document

# Working Alone Policy

Title:	Working Alone Policy
Publication date:	10/29/2012
Effective date:	11/28/2011

## BRIEF

### Policy Summary

Berkeley Lab employees are not allowed to work alone when the mitigated hazards associated with their work could incapacitate them such that they could not "self-rescue" or activate emergency services. This policy supports the Laboratory's Environment, Safety & Health (ES&H) Core Policy to perform all work safely and with full regard to the well-being of workers, contractors, affiliates, the public, and the environment.

### Who Should Read This Policy

All persons who visit or work at the Laboratory

### To Read the Full Policy, Go To:

The POLICY tab of this wiki page

### To Read the Working Alone FAQs, Go To:

<http://www.lbl.gov/ehs/pub3000/Working-Alone-FAQ.pdf>

## Contact Information

Occupational Safety Group  
EH&S Division  
[WHWells@lbl.gov](mailto:WHWells@lbl.gov)

Title:	Working Alone Policy
Publication date:	10/29/2012
Effective date:	11/28/2011

## POLICY

### A. Purpose

The Working Alone Policy restricts work at Lawrence Berkeley National Laboratory (Berkeley Lab) in cases where a plausible failure of hazard controls could result in an injury or exposure that would render an individual unable to take appropriate emergency actions. Examples:

- An individual may be splashed with a corrosive chemical that blinds him or her (volume used and concentration, etc., should be considered).
- An individual may be exposed to a chemical or trauma that impairs consciousness.
- An individual may be set on fire.
- An individual may receive severe electrical shock or arc-flash injury.
- An individual may fall from an elevation above 6 feet.
- An individual may be struck or trapped by a heavy object or suspended load.
- An individual may become trapped in or by moving machinery.
- An individual may be injured by a powered cutting tool.

## B. Persons Affected

All persons who visit or work at Berkeley Lab

## C. Exceptions

None

## D. Policy Statement

1. Workers at Berkeley Lab are not allowed to work alone when the mitigated hazards associated with their work could incapacitate them such that they could not "self-rescue" or activate emergency services. This policy supports the Laboratory's Environment, Safety & Health (ES&H) Core Policy to perform all work safely and with full regard to the well-being of workers, contractors, affiliates, the public, and the environment.
2. The Working Alone Policy is implemented through the following processes at the division level:
  - a. Safe Work Authorization (e.g., Activity Hazard Document [AHD]),
  - b. Radiological Work Authorization (RWA)
  - c. Job Hazards Analysis (JHA)
3. Each division must assess its work activities and find those in which the severity of mitigated hazards may prevent workers from self-rescuing or activating emergency services in the event of an accident.
4. Authorizations for the identified work activities must place restrictions on working alone.
5. During the work authorization development and review process, authors and reviewers determine whether and when a Working Alone restriction is necessary and include it in the controls listed in the Work Authorization Document.
6. This Working Alone restriction then flows down to individual workers through their JHAs or other authorizations, such as AHDs.
7. Work leads may also determine that a Working Alone restriction is needed for workers whose assignments are not covered by a formal authorization, and may place the restriction in the individual's JHA.
8. For construction activities, the policy is implemented through the construction safety review process; for nonconstruction subcontractors, it is implemented through the Subcontractor Job Hazards Analysis and Work Authorization (SJHAWA) process.
9. The policy does not address activities "commonly performed by the general public" that include hazards commonly accepted by the public, the control of which requires little or no specialized guidance or training. These activities include walking or driving while alone, or the consequences of personal medical conditions that may arise while at work.
10. This policy must be included in division safety documents, (e.g., the division ISM Plan) by February 29, 2012. Divisions are to complete reviews and revisions of their Authorization Documents and JHAs to implement this policy by September 30, 2012.

