

EMPLOYEE CONCERNS PROGRAM PROCESS

1. PURPOSE

- 1.1. To address the process for tracking, resolving, and documenting concerns raised through the Employee Concerns Program.

2. TERMS AND DEFINITIONS

- 2.1. **Adverse Action**: Actions that negatively impact an employee's (or group of employee's) conditions of employment (i.e., refuse employment, termination, demotion, amount of pay decrease, discipline, changes in assignment).
- 2.2. **Chilling Effect**: Actions that give individuals the perception that: a.) raising nuclear safety concerns is being suppressed or discouraged; or b.) nuclear safety concerns are not being addressed when raised.
- 2.3. **Concerned Individual (CI)**: Refer to Employee Concerns Program document (Add document ID).
- 2.4. **Concern Disclosure Statement (CDS)**: Refer to Employee Concerns Program document (Add document ID).
- 2.5. **Contact**: Any communication oral or written with the ECP organization regarding inquiries, requests, or reports of conditions. These contacts will then be evaluated to determine if they are an issue, such as a potential Nuclear Safety/Quality (NS/Q); Harassment, Intimidation, Retaliation, or Discrimination (HIRD) associated with a protected activity; a Differing Professional Opinion (DPO); a Safety Conscious Work Environment (SCWE); or a Rapid Resolution issue, which would be handled by ECP. Other types of issues (e.g., HIRD not associated with a protected activity, Industrial Safety, Security or Ethics issues), would be referred to the responsible work group for resolution.
- 2.6. **Contact Only**: Minor inquiries such as benefits, pay, time, or Employee Assistance Program (EAP) related issues which will be logged but not captured as an ECP issue (i.e., given a case file number).
- 2.7. **Differing Professional Opinion (DPO)**: Refer to Employee Concerns Program document (Add document ID).
- 2.8. **Duty-To-Act**: Refer Employee Concerns Program document (Add document ID).
- 2.9. **Executive Protocol Group (EPG)**: Committee of senior managers or their designees that meet for the purpose of providing oversight and recommendations to resolve employee related issues and adverse trends. The EPG is comprised of senior management representatives from Human Resources, Regulatory Assurance, Security, Industrial Safety, Legal, Corporate Ethics, Employee Concerns Nuclear Oversight, and Nuclear Communications.
- 2.10. **HIRD Concern**: Refer to Employee Concerns Program document (Add document ID).
- 2.11. **Nuclear Safety / Quality (NS/Q) Concern**: Employee Concerns Program

document (Add document ID).

- 2.12. **Pulsing**: Informal information gathering process to identify any emergent issues or potential trends.
- 2.13. **Protected Activity**: Employee Concerns Program document (Add document ID).
- 2.14. **Rapid Resolutions (RR)**: A designation given to issues that are handled by ECP that can be easily and promptly addressed within a couple of days (i.e., total time spent addressing the issue should not exceed five (5) working days (40 hours maximum) with minimal review or action by ECP. These issues may or may not require a validation.
- 2.15. **Referral**: Any issue or condition reported to the ECP that does not constitute a NS/Q Concern or HIRD Concern, and is forwarded to the appropriate organization for disposition.
- 2.16. **Safety Conscious Work Environment (SCWE)**: Employee Concerns Program document (Add document ID).
- 2.17. **Safety Conscious Work Environment (SCWE) Concern**: Employee Concerns Program document (Add document ID).
- 2.18. **Safety Culture**: The core values and behaviors resulting from a collective commitment by leaders and individuals to emphasize safety over competing goals to ensure protection of people and the environment.
- 2.19. **Subject Matter Expert (SME)**: An individual qualified or previously qualified and experienced in performing a particular task. A SME may also be an individual who by education, training, and/or experience is recognized as an expert on a particular subject or system.

3. **RESPONSIBILITIES**

- 3.1. **REFER** to Employee Concerns Program document (Add document ID).

4. **MAIN BODY**

- 4.1. Receipt and Screening of ECP Contacts

NOTE: Refer to Attachments 6, 7 and 8 for flow charts depicting this process.

- 4.1.1. Issues or concerns can be **RECEIVED** via one or more of the following methods:
 - 1. Telephone calls, including calls to the ECP Hot Line (1-800-XXX-XXXX ext. XXXX), or calls to ECP personnel.
 - 2. Walk-ins to the ECP Office or personal contact with a member of the ECP organization.

NOTE: If a CI does **not** officially notify ECP of a concern but identifies a NS/Q issue or HIRD issue associated with raising a NS/Q or otherwise being involved in a protected activity then the issue needs to be logged and investigated. ECP has a "Duty to Act".

3. Written information such as letters, via electronic means such as email (by generic email address ECP@XXXX.com) or by fax (at XXX-XXX-XXXX); or an alternate means such as by ECP drop box, ECP brochure via company or U.S. mail to an ECP office or a member of the ECP organization.
4. ECP On-line Concern Form located on the ECP web page on the (Enter Station Here) Intranet Website.

NOTE: Managers may request the ECP organization to review concerns that have been reported directly to management. These concerns shall be logged and investigated as needed.

- 4.1.2. **COMPLETE** the Contact Log (Attachment 1) to identify applicable contacts made with the ECP. A secure electronic database can also be used to document Contact Log information.
- 4.1.3. **ADDRESS** anonymous concerns in the same manner as any other concern except that direct feedback to the CI **cannot** be performed. Results may be communicated via other means such as in a site newspaper article.
- 4.1.4. **If** a Concern Disclosure Statement (CDS) has **not** been completed, request the CI to **COMPLETE** a CDS form (Attachment 12) for all issues, or complete one for the individual. **If** multiple issues exist, **then** each concern should be clearly identified within the CDS.
 1. **COMPLETE** the CDS form for concerns reported anonymously, and identify the CI as "Anonymous."
 2. **ENSURE** that the issue or concern is properly understood and documented such that the CDS form accurately depicts the actual concern being reported by the CI. This is accomplished by completing a CDS form for the CI and repeating the concern back to the CI or by having the CI review and sign the completed CDS form.
- 4.1.5. **ATTEMPT** to gain an understanding of why the individual sought the assistance of ECP.

NOTE: It is extremely important that discussions with the CI pertaining to the use of alternate pathways not to be interpreted by the CI as an attempt by the ECP to force this action or to make the CI feel that his/her decision to come to the ECP instead of using line management is in any way inappropriate.
- 4.1.6. **DISCUSS** with the CI to gain a clear understanding of the concern and to develop a clear and concise concern and issue statement(s). It is during this period that relationships and expectations are built and shared with the CI. This interaction with the CI should include:
 - Briefing the CI on confidentiality.
 - Establishing future contact methods, as applicable.
 - Gaining an understanding of prior attempts to resolve the issue and why the

person chose ECP.

