

*acc'd with letter dtd
4/12/94*

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

QUALITY ASSURANCE AUDIT PLAN

FOR AUDIT YMP-94-05

OF

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION/
TECHNICAL AND MANAGEMENT SUPPORT SERVICES

LAS VEGAS, NEVADA

MAY 16 THROUGH 20, 1994

Prepared by: *Richard L. Maudlin* Date: 04-12-94
Richard L. Maudlin
Audit Team Leader
Yucca Mountain Quality Assurance Division

Approved by: *Donald G. Horton* Date: 04-12-94
Donald G. Horton
Director
Office of Quality Assurance

102.7

ENCLOSURE

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1.0 SCOPE

This full scope audit, to be performed by a team of auditors from the Yucca Mountain Quality Assurance Division (YMQAD), will evaluate the Science Applications International Corporation/Technical and Management Support Services (SAIC/T&MSS) Quality Assurance (QA) Program to determine whether it meets the requirements and commitments imposed by the Office of Civilian Radioactive Waste Management (OCRWM). This will be done by verifying implementation, adequacy, and effectiveness of systems in place, as well as verifying compliance with requirements.

In addition to the follow-up on any open Corrective Action Requests, a representative sample of deficiencies identified during previous QA audits and surveillances of SAIC/T&MSS may be included in the scope of this audit to determine the effectiveness of SAIC/T&MSS corrective actions.

The programmatic and technical elements to be audited during this full scope audit are identified in Section 4.0 of this audit plan.

2.0 AUDIT SCHEDULE

| | |
|---------------------------------|--|
| Pre-audit Team/Observer Meeting | 8:00 a.m., May 16, 1994 Las Vegas, Nevada |
| Pre-audit Conference | 9:00 a.m., May 16, 1994 Las Vegas, Nevada |
| Audit Activities | 10:00 a.m. to 4:00 p.m. May 16, 1994 Las Vegas, Nevada |
| | 8:00 a.m. to 4:00 p.m. May 17 through 19, 1994 |
| | 8:00 a.m. to 11:30 a.m. May 20, 1994 |
| Daily Team Debriefing | 4:00 p.m. |
| Post-audit Conference | 2:00 p.m., May 20, 1994 Las Vegas, Nevada |

There will be a daily YMQAD Audit Team/Observer meeting at 4:00 PM and also a daily Audit Team Leader/Observer/SAIC meeting starting at 8:15 AM to discuss potential deficiencies and establish needed liaison.

3.0 REQUIREMENTS TO BE AUDITED AND APPLICABLE REFERENCES

The requirements to be audited will be contained in programmatic and technical checklists. These checklists will be developed from the latest available revision of the following documents.

- OCRWM Quality Assurance Requirements and Description Document
- SAIC/T&MSS Quality Assurance implementing procedures
- Applicable Yucca Mountain Site Characterization Office Administrative Procedures - Quality

The conduct of the audit will be guided by the documents (latest revision) listed below:

- Quality Assurance Procedure (QAP) 18.2, "Audit Program"
- QAP 16.1, "Corrective Action"

4.0 ACTIVITIES TO BE AUDITED

Programmatic Elements

- 1.0 Organization
- 2.0 Quality Assurance Program
- 4.0 Procurement Document Control
- 5.0 Implementing Documents
- 6.0 Document Control
- 7.0 Control of Purchased Items and Services
- 10.0 Inspection
- 12.0 Control of Measuring and Test Equipment
- 15.0 Nonconformances
- 16.0 Corrective Action
- 17.0 Quality Assurance Records
- 18.0 Audits

Appendix C, Mined Geologic Disposal System
Supplement III, Scientific Investigation

The following QA program elements were considered during the development of this audit plan and found to be not applicable, since the current SAIC/T&MSS QA Program has no activity for which these elements apply:

- 3.0 Design Control
- 8.0 Identification and Control of Items
- 9.0 Control of Special Processes

- 11.0 Test Control
- 13.0 Handling, Storage, and Shipping
- 14.0 Inspection, Test and Operating Status
- Appendix A - High Level Radioactive Waste Form Production
- Appendix B - Transportation
- Supplement I - Software
- Supplement II - Sample Control
- Supplement IV - Field Surveying

Technical Elements

Q-List work as follows:

- Work Breakdown Structure (WBS) No. 1.2.13.4.2, Meteorology, and
- WBS No. 1.2.13.5.2, Monitoring Conditions of Population Centers Relative to Wind Patterns.