## E. Roles and Responsibilities

Role	Responsibility
Division Directors	<ul style="list-style-type: none"> <li>• Ensure that the Working Alone Policy is implemented within the division</li> <li>• Ensure that the policy is included in the division Integrated Safety Management (ISM) Plan.</li> </ul>

Division Safety Coordinators	<ul style="list-style-type: none"> <li>• Assist in the implementation of the Working Alone Policy, as requested by the division director</li> <li>• Act as a conduit between division work leads and the EH&amp;S Division for coordination of work authorization and JHA activities that include Working Alone hazard assessments, as requested</li> </ul>
Work Leads	<ul style="list-style-type: none"> <li>• Use the work authorization and JHA processes to assess hazard and controls</li> </ul>
Workers	<ul style="list-style-type: none"> <li>• Exercise prudent judgment when performing potentially hazardous work activities alone</li> <li>• Perform work only as analyzed in and authorized by the work authorization</li> <li>• Stop work when the tasks, hazards, and/or required controls differ from those authorized in the work authorization</li> <li>• Do not resume work until the JHA accurately describes the work and has been reauthorized.</li> <li>• Continually review work and assure that the JHA has analyzed and authorized the work appropriately</li> <li>• Engage the work lead to modify the JHA hazards profile and work authorization as appropriate</li> </ul>
Division Liaisons	<ul style="list-style-type: none"> <li>• Act as primary representatives of the EH&amp;S Division to the division safety coordinator</li> <li>• Act as work leads to assist with work authorizations and JHAs that include Working Alone hazard assessments</li> <li>• Obtain assistance from EH&amp;S Division Subject Matter Experts, as necessary, to properly identify hazards and controls for tasks (including obtaining assistance with JHAs) as requested by the work lead or division safety coordinator</li> </ul>
EH&S Division Director	<ul style="list-style-type: none"> <li>• Maintains software, procedures, and other support tools necessary to address the Working Alone Policy in the work authorization and JHA processes</li> </ul>

## F. Definitions/Acronyms

Terms	Definitions
Working Alone	Occurs when a worker performs work out of sight and earshot of anyone who can help in the event of an emergency
Working Accompanied	<p>Occurs when a worker performs work with:</p> <ul style="list-style-type: none"> <li>• A second person within sight or earshot</li> <li>• An available second person who agrees to and understands the monitoring responsibilities</li> </ul> <p>If the second person has to leave the area, the activity is considered to be Working Alone, and must terminate if prohibited in the work authorization.</p>

## G. Recordkeeping Requirements

None

## H. Implementing Documents

Document Number	Other Reference	Title	Type
07.01.005.001	PUB-3000, Chapter 5, Section 5.3.7, References, Implementing Documents	<a href="#">Working Alone FAQs</a> , LBNL Safety Advisory Committee, September 2011	FAQs

07.07.013.001	PUB-3000, Chapter 4, Section 4.18	Exposure Assessment	Program
07.02.003.001	PUB-3000, Chapter 6	Safe Work Authorizations	Program
07.07.007.001	PUB-3000, Chapter 10	Construction Safety Manual Administrative Policies	Program
07.02.004.001	PUB-3000, Chapter 31	Non-Construction Safety Assurance for Subcontractors, Vendors, and Guests	Program
07.02.001.001	PUB-3000, Chapter 32	Job Hazards Analysis	Program

## I. Other References

- *Prudent Practices in the Laboratory: Handling and Disposal of Chemicals*, Section 3 *Evaluating Hazards and Assessing Risks in the Laboratory*, National Research Council, National Academy Press, 1995
- *Prudent Practices in the Laboratory: Handling and Disposal of Chemicals*, Section 5.C.10, *Responsibility for Unattended Experiments and Working Alone*, National Research Council, National Academy Press, 1995

## J. Contact Information

Occupational Safety Group  
EH&S Division  
WHWells@lbl.gov

## K. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	1	W. Wells	Reformat for wiki	All	Minor
10/29/2012	1.1	L. Young	Added Other References section	Policy/Section I and Document Information	Minor
4/9/2013		M. Wisherop	Replaced link to PUB-3000 Section 5.5 with link to Working Alone FAQs	Brief	Editorial

## DOCUMENT INFORMATION

Title:	Working Alone Policy
Document number	07.01.005.000
Revision number	1.1



Publication date:	10/29/2012
Effective date:	11/28/2011
Next review date:	11/28/2014
Policy Area:	General Policy – ES&H
RPM Section (home)	ESH
RPM Section (cross-reference)	None
Functional Division	EH&S
Prior reference information (optional)	PUB-3000, Chapter 5, Section 5.3