- Discussion on the scope of the ECP and process and assistance available by ECP to ensure another more appropriate process is used to address the concern.
- Identifying any Nuclear Safety/Quality concerns that require immediate attention.

NOTE: Assure that concerns that present conditions adverse to quality are documented in accordance with the CAP unless the issue has been previously entered into the CAP.

- 4.1.7. **EXPLAIN** to the CI the screening and prioritization process for addressing concerns, the referral process if required, the expected length of time to complete an investigation, and the process for providing periodic feedback, closure and follow-up.
- 4.1.8. **EXPLAIN** to the CI the confidentiality protocol **and DETERMINE** if the CI is requesting that their identity be kept confidential. **PROVIDE** a copy of Attachment 13 to the CI for review. **EXPLAIN** the information contained in Attachment 13 to the CI.
- 4.1.9. **REQUEST** the CI to **CHECK** the appropriate response (yes or no) to whether his/her identity is to be kept confidential or not, and **SIGN** the form acknowledging they received the information.
- 4.1.10. **EXPLAIN** to the CI that there are limitations to confidentiality which may include but are not limited to:
 1. The CI's identity being reasonably deduced if the CI has previously discussed this issue, in whole, or in part, to his/her supervisor, someone in the management chain, and/or fellow co-workers, or because of the uniqueness of the issue.
 2. The CI's request for confidentiality is considered waived if the CI takes actions (e.g., talks to co-workers about raising the concern to ECP) that could be expected to disclose his/her identity.
 3. Investigation of concerns involving Harassment, Intimidation, Retaliation or Discrimination that directly involves the CI.
 4. Human Resource related concerns that directly involve the CI.
- 4.1.11. **ADDRESS** concerns submitted to ECP in a confidential manner. Information associated with the concern, including the Concerned Individual's identity shall only be shared on a need-to-know basis as necessary to investigate, evaluate and resolve the concern.
- 4.1.12. **CAUTION** concerned individuals about their role in meeting these objectives and the need to restrict discussions of their concern with others if they desire to preserve anonymity and/or confidentiality of information.
- 4.1.13. **MAINTAIN** an unbiased attitude during this process. This means separating the CI from the potential problem he/she is raising; eliminating any predisposition of a CI's motive for raising the issue; evaluating the issue based on the facts identified as part of the investigation and remaining objective regarding the concern.

- 4.1.14. **AVOID** fueling the CI's passion for an issue by interjecting your own personal feelings regarding the issue.
- 4.1.15. **DETERMINE** the type of the issue(s)/concern(s) based on potential safety and regulatory significance in accordance with the screening process.
1. **If** the issue or concern has an actual or potential impact on safe plant operation, or there is an actual or potential impact on the health and safety of plant personnel or the general public, **then IDENTIFY** the issue as a Nuclear Safety / Quality (NS/Q) Concern.
 2. **If** the issue or concern involves elements or acts of Harassment, Intimidation, Retaliation, or Discrimination against an individual (or individuals) involved in protected activities, **then IDENTIFY** the issue as an HIRD Concern.
 3. A CI's use of the terms Harassment, Intimidation, Retaliation, or Discrimination (HIRD) as part of the concern statement is not sufficient to make the concern a HIRD issue. This decision is made by ECP personnel and their management.
 4. **If** the issue or concern requires actions to be performed by another organization to properly address the issue, and the issue does not meet the definition of an NS/Q or HIRD associated with a protected activity, **then REFER** the issue to the appropriate organization to disposition and log the issue as a Referral.
 - A. For issues that are referred to another organization for closure (i.e., HR) **CONTACT** the CI, if possible, and **INFORM** the CI what group the concern was referred to.
 - B. **PROVIDE** the cognizant work group with the issue(s) that they need to investigate and when the results of their investigation are due to ECP.
 - C. ECP personnel shall **MONITOR** the issue to assure that action(s) have been completed.
 5. **If** the issue or concern can be easily and promptly addressed with minimal review, communication, or action by ECP and does not meet the definition of an NS/Q, HIRD, DPO or Referral, **then IDENTIFY** the issue as a Rapid Resolution.
 6. **If** the issue or concern involves elements that would impact a Safety Conscious Work Environment (SCWE), **then IDENTIFY** the issue as a SCWE Concern.
 7. **If** the issue/concern is an individual's opinion related to a safety or quality issue that is different from previous or current management's decisions, stated positions or established practices/policies, **then IDENTIFY** the issue as a Differing Professional Opinion (DPO).

8. If the issue/concern is considered **not** to be an NS/Q, HIRD, Rapid Resolution, DPO, SCWE or Referral and **no** further action by ECP is required, **then IDENTIFY** the issue as a Contact Only.

- A. These types of issues will be logged in the Contact/Pulsing Database and should be reviewed in aggregate for any potential trends to determine if additional action(s) is warranted.

- 4.1.16. If a CI notifies ECP they no longer wish to pursue their concern, **then ENSURE** that the reason for not pursuing the issue is based on the fact that the issue no longer exists or is being properly resolved through another process. If it still exists and has not been resolved, initiate a Notification to drive resolution through the CAP process.

4.2. **Notifications**

- 4.2.1. ECP shall **NOTIFY** appropriate management personnel as soon as possible upon receipt of a concern.
- 4.2.2. The ECP Manager shall **NOTIFY** the Executive Protocol Group (EPG) when an issue reaches the thresholds described in Executive Protocol Group procedure (Add document ID).

4.3. **Investigation**

NOTE: NS/Q or HIRD Concerns related to protected activity are to be investigated in accordance with section 4.3, Referrals in accordance with section 4.4, Contacts in accordance with section 4.5, Rapid Resolution in accordance with section 4.6, DPOs in accordance with section 4.7, and SCWE in accordance with section 4.8 as appropriate.

- 4.3.1. **ENSURE** that appropriate management personnel have been notified of the concern.

1. If at any time during the course of an investigation any of the thresholds are reached for notifying EPG, **then** have an EPG Adhoc teleconference/meeting convened in accordance with Executive Protocol Group procedure (Add document ID).

- A. If it is determined that an EPG meeting is required then:
- Document the EPG meeting in the Case Activity Log as follows: “EPG meeting – Privileged & Confidential”.
 - Any ECP personnel notes pertaining to the meeting should be captured separately and marked as “Privileged & Confidential”.
 - When the notes reflect the advice of counsel, counsel must review the notes prior to being included in the ECP file.

- 4.3.2. **ENSURE** that the concern is logged in the Concern Database.

- 4.3.3. **IDENTIFY** the scope of the investigation. The investigation must be of sufficient

depth to address the scope of the problem.

- 4.3.4. **DETERMINE** the personnel resources needed to conduct the investigation. Subject Matter Experts may be required to address specific technical or hardware concerns, or specific interpersonal skills that may be required for reviewing such issues as Safety Conscious Work Environment (SCWE).