In addition, the technical specialists will evaluate the above activities to determine adequacy in the following areas:

1. Technical qualifications of meteorological monitoring personnel.
2. Understanding of procedural requirements as they pertain to meteorological monitoring activities.
3. Adequacy of technical procedures, as applicable.
4. Development of study plans, work supporting the Site Characterization Plan, and any related work products.

5.0 AUDIT TEAM MEMBERS - All CER except Barr (NOAA)

Richard L. Maudlin, YMQAD/Quality Assurance Technical and Support Services (QATSS), Las Vegas, Nevada, Audit Team Leader CER

✓ Stephen R. Maslar, YMQAD/QATSS, Las Vegas, Nevada, Acting Audit Team Leader CER

✓ Patout Cotter, YMQAD/QATSS, Las Vegas, Nevada, Auditor - CER

Freddie Besman ✓ Michael Donovan, YMQAD/QATSS, Arlington, Virginia, Auditor - CER

✓ Kenneth O. Gilkerson, YMQAD/QATSS, Las Vegas, Nevada, Auditor CER

Thomas E. Rodgers, YMQAD/QATSS, Las Vegas, Nevada, Auditor - CER

To Be Determined - Technical Specialist

✓ Allan Barr - NOAA - National Oceanic & Atmospheric Administration

MS, Meteorology, Univ of Utah, Salt Lake City, 1971

↑
checked quals & cert (Maslar) only

6.0 AUDIT CHECKLISTS

The following checklists will be used during the audit:

YMP-94-05-01, Programmatic Checklist

YMP-94-05-02, Technical Checklist

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QUALITY ASSURANCE CHECKLIST

| | | | | |
|--|---|--|--|---|
| ORGANIZATION EVALUATED | | <input checked="" type="checkbox"/> EXTERNAL <input type="checkbox"/> INTERNAL | <input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE | PREPARED BY <u>See Below</u> DATE _____ |
| SAIC | DATES OF EVALUATION | | | |
| <u>5/16 - 5/20/94</u> | | | | |
| CONTROLLING DOCUMENT (Title, Number, Revision) | | | ACTIVITY EVALUATED | |
| ITEM NO. | CHARACTERISTICS TO BE EVALUATED | REMARKS Record objective evidence reviewed, method of verification, personnel contacted | | * RESULTS |
| | RICHARD L. MAUDLIN - ATL - 1 AND 2 STEPHEN R. MASLAR - ACTING ATL FRED BEARHAM - 5, 6, AND 16 PAT H. COTTER - 10, 15, AND 18 THOMAS E. RODGERS - 4, 7, AND 17 KEN GILKERSON - SUPPLEMENT III AND 12 ALLAN BARR - TECHNICAL CHECKLIST 94-05-02 | | | |

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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|----------|--|--|-----------|
| 1-1 | <p>QARD, SECTION 1.0, ORGANIZATION</p> <p>PARAGRAPH 1.2, REQUIREMENTS</p> <p>Each Affected Organization shall prepare controlled documents, accepted by the responsible organization with immediate authority over the affected organization (next-higher-level organization), that describe internal and external organizational interfaces, organizational structures, requirements, and responsibilities for its scope of work.</p> | | |
| 1-2 | <p>PARAGRAPH 1.2.1, LINE MANAGEMENT</p> <p>Each Affected Organization shall identify the responsibilities and authorities of those organizations and management positions responsible for achieving and maintaining quality.</p> | | |

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| 1-3 | <p>PARAGRAPH 1.2.3, RESPONSIBILITY FOR QUALITY</p> <p>Quality shall be achieved and maintained by those who have been assigned responsibility for performing work. Quality Achievement shall be verified by persons or organizations not directly responsible for performing the work.</p> | | |
| 1-4 | <p>PARAGRAPH 4.2.1</p> <p>Prepare a QA Policy that establishes the responsibilities and authorities, and internal and external interfaces, associated with the T&MSS Scope of Work and the QA Program for the following:....</p> | | |