## Source Requirements Documents

10 CFR 851.21, *Hazard Identification and Assessment*

## Implementing Documents

Document Number	Other Reference	Title	Type
07.01.005.001	PUB-3000, Chapter 5, Section 5.3.7, References, Implementing Documents	<a href="#">Working Alone FAQs</a> , LBNL Safety Advisory Committee, September 2011	FAQs
07.07.013.001	PUB-3000, Chapter 4, Section 4.18	<a href="#">Exposure Assessment</a>	Program
07.02.003.001	PUB-3000, Chapter 6	<a href="#">Safe Work Authorizations</a>	Program
07.07.007.001	PUB-3000, Chapter 10	<a href="#">Construction Safety Manual Administrative Policies</a>	Program
07.02.004.001	PUB-3000, Chapter 31	<a href="#">Non-Construction Safety Assurance for Subcontractors, Vendors, and Guests</a>	Program
07.02.001.001	PUB-3000, Chapter 32	<a href="#">Job Hazards Analysis</a>	Program

## Other References

- *Prudent Practices in the Laboratory: Handling and Disposal of Chemicals*, Section 3 *Evaluating Hazards and Assessing Risks in the Laboratory*, National Research Council, National Academy Press, 1995
- *Prudent Practices in the Laboratory: Handling and Disposal of Chemicals*, Section 5.C.10, *Responsibility for Unattended Experiments and Working Alone*, National Research Council, National Academy Press, 1995

# Workplace Substance Abuse

Title:	Workplace Substance Abuse
Publication date:	7/26/2013
Effective date:	8/1/2013

## BRIEF

### Policy Summary

It is the policy of Berkeley Lab to promote and maintain a safe, healthy, and productive drug-free and alcohol-free work environment for the benefit of its employees and the communities in which it operates. The Laboratory strives to maintain a work site free from the use, possession, sale, distribution, or manufacture of alcohol, illegal drugs, or controlled substances.

The Laboratory considers substance abuse a serious issue. By recognizing that substance abuse is a treatable condition, and by establishing a program to address substance abuse in the workplace, this policy seeks to prevent its risks and ill effects.

### Who Should Read This Policy

- This policy applies to both represented and nonrepresented employees in the following classifications: career, term, faculty, postdoctoral fellow, limited, visiting researcher, rehired retiree, graduate student research assistant (GSRA), and student assistant (See [Types of Employee Appointments](#) for appointment definitions).
- This policy applies to all affiliates and visitors.

### To Read the Full Policy, Go To:

The POLICY tab on this wiki page

### Contact Information

For more information, contact your division's [Human Resources \(HR\) Center](#) or the Workplace Substance Abuse Administrator at [wsap@lbl.gov](mailto:wsap@lbl.gov). Feedback on HR policies or procedures is welcomed. Send comments to [HRpolicies@lbl.gov](mailto:HRpolicies@lbl.gov).

Title:	Workplace Substance Abuse
Publication date:	7/26/2013
Effective date:	8/1/2013

## POLICY

### A. Purpose

It is the policy of Lawrence Berkeley National Laboratory (Berkeley Lab) to promote and maintain a safe, healthy, and productive drug-free and alcohol-free work environment for the benefit of its employees and the communities in which it operates. The Laboratory strives to maintain a work

site free from the use, possession, sale, distribution, or manufacture of alcohol, illegal drugs, or controlled substances.

Berkeley Lab considers substance abuse a serious issue. By recognizing that substance abuse is a treatable condition, and by establishing a program to address substance abuse in the workplace, this policy seeks to prevent its risks and ill effects.

## B. Persons Affected

- This policy applies to both represented and nonrepresented employees in the following classifications: career, term, faculty, postdoctoral fellow, limited, visiting researcher, rehired retiree, graduate student research assistant (GSRA), and student assistant (See [Types of Employee Appointments](#) for appointment definitions).
- This policy applies to all affiliates and visitors.

## C. Exceptions

Request for exceptions that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. A request for an exception to policy requires, at minimum, the Chief Human Resources and Diversity Officer (CHRO) approval.

## D. Policy Statement

### For Program Information

#### Resources

Employee Assistance Program (EAP)  
[CARE Services](#)  
University Health Services, Tang Center  
2222 Bancroft Way, Suite 310  
Berkeley, CA 94720-4300  
(510) 643-7754

1. Berkeley Lab recognizes alcohol and/or drug dependency as a treatable condition and offers programs and services for Laboratory employees with substance-dependency problems. Employees are encouraged to seek assistance, as appropriate, from employee support programs, health centers, and counseling or psychological services available through the Laboratory's Employee Assistance Program (EAP), which is provided by the University of California Health Center (the Tang Center) on the Berkeley campus. Participation in such programs or services will be treated as confidential, in accordance with federal and state laws.
2. Berkeley Lab strives to maintain a work site free from the use, possession, sale, distribution, or manufacture of alcohol, illegal drugs, or controlled substances.