NOTE: Consideration shall be given to assignment of personnel conducting investigations so as to minimize any personal involvement or conflict of interest. Investigations associated with a potential conflict of interest shall be conducted by an independent third party whenever feasible. Personnel with appropriate subject matter expertise to address the identified issue or concern shall conduct all investigations.

- 4.3.5. **DEVELOP** a written plan for NS/Q, or HIRD concerns as follows:

1. **Issue Case Number:** Year – Sequential Number
2. **Concern:** State each of the issues to be investigated
3. **Team Lead:** Name of Lead Investigator
4. **Team Members:** Name of each team member and title
5. **Investigation Method:** State how the investigation will be conducted, such as:
 - Area(s) to be investigated
 - Interviews to be conducted (state whom with, and if applicable, the number of people to be interviewed)
 - Documents to be reviewed (state which)
6. **Investigation Schedule:** Break down each step. Include action to be done, who is responsible, due date, status (open, WIP, complete).
7. **Communications:** Breakdown of briefings (e.g., status updates, results of investigations, who will give them, to whom they will be given)

- 4.3.6. **DEVELOP** a timeline to identify a chronological listing of events for issues or concerns that are complex or involve activities occurring over an extended period of time.

- 4.3.7. **INITIATE** a Case Activity Log (Attachment 2).

- 4.3.8. **OBTAIN** documents **and REVIEW** applicability of information to the investigation. ECP personnel will verify applicable data (e.g., overtime records, gate records, etc.) contained within these documents as it applies to the review or investigation.

NOTE: ECP personnel may want to consider having another ECP person present during the interview.

- 4.3.9. **CONDUCT** interviews **and DOCUMENT** the interview results in ECP case files using

a form similar to the Interview Summary Form (Attachment 3), or otherwise include information in the interview documentation consistent with that specified on Attachment 3.

1. Attachment 3 is intended to be used when an investigation is performed by an ECP staff person. Documentation of interviews for investigations that are referred should be handled in accordance with the applicable processes of where the investigation is referred (e.g., Human Resources).
2. Interview results should only reflect the substance of the interview as close to the interviewee's own words as possible. Interview results should not include ECP personnel's own impressions, thoughts, or information from other sources.
3. Consider reviewing the interview results with the interviewee.

- 4.3.10. **If** at any time during the course of the investigation other issues or concerns that were not identified in the initial reporting of the concern, investigation plan, or the scope of the investigation are identified, **then** immediately **NOTIFY** the ECP Manager to determine further action.

NOTE: Additional actions may include notification of the EPG and other appropriate management personnel, or assignment of additional resources, as necessary.

- 4.3.11. **If** at any time during the course of the investigation concerns dealing with potential hardware deficiencies, equipment operability, or safeguards issues are identified, **then** immediate action (prior to the completion of the investigation) may be required. **NOTIFY** the ECP Manager to determine further action.

- 4.3.12. **DETERMINE** the extent of the condition of the issue or concern.

NOTE: For issues alleging potential HIRD violations, the investigation report should specifically address the presence or absence of a chilling effect.

- 4.3.13. **CONDUCT** additional interviews and/or document reviews to adequately address other concerns or issues identified that were not included in the original scope of the investigation.

- 4.3.14. **DOCUMENT** the investigation of other issues or concerns that were **not** identified in the initial reporting of the concern but that were identified during the course of the investigation.

- 4.3.15. **EVALUATE** the evidence based upon the original concern(s) documented on the Concern Disclosure Statement. **CONSIDER** the following during the evaluation of evidence:

1. Maintain impartiality.
2. Conclusions are to be based on objective evidence and not on opinion or conjecture. Sufficient documented evidence exists to establish the basis for

conclusions.

3. Based on the evidence available, third party reviewers should be able to draw the same conclusions.
4. Conditions that meet the criteria for inclusion in the Corrective Action Program must be documented in the Corrective Action Program.

NOTE: Feedback should be provided to the CI on the status of the investigation at least every 15 days and documented on the Case Activity Log.

4.3.16. **DETERMINE** validity of the concern:

1. A **Validated** concern is factual, or evidence exists to support that it is factual.
2. A **Not Validated** concern is not factual, or evidence does **not** support that it is factual or credible.
3. A **Partially Validated** concern has factual elements or evidence exists to support that portions of the concern are factual, but there is **not** sufficient evidence to fully validate or invalidate the concern. Additionally, issues or concerns that contain multiple components may have individual components that are validated or not validated; hence the overall concern is only Partially Validated.

4.3.17. **DOCUMENT** any adverse condition(s) identified during the course of the investigation in accordance with Corrective Action Program requirements, as appropriate.

4.3.18. **DOCUMENT** the results of the investigation using Attachment 4, Investigation Summary Report. Consider the following when preparing the Investigation Summary Report:

1. The report accurately reflects each issue or concern being investigated.
2. The report identifies the evaluation methods employed in investigating each issue or concern, including documentation reviewed or other evidence evaluated in determining the validity of the issue or concern.
3. The report provides a summary of the actions agreed to be taken or have been taken for each concern.
4. For each concern the report provides conclusions (i.e., validated, not validated, or partially validated) that are based on facts supported by objective evidence free from opinion or conjecture.
5. The report is brief and concise. All unnecessary, meaningless, or redundant information has been omitted.
6. The report identifies recommendations for corrective actions in addition to the corrective actions that have been completed or are scheduled for completion. Issues entered into the Corrective Action Program (CAP) shall have their identification number included as part of the report.

NOTE: If a CI is referring an issue for another person, consider feedback on the investigation results to the other person, if deemed appropriate.

4.3.19. **DISCUSS** the resolution of the concern with the CI via face-to-face communication whenever practical, unless the CI specifically requests otherwise.

1. At least three (3) attempts shall be made to contact the CI and logged in the Case Activity Log.
2. **If** at least three attempts conducted at different times on different days have failed to result in contacting the CI, **then** a message will be left (where possible). Request that the CI contact ECP. If the call is **not** returned within 48 hours, **then** the concern can be closed.
3. The Case Activity Log and Contact Log may **not** be completed until all follow-up actions regarding the case are being addressed and feedback has been provided to the CI.

NOTE: Briefings shall not include identifying interviewees.

4.3.20. **When** briefing the Concerned Individual, include the following:

- A review of the issues investigated
- Discussion related to discovered facts relative to the concern
- Results of analysis (avoid use of the terms validated, not validated or partially validated)
- Items, if any, already addressed or being addressed by corrective action
- A request for feedback or clarification on the investigation and results

NOTE: In order to maintain confidentiality to the highest degree achievable, this type of communication should only be used for generic issues or concerns where publication of the information will not provide an indication of the issue being reported or information leading to the identities of any individuals associated with the issue.

4.3.21. **CONSIDER** providing generic feedback via alternate communication methods for issues or concerns identified anonymously. For example, a site newsletter article may be published that identifies program or process changes that result from corrective actions associated with an issue or concern.