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| 1-5 | <p>PARAGRAPH 4.2.2</p> <p>Prepare this document as a formal document on Form TMSS/215 (Exhibit 6).</p> | | |
| 1-6 | <p>PARAGRAPH 4.5.2</p> <p>Prepare a review package for the individual document, include the properly initiated forms TMSS/095 and TMSS/098 (Exhibits 4 and 5) and the draft document (including any exhibits), and submit to the following reviewers as a minimum:....</p> | | |

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| 1-7 | PARAGRAPH 4.5.3 Assign a technical reviewer who is qualified to perform a review of the technical adequacy of the document and is not materially responsible for the content of the document. | | |
| 1-8 | PARAGRAPH 4.5.12 Upon resolution of mandatory comments, sign form TMSS/098 (Exhibit 5). | | |

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| 2-1 | <p>QARD, QUALITY ASSURANCE PROGRAM, SECTION 2.0, REVISION 0</p> <p>PARAGRAPH 2.2.5, SURVEILLANCES</p> <p>Surveillances shall be conducted to evaluate the quality of selected work subject to QARD requirements, Surveillances shall be:</p> <p>C. Documented in a report to appropriate management.</p> | | |
| 2-2 | <p>PARAGRAPH 2.2.6, MANAGEMENT ASSESSMENTS</p> <p>Senior management of an affected organizations shall perform or direct the performance of management assessments by personnel outside the QA organization.</p> <p>A. Management assessments shall be planned and documented, and performed annually.</p> | | |

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| 2-3 | <p>PARAGRAPH 2.2.7, READINESS REVIEWS</p> <p>The need for readiness reviews shall be identified by management for major scheduled or planned work to ensure program objective are met. where needed, readiness reviews shall be conducted for the planned scope of work to ensure that objective evidence exists demonstrating that:</p> <p>B. Personnel have been suitably trained and qualified.</p> | | |
| 2-4 | <p>PARAGRAPH 2.2.11, PERSONNEL SELECTION, INDOCTRINATION, TRAINING, AND QUALIFICATION</p> <p>Each affected organization shall establish a program for the evaluation, selection, indoctrination, training, and qualification of personnel performing work subject to QARD requirements. The program shall:</p> <p>D. Establish minimum education and experience requirements for each position commensurate with the scope, complexity, and nature of the work.</p> <p>G. Ensure supervisors evaluate and assess the need for additional indoctrination and training as assignments, positions, and implementing documents change.</p> | | |

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| 2-5 | <p>SP 1.31, REVISION 8, INITIAL EVALUATION, QUALIFICATION, INDOCTRINATION AND TRAINING OF T&MSS PERSONNEL</p> <p>SECTION 3.0, BACKGROUND</p> <p>Employees may perform qualification; however, the manager assigning such activities must ensure that the employee has been trained to the document(s) governing those activities and that the training and demonstrated proficiency, as appropriate, have been documented before quality-affecting activities are performed.</p> | | |
| 2-6 | <p>PARAGRAPH 4.2.5</p> <p>Assign new employee initial training, baseline training/maintenance required training, and indoctrination training. Use the "Guidelines for Determining Training Requirements" (Exhibit 4) as an aid in making assignments. Document assignment on the Training Assignment form (YMP-027, Exhibit 6).</p> | | |

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|----------|---|--|---------|
| 2-7 | <p>PARAGRAPH 4.4.1</p> <p>Monitor changes in documents including those that are part of an employee's baseline training/maintenance required.</p> <p>NOTE: Training needs for new and revised documents and ICNs are documented on the Document Review and Sign-off form (TMSS/098) or other appropriate document review and approval form.</p> | | |
| 2-8 | <p>PARAGRAPH 4.5.4, QUALIFICATION OF INSTRUCTORS</p> <p>PARAGRAPH 4.5.4.5</p> <p>Complete Section II of the Instructor Qualification form. Retain form in training files.</p> | | |
| 2-9 | <p>PARAGRAPH 4.5.5, DEVELOP FORMAL INSTRUCTION TRAINING MATERIALS</p> <p>PARAGRAPH 4.5.5.2</p> <p>As a minimum, training materials shall consist of identified instructional objectives and an approved lesson plan.</p> | | |