### For Program Information

#### Related Policies

[Serving Alcohol at Berkeley Lab Events](#) policy

The Laboratory strongly supports and is committed to making a good-faith effort to maintain a workplace free of substance abuse. Unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol, illegal drugs, or controlled substances by employees in the workplace, on Laboratory premises, at official Laboratory functions, or on Laboratory business is prohibited. Unauthorized possession, use, consumption, or being under the influence of alcohol on Laboratory premises is prohibited. In addition, employees may not use illegal substances or abuse legal substances, including alcohol, in a manner that impairs work performance.

### 3. Condition of Laboratory Employment

- a. Compliance with this policy is a condition of employment at Berkeley Lab. Employees will abide by the terms and conditions of this policy.
- b. Employees found to be in violation of this policy may be subject to corrective action (up to and including dismissal) under applicable Laboratory policies and collective bargaining agreements (CBAs) or may be required, at the discretion of the Laboratory, to participate and successfully complete a treatment program.

#### 4. Testing for Drugs and Alcohol

##### For Program Information

###### Testing Designated Positions Covered by the Department of Transportation

Any Laboratory position where the employee holds a Commercial Class C, Class B, or Class A driver's license and drives for the Laboratory, including bus driver, truck driver, motor vehicle mechanic, and/or facilities technical supervisor.

- a. To ensure the accuracy and fairness of the Berkeley Lab testing program, all testing will be conducted according to the Department of Health and Human Services (DHHS) *Mandatory Guidelines for Federal Workplace Drug Testing Programs*, 53 CFR 11979, as amended ("DHHS Guidelines"), and if applicable, other federal regulations.
- b. The Laboratory will test for the use of the following drugs or classes of drugs: marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines. However, when conducting reasonable-suspicion or occurrence testing, the Laboratory may also test for any drug listed in Schedules I or II of the *Controlled Substances Act*, including alcohol.
- c. If an employee refuses to cooperate with the testing, the employee shall be treated in all respects as if he or she had tested positive for an illegal drug or alcohol.
- d. **Employees in Testing-Designated Positions (TDPs).**

##### For Program Information

###### Testing-Designated Positions Covered by the Code of Federal Regulations

Currently, there are no testing-designated positions under this regulation.

Employees covered by either the Department of Transportation (DOT) rule or the Code of Federal Regulations (CFR) rules are subject to drug and alcohol tests. Testing for both groups of employees is done under the following circumstances:

- i. Pre-employment drug test
- ii. Post-accident testing
  1. These are accidents involving the operation of a Laboratory motor vehicle or motorized machinery such as a forklift.
  2. Employees must be tested in a reasonable amount of time, regardless of fault.
- iii. Random testing
- iv. Reasonable-suspicion testing
- v. Return-to-duty testing
- vi. Follow-up testing
- e. **Employees in Non-Testing-Designated Positions (Non-TDPs), Affiliates, and Visitors.** Non-TDP employees, affiliates, visitors, and subcontractors may be required to participate in reasonable-suspicion drug and alcohol testing. If the employee, affiliate, visitor, or subcontractor has tested positive and is allowed back on Laboratory property, he or she may be required to adhere to follow-up testing for drugs and alcohol.
- f. **Retest.** Any employee, affiliate, visitor, or subcontractor who has been notified of a positive test result may request a retest of the same sample at the same or another certified laboratory. The employee, affiliate, visitor, or subcontractor is responsible for the cost of transportation and/or testing of the sample.

## E. Roles and Responsibilities

Role	Responsibility
Affiliates and visitors	<ul style="list-style-type: none"> <li>• Must comply with the Berkeley Lab Workplace Substance Abuse Policy</li> <li>• May be required to participate in reasonable-suspicion drug and alcohol testing</li> </ul>
Chief Human Resources and Diversity Officer (CHRO)	Has functional responsibility for this policy