4.3.22. **ENSURE** that actions to be completed after a concern is investigated are tracked through the Corrective Action Program or other tracking mechanism by the responsible department, as appropriate.

4.3.23. **If** actions have been identified that have not been completed, **then MONITOR** the status of the corrective actions to ensure that actions are progressing satisfactorily.

4.3.24. **COMPLETE** the Case Activity Log and Contact Log.

4.3.25. It is expected that the review and/or investigation of concerns be **COMPLETED** and

CLOSED within thirty (30) working days of the notification.

4.3.26. NS/Q or HIRD File Closure:

1. ECP personnel **ENSURE** all documentation has been completed and placed in the case file.
2. ECP personnel **INITIATE** a Case File Closure form (Attachment 5).

4.4. **Referral**

4.4.1. **ENSURE** that the concern/issue is logged in the Contact Log (Attachment 1) or Concern Database.

4.4.2. **ENSURE** that appropriate management personnel have been notified of the concern, as applicable.

4.4.3. **DETERMINE** the appropriate organization to disposition the concern.

4.4.4. **CONTACT** the appropriate organization and discuss referral of the concern. If the CI requested confidentiality of their identity, the concern is referred to the appropriate organization for review without identifying the source, unless it is required to adequately address the issue.

4.4.5. **TRANSFER** responsibility for the concern to the referred organization to disposition. Provide guidance to ensure that the organization understands the concern; what the expected deliverables are; and the time frame in which the investigation and documentation of findings (e.g., e-mail, report) to ECP are to be provided.

1. It is expected that the review and/or investigation of concerns be **COMPLETED and CLOSED** within thirty (30) working days of the notification.

4.4.6. **NOTIFY** the CI that the concern is being referred to another department for resolution (if not already communicated).

4.4.7. **MONITOR** disposition of the concern.

1. Inform the next level of management if the organization assigned to disposition the concern is not responding appropriately or not meeting the expected closure time frame.

4.4.8. **DOCUMENT** actions taken by ECP and the referred organization to address the issue or concern on the DPO/Rapid Resolution/SCWE/Referral Summary Report Form (Attachment 10).

NOTE: The Case Activity Log (Attachment 2) may also be used to track activities associated with the investigation of the case.

4.4.9. **DOCUMENT** any adverse condition(s) identified during the course of the investigation in accordance with Corrective Action Program requirements, as appropriate.

4.4.10. **CONDUCT** a follow-up discussion with the CI to address disposition of the concern

(refer to step 4.3.20).

4.4.11. **COMPLETE** the Case Activity Log and Contact Log.

4.4.12. Referral File Closure (also for Rapid Resolutions, DPOs, and SCWE):

1. ECP personnel **ENSURE** all documentation has been completed and placed in the case file.
2. An independent ECP person **REVIEWS** the case file **and ENTERS** information in the comments section, as appropriate, signs and dates the review section on the DPO/Rapid Resolution/SCWE/Referral Summary Report (Attachment 10). Final review cannot be completed until all comments have been resolved.
3. The ECP person who performed the investigation will make the necessary corrections then **SIGN and DATE** the form to indicate that all associated comments have been addressed.
4. The person who performed the initial independent review will **SIGN and DATE** the form to indicate that a review of the file for completeness, consistency, and accuracy has been completed and concurs with the final conclusions documented in the case file.

4.5. **Contact Only**

4.5.1. **DOCUMENT** the issue(s) and the actions taken to address the issue(s) in the Pulsing Form/Database.

4.5.2. **ENSURE** that appropriate management personnel have been notified of the concern, as applicable.

4.6. **Rapid Resolution**

4.6.1. **DETERMINE** the extent of the condition of the issue or concern.

4.6.2. **ENSURE** that appropriate management personnel have been notified of the concern, as applicable.

4.6.3. **Ensure** that the concern is logged in the Concern Database.

4.6.4. **CONDUCT** interviews and/or document reviews to adequately address the concerns/issues identified.

4.6.5. **DOCUMENT** any adverse condition(s) identified during the course of the investigation in accordance with Corrective Action Program requirements, as appropriate.

4.6.6. **EVALUATE** the evidence based upon the original concern(s) documented on the Concern Disclosure Statement (refer to section 4.3.15).

4.6.7. **DETERMINE** validity of the concern (refer to step 4.3.16). For some of these types

of issues the validity does not need to be determined and the form should be marked N/A.

- 4.6.8. **DOCUMENT** the results of the on the DPO/Rapid Resolution/SCWE/Referral Summary Report (Attachment 10).

NOTE: The Case Activity Log (Attachment 2) may also be used to track activities associated with the investigation of the case.

- 4.6.9. **CONDUCT** a follow-up discussion with the CI to address disposition of the concern (refer to step 4.3.20).

- 4.6.10. **COMPLETE** the Case Activity Log and Contact Log.

- 4.6.11. File Closure - (refer to step 4.4.12)

4.7. **Differing Professional Opinion (DPO)**

- 4.7.1. **OBTAIN** the following information from the CI:

1. A complete description of the issue, including a description of the opposing opinion and the basis for the disagreement. (This information shall be captured on the Concern Disclosure Statement).
2. A summary of documents including specific references to controlling plant or licensing documents previously used to evaluate the issue.
3. A summary of previous resolution activities including but not limited to condition reports, action items, letters, procedures, and specifications.
4. A summary of existing or proposed company positions, decisions or practices.
5. A summary of the possible consequences of the current prevailing opinion as seen by the CI, if it is not modified.

- 4.7.2. **DISCUSS** with the CI that a third party Subject Matter Expert (SME) would conduct a review of the concern.

- 4.7.3. **ENSURE** that appropriate management personnel have been notified of the concern, as applicable.

- 4.7.4. **Ensure** that the DPO is logged in the Concern Database.

- 4.7.5. **OBTAIN** the assistance of an independent third party SME to review the concern.

- 4.7.6. The SME will **CONDUCT** a review and determine whether the concern requires further action. Based on the complexity of the concern, the SME (in concert with ECP) may enlist other individuals or committees to review the concern.

- 4.7.7. The SME shall **PROVIDE** a written report of the review and subsequent conclusions and resolutions to the ECP organization.