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| 2-10 | <p>SP 1.32, REVISION 2, MANAGEMENT ASSESSMENT</p> <p>PARAGRAPH 4.1</p> <p>Initiate an assessment on an annual basis that evaluates the following as a minimum:</p> <ul style="list-style-type: none"> a. Adequacy of the organizational structure and staff. b. Adequacy of the T&MSS QA Program. c. Adequacy of the Personnel Qualification and Training Program. d. Effectiveness of the Nonconformance and Corrective Action Program. e. Adequacy of the T&MSS QA Program management information tracking, evaluation, and reporting system. | | |

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| 2-11 | <p>PARAGRAPH 4.5</p> <p>Prepare a Management Assessment Plan with input from the team members that considers the following items:</p> <ul style="list-style-type: none">a. Scope of the assessment.b. Methodology to be used.c. A schedule for conducting.d. Listing of Management Assessment Team personnel.e. List of documents.f. Listing of personnel. | | |

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| 2-12 | <p>PARAGRAPH 4.10</p> <p>Prepare a Management Assessment Report, including title and signature page, that documents completed assessment results that consider the following as a minimum:</p> <ul style="list-style-type: none">a. An executive summary.b. A statement of scope.c. A list of personnel contacted.d. Positive activities and innovations found.e. Description of adverse condition(s).f. Recommendations for improvement. | | |

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| 2-13 | <p>SP 1.60, REVISION 2, READINESS REVIEW</p> <p>SECTION 4.1, IDENTIFICATION OF NEED FOR READINESS REVIEW</p> <p>PARAGRAPH 4.1.1</p> <p>Provide, by memorandum to the T&MSS Project Manager, a list of activities recommended for a Readiness Review (RR). RRs shall be conducted prior to initiation of major scheduled or planned work.</p> | | |
| 2-14 | <p>SP 1.71, REVISION 1, GRADED APPLICATION OF QA CONTROLS</p> <p>SECTION 4.1, REVIEW OF WORKTASKS AND DETERMINATION OF NEED FOR QAGRS</p> <p>PARAGRAPH 4.1.1</p> <p>Review DOE work tasks assigned through TLDs or other procurement devices and assign the work task to the applicable APM(s).</p> | | |

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| 2-15 | <p>WI-QA-002, REVISION 1, QUALITY ASSURANCE SURVEILLANCE</p> <p>SECTION 4.3, PERFORMING THE SURVEILLANCE</p> <p>PARAGRAPH 4.3.6</p> <p>Document deficiencies noted during the surveillance that require action on a QFR/MCAR or NCR, as applicable, in accordance with SP 1.23 or SP 1.37.</p> | | |
| 2-16 | <p>SECTION 4.4, REPORTING SURVEILLANCE RESULTS</p> <p>PARAGRAPH 4.4.2</p> <p>Complete the Surveillance Report, form number TMSS/232, Surveillance Report Datasheet, form number TMSS/234, and any Surveillance Report Continuation Sheets, form number TMSS/234, if needed.</p> | | |

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| 2-17 | PARAGRAPH 4.4.5 Approve the Surveillance Report and issue it to the T&MSS Project Manager, the responsible APM, and the responsible manager and any other appropriate parties. | | |

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| 2-18 | <p>WI-QA-005, REVISION 2, QUALIFICATION OF AUDIT PERSONNEL</p> <p>SECTION 4.2, QUALIFICATION AND CERTIFICATION OF LEAD AUDITORS</p> <p>PARAGRAPH 4.2.1</p> <p>Assurance that a prospective Lead Auditor meets the following requirements in addition to the requirements set forth in Section 4.1.</p> <p>a. Education and Experience</p> <p style="padding-left: 40px;">(1) Education (4 credits maximum)</p> <p style="padding-left: 40px;">(2) Experience (9 credits maximum)</p> <p style="padding-left: 40px;">(3) Other Credentials of Professional Competence (2 credits maximum)</p> <p style="padding-left: 40px;">(4) Rights of Management (2 credits maximum)</p> <p>b. Communication Skills</p> <p>d. Audit Participation</p> <p>e. Examination</p> | | |