Employees in non-testing-designated positions (Non-TDPs)	Must provide written notice to the Laboratory through their immediate supervisors or managers no later than five calendar days after being convicted of any criminal drug-statute violation occurring in the workplace or while on Laboratory business
Employees in testing-designated positions (TDPs)	<ul style="list-style-type: none"> <li>• Are subject to drug and alcohol testing.</li> <li>• Must provide written notice to the Laboratory through their immediate supervisors or managers of any alcohol-related conviction or a drug-related arrest or conviction, or receipt of a positive drug or alcohol test results, as soon as possible but no later than five calendar days after such arrests, conviction, or receipt</li> </ul>
Human Resources (HR) Department	<ul style="list-style-type: none"> <li>• Advises management and employees on how to comply with this policy</li> <li>• Keeps list of testing-designated positions and employee training records</li> </ul>
Managers and supervisors	<p>Are responsible for the Laboratory's drug- and alcohol-abuse prevention and testing program, including:</p> <ul style="list-style-type: none"> <li>• Observing staff for possible influence of drugs or alcohol</li> <li>• Managing disciplinary actions that occur because of a positive alcohol or drug test or refusal to submit to a test</li> </ul>
Workplace Substance Abuse Program (WSAP) Administrator	Has the responsibility to coordinate efforts with the WSAP Facilitator to ensure compliance with the WSAP and to maintain alcohol- and drug-testing records
Workplace Substance Abuse Program (WSAP) Facilitator	Has the responsibility to coordinate with the testing laboratory to conduct tests, to schedule and initiate employee testing, and to oversee the collection of samples by the testing laboratory
Workplace Substance Abuse Program (WSAP) Manager	<ul style="list-style-type: none"> <li>• Is the Designated Employer Representative (DER) for the Laboratory</li> <li>• Ensures the program complies with applicable federal, state, Department of Energy (DOE), and the University of California regulations and policies</li> <li>• Outsources the testing procedures to a third-party vendor, which includes a Medical Review Officer (MRO) to review and decide on the results of alcohol and/or drug test.</li> </ul> <p>For TDP employees with any alcohol-related conviction or a drug-related arrest or conviction, or receipt of a positive drug or alcohol test result or for non-TDP employees convicted of any criminal drug statute violation occurring in the workplace or while on Laboratory business, the Laboratory is required to notify the federal contracting or granting agency no later than 10 calendar days after receiving notice of such arrest or conviction and to take appropriate corrective action up to and including termination or to require the employee to participate and successfully complete available counseling, treatment, and approve substance-abuse assistance, or rehabilitation programs within 30 calendar days after receiving notice of such conviction.</p>

Roles, responsibilities, authority and accountability are documented in applicable procedures (See [Implementing Documents](#)).

## F. Definitions/Acronyms

Term	Definition
Accident	<p>An incident that occurs on the job where:</p> <ul style="list-style-type: none"> <li>• Through an employee's own actions he/she is injured; or</li> <li>• Through an employee's actions, another employee or individual is injured; or</li> <li>• An employee creates a hazardous situation that presents danger, either to the employee or to another employee or individual; or</li> <li>• The employee is involved in a vehicular accident in a Laboratory vehicle 1 or in his or her personally owned vehicle while on Laboratory business.</li> </ul>

Alcohol intoxication	A determination is made when alcohol tests show a blood-alcohol content (BAC) of 0.04% or greater (49 CFR 40.285)
BAC	Blood alcohol content
CBA	Collective bargaining agreement
CDL	Commercial driver's license
CFR	Code of Federal Regulations
CHRO	Chief Human Resources and Diversity Officer
CMV	Commercial motor vehicle
Controlled substances	Controlled substances as defined in schedules I-V of the <i>Controlled Substances Act</i> (21 United States Code [USC]) §812) and 21 CFR 1308
Criminal drug statute	A criminal federal or nonfederal statute involving the manufacture, distribution, dispensation, use, or possession of any controlled substance
Designated Employer Representative (DER)	An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these cover duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR 40.
DHHS	Department of Health and Human Services
DOE	Department of Energy
DOT	Department of Transportation
Drug or alcohol conviction	A finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with responsibility to determine violations of any criminal drug or alcohol statutes
EAP	Employee Assistance Program. A program of counseling, referral, and educational services concerning illegal drug use and other medical, mental, emotional, or personal problems of employees, particularly those that adversely affect behavior and job performance. Employees are encouraged to self-refer for substance-abuse problems and to seek confidential assistance. The Lab's EAP provider is UC CARE Services.
GSRA	Graduate student research assistant
HR	Human Resources