- 4.7.8. Based on the results of the independent review **DETERMINE** the validity of the concern (refer to step 4.3.16).
- 4.7.9. **DOCUMENT** the results of the on the DPO/Rapid Resolution/SCWE/Referral Summary Report (Attachment 10).
- 4.7.10. **CONDUCT** a follow-up discussion with the CI to address disposition of the concern (refer to step 4.3.20).
- 4.7.11. **COMPLETE** the Case Activity Log and Contact Log.
- 4.7.12. File Closure - (refer to step 4.4.12)
- 4.8. **Safety Conscious Work Environment (SCWE)**
 - 4.8.1. **ENSURE** that appropriate management personnel have been notified of the concern, as applicable.
 - 4.8.2. **DETERMINE** the extent of the condition of the issue or concern. If a more significant issue is identified as a result of the investigation then notify the ECP Manager for further guidance.
 - 4.8.3. **Ensure** concern is logged in the Concern Database.
 - 4.8.4. **CONDUCT** interviews and/or document reviews to adequately address the concerns/issues identified.
 - 4.8.5. **DOCUMENT** any adverse condition(s) identified during the course of the investigation in accordance with Corrective Action Program requirements, as appropriate.
 - 4.8.6. **EVALUATE** the evidence based upon the original concern(s) documented on the Concern Disclosure Statement (refer to step 4.3.15).
 - 4.8.7. **DETERMINE** validity of the concern (refer to step 4.3.16).
 - 4.8.8. **DOCUMENT** the results of the investigation on the DPO/Rapid Resolution/SCWE/Referral Summary Report (Attachment 10).
NOTE: The Case Activity Log (Attachment 2) may also be used to track activities associated with the investigation of the case.
 - 4.8.9. **CONDUCT** a follow-up discussion with the CI to address disposition of the concern (refer to step 4.3.20).
 - 4.8.10. **COMPLETE** the Case Activity Log and Contact Log.
 - 4.8.11. File Closure – (refer to step 4.4.12)
- 4.9. **Confidentiality**
 - 4.9.1. **ENSURE** the ECP organization takes reasonable steps to preclude identification of personnel by name or through information that may provide an indication of the

individual's identity.

- 4.9.2. **MAINTAIN** control of all documents and information associated with the case files and limit access to information to personnel on a need-to-know basis only.
- 4.9.3. **When** personnel have a need to know information from ECP files, **then ENSURE** Attachment 11, Non-Disclosure Statement is completed and added to ECP files, as appropriate.
- 4.9.4. ECP includes a confidentiality option for employees who use the process. However, ECP **cannot** maintain this option if Regulatory Agencies and courts of law formally request files.

4.10. **Corrective Action Tracking and Program Assessment**

- 4.10.1. **ENSURE** that actions to be completed after a concern is investigated are tracked through the Corrective Action Program or other tracking mechanism, as appropriate.
- 4.10.2. **If** corrective actions have been identified that have not been completed, **then MONITOR** the status of the corrective actions to ensure actions are progressing satisfactorily.
- 4.10.3. **CONDUCT** an assessment of the ECP on an annual basis (each calendar year) in order to determine overall program effectiveness. The review may be conducted as a self-assessment or as an independent review.

4.11. **Pulsings**

- 4.11.1. **CONDUCT** periodic pulsings of the various site organizations to identify any emergent issues or potential trends.
 - 1. Pulsings are usually conducted as an informal interview of personnel.
 - 2. Pulsing activities should be documented on Attachment 9 or in a secure database.
 - 3. Hard copy pulsing records are to be stored in a locked area.
- 4.11.2. **If** a negative trend or if precursors to a potential issue are identified within an organization, **then ECP** should notify applicable management personnel.
- 4.11.3. **DOCUMENT** any actions taken, including follow-up with the individual on the pulsing form or in the secure database.
- 4.11.4. **If** an issue is identified during a pulsing, **then ADDRESS** in the Corrective Action Program or ECP, as appropriate.
- 4.11.5. Pulsings can also be “targeted” to focus on a potential problem area, follow-up on the effectiveness of actions taken to address previous issues or support extent of condition evaluations for investigations.
 - 1. Attachment 9 or a secure database can be used to document these

“targeted” pulsings or a specific questionnaire can be used to capture the results of the pulsings.

2. The ECP will track the request and completion of these pulsings.

4.12. **Reports**

- 4.12.1. The ECP Manager **PROVIDES** ECP Concern data and associated trend information to the Executive Protocol Group (EPG) on a monthly basis.
- 4.12.2. The EPG issues a monthly report that includes ECP Concern data to Senior Executives within PSEG.

4.13. **ECP Passwords**

- 4.13.1. Maintain control of the ECP Password(s) in a file located in the ECP Office with limited access to the Password(s) to authorized personnel on a need to know basis.

5. **DOCUMENTATION**

NOTE: The ECP Manager reserves the right to determine the amount and type of documentation that is needed for each case.

- 5.1. **MAINTAIN** a confidential log of ECP contacts. The log shall be maintained in a secure manner.
- 5.2. **MAINTAIN** appropriate documentation for all completed investigations. Case File records for NS/Q and HIRD concerns associated with protected activity investigations should, at a minimum, contain the following:
 1. Concern Disclosure Statement (CDS Form) (Attachment 12)
 2. Case Activity Log (Attachment 2)
 3. Interview Summary Form (Attachment 3) (one for each individual interviewed)
 4. Investigation Summary Report (Attachment 4) – For HIRD investigations, review the HIRD template tool located in the ECP Investigation Forms And Tools Folder. Retain completed templates in the associated case file.
 5. Copies of procedures, policies, records, Condition Reports or other documents reviewed during the course of the investigation that provides data for the basis of conclusions.
 6. Copies of letters, statements, related email, or other communications associated with the investigation that provides data for the basis of the conclusions.
 7. Case File Closure (Attachment 5)
- 5.3. **MAINTAIN** appropriate documentation for all completed DPOs, Rapid Resolutions, SCWE and Referrals. Case File records for all four types of concerns should, at a minimum, contain the following:

1. Concern Disclosure Statement (CDS Form) (Attachment 12).
2. Copies of procedures, policies, records, Condition Reports or other documents such as copies of letters, statements, related email, or other communications associated with the investigation that provides data for the basis of the conclusions.
3. DPO/Rapid Resolution/SCWE/Referral Summary Report (Attachment 10).

NOTE: The Case Activity Log (Attachment 2) can also be used to capture activities for these cases. An investigation plan is not required for these cases.

- 5.4. **MAINTAIN** appropriate documentation for all Contact Only communications on the Pulsing/Contact Log, or in a secure database.
- 5.5. **ENSURE** only a hard copy of the approved file documentation is maintained in order to maintain case file confidentiality and accuracy. Once the final review of case documentation has been completed, purge unnecessary documentation.
- 5.6. **RETAIN** case file records for each concern. These case file records are to be stored in fire proof, lockable file cabinets.
- 5.7. **MAINTAIN** documentation associated with case files in the ECP Office for a period of six (6) years.
- 5.8. **RETAIN** case files for any concerns being investigated by an outside agency or issues involving litigation on a case-by-case basis at the discretion of ECP in concert with Legal Counsel.
- 5.9. ECP personnel in concert with Legal Counsel shall **DESTROY** hard copy case files after a period of 6 years (if it has been determined that the case files are not needed for any outstanding litigation) via mechanical shredding.
- 5.10. When using electronic signatures, make sure to initial the signature.
- 5.11. Access to ECP files is strictly controlled. Access to files or information contained therein is not to be granted except as provided for in Attachment 11, Employee Concerns Non-Disclosure Statement. ECP Management shall administer any access. Releases of copies of documents to external agencies should normally be completed only through PSEG Legal Counsel.