Illegal drugs	A controlled substance, as specified in Schedules I through V of the <i>Controlled Substances Act</i> , 21 USC 811, 812. The term "illegal drugs" does not apply to the use of a controlled substance in accordance with terms of a valid prescription, or other uses authorized by law.
Medical Review Officer (MRO)	A third-party licensed physician responsible for receiving and reviewing laboratory results generated by an employer's drug-testing program and evaluating medical explanations for certain drug-test results
Non-TDP	Non-testing-designated position
Reasonable suspicion	A suspicion based on an articulable belief that an employee is either under the influence of alcohol, illegal drugs, or controlled substances; or is engaged in use, possession, sale or distribution, or manufacture of alcohol, illegal drugs, or controlled substances, drawn from particularized facts and reasonable inferences from those facts
Testing-designated position (TDP)	<p>Employees in jobs designated as TDPs are subject to drug and alcohol testing under one or more the following regulations:</p> <ul style="list-style-type: none"> <li>• <b>Department of Transportation — Testing-Designated Position (DOT-TDP):</b> The DOT rule covers employees whose Laboratory job duties are such that federal regulations require them to hold a commercial driver's license (CDL) in order to drive the commercial motor vehicle (CMV) on public highways, and who, during the course of the workday, operate or are expected to be ready to operate a vehicle with the gross combination or gross vehicle weight of at least 26,001 pounds inclusive of a towed unit with a gross vehicle rating of more than 10,000 pounds; a vehicle originally or currently designed to transport 16 or more passengers including the driver; a vehicle of any size used to transport hazardous materials found in the <i>Hazardous Materials Transportation Act</i>, and that required the motor vehicle to be placarded under the <i>Hazardous Materials Regulations</i>.</li> <li>• <b>10 CFR 707 —Testing-Designated Position (CFR-TDP):</b> An employee in a position in which failure to adequately discharge his or her position could significantly harm the environment, public health or safety, or national security; or other positions determined by DOE, to have the potential to significantly affect the environment, public health and safety, or national security</li> </ul>
UC	University of California
UC CARE	University of California CARE Services (Berkeley Lab's Employee Assistance Program)
Under the influence	An employee's work performance or on-the-job behavior that may be affected in any way by alcohol, illegal drugs, or controlled substance
WSAP	Workplace Substance Abuse Program

1 Vehicle refers to either (1) a Department of Transportation (DOT) commercial vehicle that is 26,001 pounds gross vehicle weight rating (gvwr) or greater, or a vehicle that carries 16 passengers or more including the driver, or that is required to display a DOT placard indicating the transportation of hazardous material; or (2) any Laboratory-owned motorized vehicle, including cars, trucks, forklifts, and GEMs (Global Electric Motorcars).

## G. Recordkeeping Requirements

Role	Responsibility
Human Resources Department	<p>Is responsible for maintaining the following records:</p> <ul style="list-style-type: none"> <li>• List of testing-designated positions (TDPs)</li> <li>• Employee training records</li> </ul>

Third-party vendor	Is responsible for maintaining drug and alcohol test results
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## H. Implementing Documents

Audience	Document Number	Document Title
HR	02.02.005.001-01	Workplace Substance Abuse Program
HR	02.02.005.003-01	Flowchart: Recruitment and Hire the DOT-TDP and Notifying All New Employees of Lab's Workplace Substance Abuse Program
HR	02.02.005.004-01	Flowchart: Recruitment and Hire of CFR-TDP and Notifying All New Employees of Lab's Workplace Substance Abuse Program
HR	02.02.005.005-01	Flowchart: Reasonable Suspicion of Testing
HR	02.02.005.007-01	Flowchart: Post-Accident Drug and Alcohol Testing
HR	02.02.005.008-01	Flowchart: Return-to-Duty and Follow-up Testing
HR	02.02.005.009-01	Flowchart: Releasing DOT-Testing Designated Employee's Tests Results to Prospective Employers
HR	02.02.005.010-01	Drug and/or Alcohol Testing Consent Form
HR	02.02.005.011-01	DOT Alcohol Testing Consent Form
Public	02.02.005.012-01	Authorization for Release of DOT Drug and Alcohol Testing Records under 49 CFR Part 40
HR	02.02.005.013-01	Unavailable for Testing
HR	02.02.005.014-01	TDP Applicant-Failed Pre-employment Drug Test
HR	02.02.005.015-01	LBNL Assessment of Contractor's WSAP
HR	02.02.005.016-01	WSAP Position Description Template
HR	02.02.005.017-01	WSAP Job Posting Template



HR	02.02.005.018-01	<a href="#">WSAP Job Offer Template</a>
Lab staff	02.02.005.019-01	<a href="#">Berkeley Lab's Workplace Substance Abuse Program</a>
Lab staff	02.02.005.021-01	<a href="#">Training for DOT-TDP Employees</a>
Lab staff	02.02.005.022-01	<a href="#">Training for Supervisors of DOT-TDP Employees</a>

## I. Contact Information

For information regarding this policy, contact your division's [HR Center](#) or the Workplace Substance Abuse Administrator at [wsap@lbl.gov](mailto:wsap@lbl.gov). Do you have feedback regarding this policy? Contact the HR Policies Analyst, HR Department, [hropolicies@lbl.gov](mailto:hropolicies@lbl.gov).

## J. Revision History

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
1/2/2012	0	M. Bello	Rewrite for wiki	All	Minor
8/1/2013	1	M. Bello	Added and revised roles and responsibilities of Lab staff	All	Major+ 30 days

## DOCUMENT INFORMATION

Title:	Workplace Substance Abuse
Document number	02.02.005.000
Revision number	1
Publication date:	7/26/2013
Effective date:	8/1/2013
Next review date:	8/1/2016
Policy Area:	Work Environment
RPM Section (Home)	Human Resources
RPM Section (cross-reference)	none

Functional Division	Human Resources
Prior reference information (optional)	RPM Chapter 2.23(C)

## Source Requirements Documents

Source	Document number & effective date	Document Title
Department of Energy (DOE)	DE-AC02-05CH11231, Mod No. M046, Sec. J, App. A	<i>Advanced Understandings on Human Resources</i>
University of California (UC)	November 1, 1990	<i>Presidential Policy on Substance Abuse</i>
California	LC 1025	California Labor Code Section 1025 (time off for voluntary drug or alcohol rehabilitation programs)
DOE	10 CFR 707	<i>Workplace Substance Abuse Programs at DOE Sites</i>
DOE	1.88	DEAR 970.5223-4 <i>Workplace Substance Abuse Programs at DOE Sites</i> (December 2000)
Federal		<i>Drug-Free Workplace Act of 1988</i> (Public Law 100-690, Title V, Subtitle D)

## Implementing Documents

Audience	Document Number	Document Title	Type
HR	02.02.005.001-01	<i>Workplace Substance Abuse Program</i>	Procedure
HR	02.02.005.003-01	<i>Flowchart: Recruitment and Hire the DOT-TDP and Notifying All New Employees of Lab's Workplace Substance Abuse Program</i>	Procedure
HR	02.02.005.004-01	<i>Flowchart: Recruitment and Hire of CFR-TDP and Notifying All New Employees of Lab's Workplace Substance Abuse Program</i>	Procedure
HR	02.02.005.005-01	<i>Flowchart: Reasonable Suspicion of Testing</i>	Procedure
HR	02.02.005.007-01	<i>Flowchart: Post-Accident Drug and Alcohol Testing</i>	Procedure
HR	02.02.005.008-01	<i>Flowchart: Return-to-Duty and Follow-up Testing</i>	Procedure

HR	02.02.005.009-01	Flowchart: Releasing DOT-Testing Designated Employee's Tests Results to Prospective Employers	Procedure
HR	02.02.005.010-01	Drug and/or Alcohol Testing Consent Form	Form
HR	02.02.005.011-01	DOT Alcohol Testing Consent Form	Form
Public	02.02.005.012-01	Authorization for Release of DOT Drug and Alcohol Testing Records under 49 CFR Part 40	Form
HR	02.02.005.013-01	Unavailable for Testing	Form
HR	02.02.005.014-01	TDP Applicant-Failed Pre-employment Drug Test	Template
HR	02.02.005.015-01	LBNL Assessment of Contractor's WSAP	Template
HR	02.02.005.016-01	WSAP Position Description Template	Template
HR	02.02.005.017-01	WSAP Job Posting Template	Template
HR	02.02.005.018-01	WSAP Job Offer Template	Template
Lab staff	02.02.005.019-01	Berkeley Lab's Workplace Substance Abuse Program	Training
Lab staff	02.02.005.021-01	Training for DOT-TDP Employees	Training
Lab staff	02.02.005.022-01	Training for Supervisors of DOT-TDP Employees	Training