6. **REFERENCES**

- 6.1. Energy Reorganization Act of 1974, as amended, Section 211, Employee Protection
- 6.2. Title 10, Code of Federal Regulations, Parts 19.20 and 50.7
- 6.3. Nuclear Energy Institute, NEI 97-05, Nuclear Power Plant Personnel - Employee Concerns Program - Process Tools in a Safety-Conscious Work Environment

- 6.4. Institute of Nuclear Power Operations, INPO 12-012, Traits of a Healthy Nuclear Safety Culture
- 6.5. Employee Concerns Program (Add document ID)
- 6.6. Qualification of Employee Concerns Personnel (Add document ID)
- 6.7. Executive Protocol Group (Add document ID)
- 6.8. Standard Records Retention Schedule (SRRS)

7. **ATTACHMENTS**

- 7.1. Attachment 1 – Sample Contact Log
- 7.2. Attachment 2 – Sample Case Activity Log
- 7.3. Attachment 3 – Sample Interview Summary Form
- 7.4. Attachment 4 – Investigation Summary Report
- 7.5. Attachment 5 – Case File Closure
- 7.6. Attachment 6 – ECP Contact Receipt and Screening Process
- 7.7. Attachment 7 – Investigation Process
- 7.8. Attachment 8 – Referral/DPO Process
- 7.9. Attachment 9 – Sample Pulsing Form
- 7.10. Attachment 10 – DPO/Rapid Resolution/SCWE/Referral Summary Report
- 7.11. Attachment 11 – Employee Concerns Program Non-Disclosure Statement
- 7.12. Attachment 12 – Concern Disclosure Statement
- 7.13. Attachment 13 – Employee Concerns Confidentiality Option Statement

ATTACHMENT 1
Sample Contact Log
Page 1 of 1

Location:

[illegible]

[illegible]

ATTACHMENT 3
Sample Interview Summary Form
Page 1 of 1

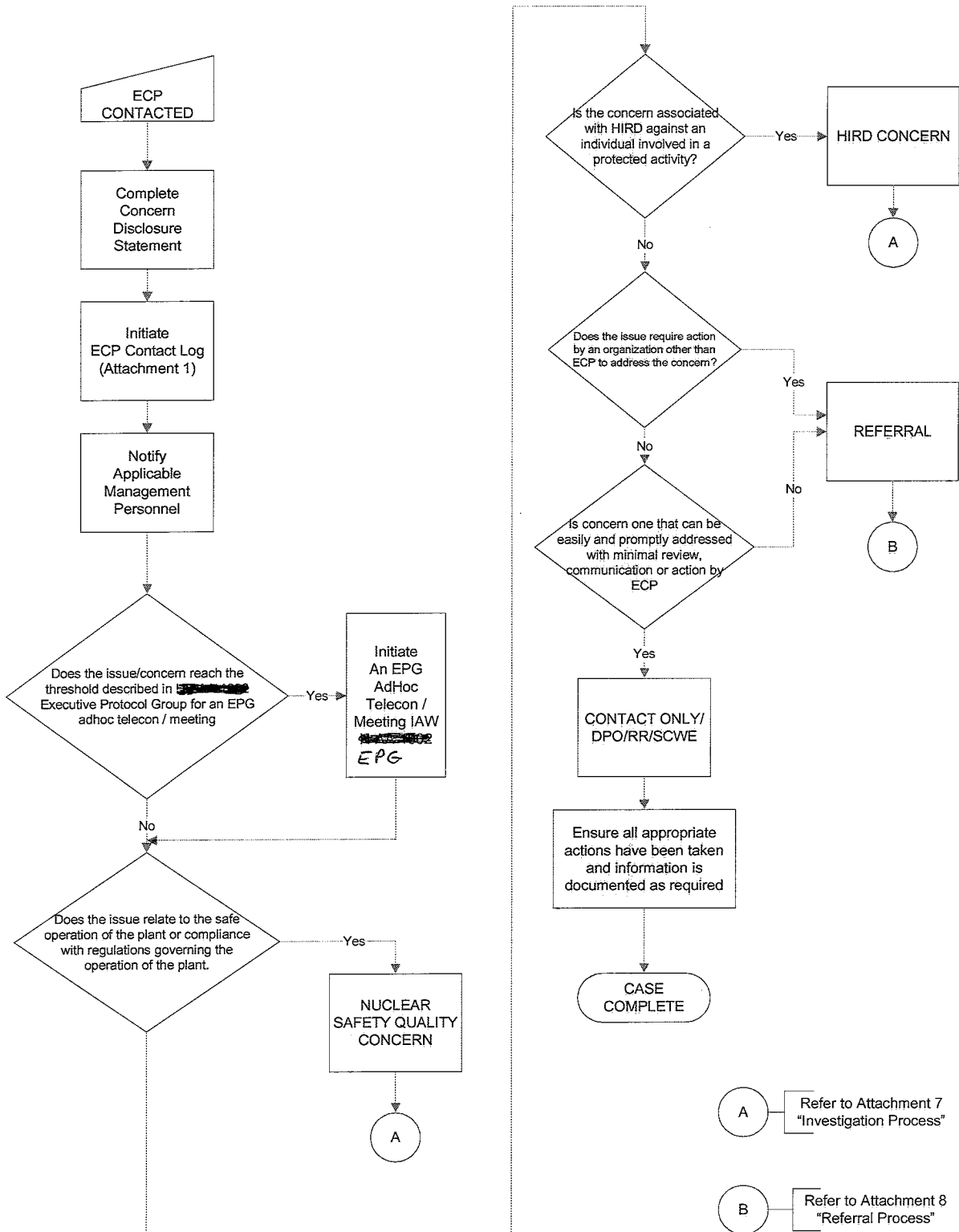
Case File Number:	
Date:	Start Time:
Person Interviewed:	Title/Department:
Interview Summary: 	
Interview Conducted By:	

Case File Number:			
Report Date:		Type: ☐ NS/Q ☐ HIRD	
☐ Validated	☐ Partially Validated	☐ Not Validated	
Summary of Concern:			
<u>Summary of Investigation:</u>			
(Address each concern individually if more than one provided)			
<u>Concern:</u>			
<u>Evaluation:</u>			
<u>Results:</u>			
Summary of Actions Taken and Completion Dates: (Complete as Needed)			
Investigation Results: (Summation of the results of the total investigation)			
Investigator:			

ATTACHMENT 5
Case File Closure
Page 1 of 1

Case File #: _____		
Investigation Completion Date: _____	Completed By: _____	
Feedback provided to the Concerned Individual(s)	Initials: _____	Date: _____
CI's Response: _____		
Case Activity Log Complete	Initials: _____	Date: _____
DELETE all associated electronic files from non-secure databases, e-mail, etc.	Initials: _____	Date: _____
Review Comments: _____ _____ _____ _____ _____ _____ _____ _____		
(Attach additional pages if necessary)		
Reviewed by: _____ (Print/Sign)	Date: _____	
Comments _____	Date: _____	
Remediated by: _____ (Print/Sign)		
Final Review by: _____ (Print/Sign)	Date: _____	

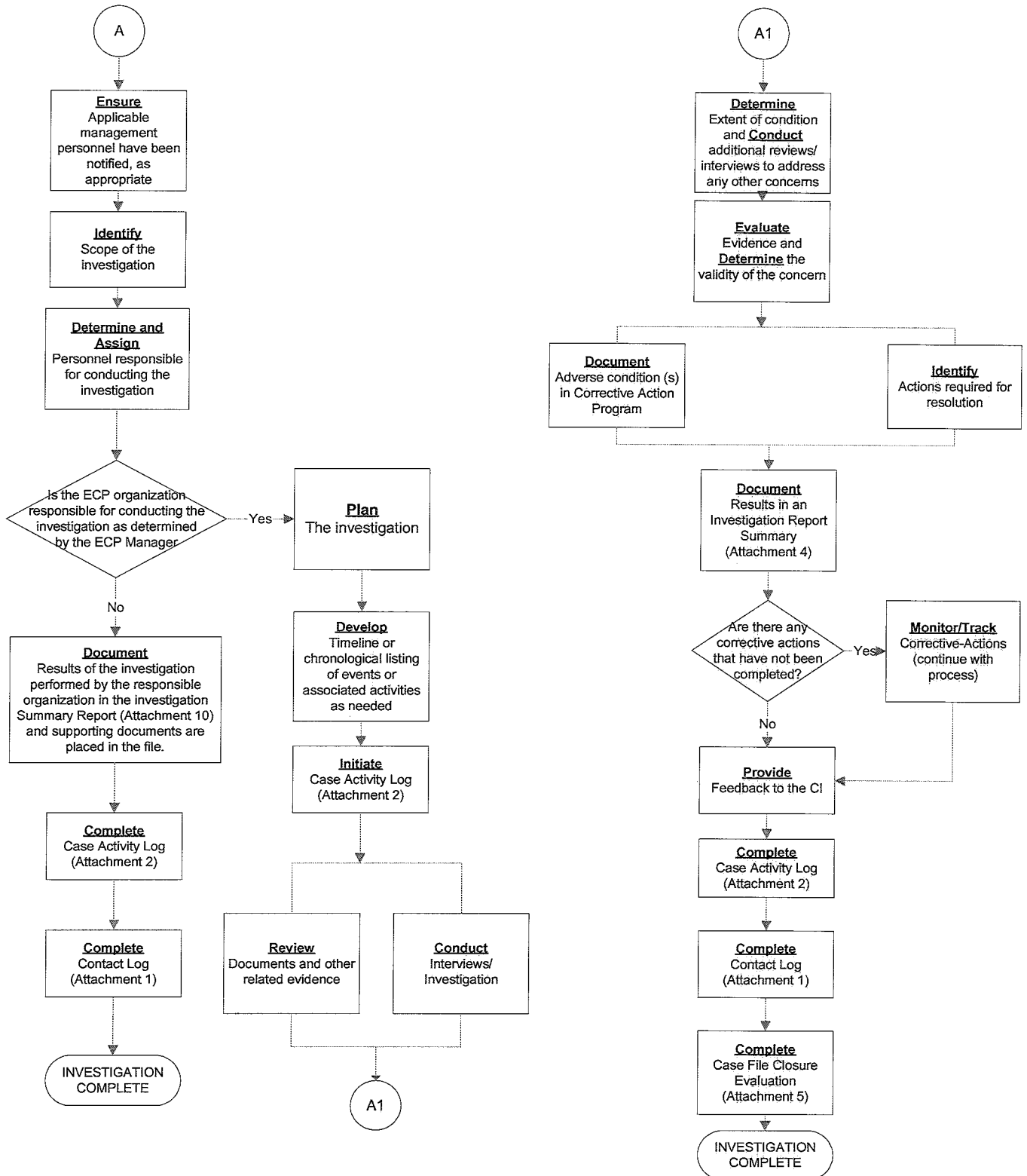
ATTACHMENT 6
ECP Contact Receipt and Screening Process
Page 1 of 1



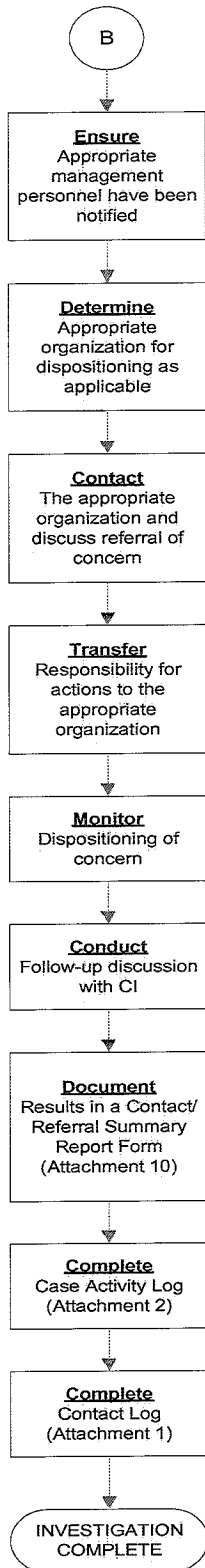
ATTACHMENT 7

Investigation Process

Page 1 of 1



ATTACHMENT 8
Referral/DPO Process
Page 1 of 1



ATTACHMENT 9
Sample Pulsing Form
Page 1 of 1

Date: _____ Performed By: _____

Organization: _____

Information:

Follow-up Actions:

ATTACHMENT 10
DPO/Rapid Resolution/SCWE/Referral Summary Report
Page 1 of 1

Case File Number:

Report Date:

ECP Personnel:

Type of Concern: ☐ DPO ☐ Rapid Resolution ☐ SCWE ☐ Referral

Summary of Concern:

Summary of Actions Taken:

(List date, times and persons contacted, and results)

(Summary paragraph detailing the results of the investigation)

☐ Validated ☐ Partially Validated ☐ Not Validated ☐ Not Required

Feedback provided to the
Concerned Individual(s)

Initials: _____ Date: _____

CI's Response: _____

Closure Date: _____ Contact Log Complete

Initials: _____ Date: _____

DELETE all associated electronic files from
non-secure databases, e-mail, etc.

Initials: _____ Date: _____

Review Comments:

(Attach additional pages if necessary)

Reviewed by: _____ Date: _____
(Print/Sign)

Comments _____ Date: _____
Remediated by: _____
(Print/Sign)

Final _____ Date: _____
Review by: _____
(Print/Sign)

ATTACHMENT 11
Employee Concerns Program Non-Disclosure Statement
Page 1 of 1

As part of my official duties, I require access to certain information relative to the (Enter Station Here) Employee Concerns Programs (ECP).

I acknowledge that an important factor affecting the success of the ECP is the confidence of employees that their issues will be addressed with appropriate discretion and confidentiality. Therefore, I fully understand and agree that I have a continuing obligation to keep ECP information confidential.

Keeping information confidential shall include, as a minimum:
(1) protecting the identity of workers who raise concerns, and
(2) not divulging information obtained in the course of an investigation, except to a Federal Agency such as the Nuclear Regulatory Commission, or as advised by Counsel for Department of Labor or other court proceedings.

Even when a worker does not request confidentiality, I will not discuss case information with other persons unless it is necessary for the performance of ECP duties, or unless the ECP supervision determines those persons have a need-to-know for the performance of their duties.

I understand that deliberate violation of these provisions may result in disciplinary action up to and including discharge.

Reason for access to ECP information:

Signature

Printed Name

Date

Signature of ECP Witness

Printed Name of ECP Witness

Date

ATTACHMENT 12

Concern Disclosure Statement

Page 1 of 2

Federal law prohibits discrimination by a licensee or contractor against an employee for providing information about possible violations of nuclear safety or quality requirements.

This section should be completed by the Concerned Individual (CI):

Name (Print): _____	Date: _____			
Company: _____	Dept./Craft: _____			
Would you like to remain anonymous? ☐ Yes ☐ No (If Yes, leave the Name field blank above.) If you decide to remain anonymous, but desire the ability to anonymously interact/communicate with ECP staff, you can provide a personal anonymous CI password below. After submitting your anonymous concern you can contact any of the ECP staff via telephone, and provide your personal anonymous code. This will allow the ECP staff to collect additional information to ensure a thorough investigation can be performed and will also allow the ECP staff to provide you status updates on the investigation of your concern. (telephone number, address, email address, etc. - how you wish to be contacted) Contact Information / Personal Anonymous Password: _____				
Concern / Issue: _____ _____ _____ (Attach additional pages if necessary)				
Corrective Action Program (CAP) document initiated by the CI prior to coming to ECP? ☐ Yes ☐ No IF Yes, THEN Provide NOTF # _____ Did the CI discuss the Concern/Issue with Management prior to coming to ECP? ☐ Yes ☐ No IF Yes, with Whom? _____ When? _____ IF No, why not? _____ _____				
Did the CI bring this issue to the responsible organization (e.g., Industrial Safety, HR, Security) for resolution prior to coming to ECP?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">☐ Yes</td> <td style="width: 33%; text-align: center;">☐ No</td> <td style="width: 33%; text-align: center;">☐ N/A</td> </tr> </table>	☐ Yes	☐ No	☐ N/A
☐ Yes	☐ No	☐ N/A		
IF the CI did bring this issue to management and/or the responsible organization for resolution THEN why are they now coming to ECP? _____ _____				
Submitted by: _____ Date: _____ (Print/Sign)				

ATTACHMENT 12
Concern Disclosure Statement
Page 2 of 2

This section is to be completed by an ECP staff member:

- ☐ Screening / Investigation/Referral process and timeframe discussed with CI.
- ☐ Confidentiality protocol discussed with CI.
- ☐ Contact methods/communications/feedback methods discussed with CI.

Provided by: _____ Date: _____

I acknowledge that the ECP staff member has explained to me the screening/investigation and referral process utilized by the ECP to address my concern. The ECP staff member also provided me a copy of the ECP Confidentiality protocol (Attachment 13), explained it to me, and discussed the method used to contact me to provide feedback on my issue. I understand this information and acknowledge that I can follow-up with the ECP staff member should I identify any additional questions later during the investigation.

Confidentiality Requested? ☐ Yes ☐ No

CI signature: _____ Date: _____

ECP Case Number: _____

ATTACHMENT 13
Employee Concerns Confidentiality Option Statement
Page 1 of 2

Note: As used below, “the company” refers to (Enter Station Here) LLC.

I have information that I wish to provide to the company Employee Concerns Program (ECP). I understand that I have two (2) options that I can exercise to protect my identity.

Option I I can request that my identity be kept confidential by ECP to the following restrictions:

A. Information Disclosure to the Public or Regulatory Agencies

The company will not routinely identify me by name (or any other personal identifier) in any document, conversation, or communication released to the public by the company, which relates to the information provided by me. I understand that the company may be required to identify me in connection with my concerns to federal or state regulatory agencies or other government agencies upon their request and in furtherance of their responsibilities under the law. Such disclosure may include, but is not limited to, granting access to my concern file to the NRC, NRC contractors, and other organizations with responsibility to oversee the ECP such as the Independent Third Party Reviewers or Auditors, on a need to know basis. I further understand that regulatory agencies may have disclosure requirements wherein the company has no authority to intercede.

B. Use of Information Within the Company

The company will disclose my identity in connection with the information provided by me within the company only to the extent required for the conduct of company related activities. I understand that the investigation of my concern may progress to the point where the confidentiality of my identity among company employees can no longer be preserved. In that case, the company will notify me that confidentiality cannot be preserved if the investigation is to proceed. I also understand that the company retains sole discretion regarding whether to continue with the investigation beyond the point at which confidentiality can no longer be maintained.

C. Disclosure of Information Pursuant to Court or other Order

During the course of investigation resulting from any information I provide, the company will make every effort consistent with the investigative needs of the company to avoid actions that would be expected to result in the disclosure of my identity to persons subsequently contacted by the company. I understand that my identification or information from my concern file may be compelled to be disclosed pursuant to orders or subpoenas issued by courts of law, hearing boards, or similar legal entities.

I further understand that ECP will notify the appropriate level of management responsible for the areas affected by my concern of the existence of my concern, but will make every effort, in accordance with the conditions outlined in paragraphs A through C above, to not disclose my identity.

ATTACHMENT 13
Employee Concerns Confidentiality Option Statement
Page 2 of 2

I also understand that the company will consider me to have waived my right of confidentiality if I should take or have taken any action that may be inconsistent with the grant of confidentiality (e.g., have taken any action that could reasonably be expected to disclose my identity, have provided false information to the company or the Employee Concerns Program, or have engaged in misconduct that is connected to my concern(s). I further understand that this agreement is not intended to create any rights or to provide any remedies enforceable at law.

Option II I can waive my right to confidentiality.

If I select this option, the ECP and the company will respect my privacy and only reveal my identity as described in paragraph I above and as required to conduct a complete and thorough investigation of my concern.

When you have read and fully understand the contents of this document, please inform ECP personnel if you wish confidentiality so that your choice can be recorded on the Concern Disclosure Statement.