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| 2-19 | <p>PARAGRAPH 4.2.2</p> <p>Certify and document those requirements delineated in Subsection 4.2.1 on form TMSS/149. (The T&MSS PM is responsible for certification of the QAM.)</p> | | |
| 2-20 | <p>PARAGRAPH 4.3.1</p> <p>Maintain qualification as Lead Auditor through one or more of the following:</p> <ul style="list-style-type: none"> a. Regular and active participation. b. On-going review and study of codes. c. Participation in the training program. | | |

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| 2-21 | <p>WI-QA-008, REVISION 1, CERTIFICATION OF INSPECTION PERSONNEL</p> <p>SECTION 4.1, SELECTION OF CANDIDATE FOR CERTIFICATION</p> <p>PARAGRAPH 4.1.7</p> <p>Document, on form TMSS/144, (Exhibit 6) the completion of training, examination, capability demonstration, and experience. Identify the method of qualification. Document augmented indoctrination and training IAW SP 1.31.</p> | | |
| 2-22 | <p>PARAGRAPH 4.2.2</p> <p>Undergo visual acuity examination pursuant to the criteria provided in Exhibit 5.</p> | | |
| 2-23 | <p>PARAGRAPH 4.3.2</p> <p>Complete the candidate's Certification Record, form TMSS/144 (Exhibit 6), and forward copies of forms TMSS/144 and TMSS/236 to the LV LRC.</p> | | |

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| 2-24 | <p>WI-HR-001, REVISION 1, VERIFICATION OF EDUCATION AND EXPERIENCE</p> <p>SECTION 4.1, INITIATION OF VERIFICATION ACTIVITIES</p> <p>PARAGRAPH 4.1.2</p> <p>Obtain completed forms TMSS/176 and TMSS/177 from the staff member on the first day of employment at T&MSS or as soon thereafter as possible.</p> | | |
| 2-25 | <p>SECTION 4.4, VERIFICATION COMPLETION</p> <p>PARAGRAPH 4.4.1</p> <p>Issue a memorandum to T&MSS raising and the staff member's manager.</p> | | |

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| 4-1 | <p>QARD, SECTION 4.0, PROCUREMENT DOCUMENT CONTROL</p> <p>PARAGRAPH 4.2.1, PROCUREMENT DOCUMENT PREPARATION</p> <p>Verify that the following QARD requirements are incorporated into the SAIC/T&MSS implementing procedures:</p> <p>Procurement documents issued by each affected organization shall include the following provisions, as applicable to the item or service being procured:</p> <p>A. A statement of the scope of work to be performed by the supplier.</p> <p>B. Technical Requirements including:</p> <ol style="list-style-type: none"> 1. Design bases shall be identified or referenced. 2. Specific documents that describe the technical requirements of the items or services to be furnished shall be specified. The revision level or change status of these documents shall also be identified. | | |

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| 4-1 Cont' | <p>3. Tests, inspections, or acceptance requirements that the purchaser will use to monitor and evaluate the performance of the supplier shall be specified.</p> <p>C. Quality Assurance Program Requirements including:</p> <ol style="list-style-type: none"> 1. A requirement for the supplier to have a documented QA program that implements applicable QARD requirements prior to the initiation of work. 2. A requirement for the supplier to incorporate the appropriate QARD requirements into any subtier supplier-issued procurement document. 3. When deemed appropriate, the purchase shall permit some or all supplier work to be performed under the purchaser's QA program. <p>D. Right of access to supplier facilities.</p> <p>E. Provisions for establishing hold points.</p> | | |

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| 4-1 Cont' | <p>F. Documentation required to be submitted to the purchaser.</p> <ol style="list-style-type: none"> 1. The document submittal schedule shall be identified. 2. If the purchaser requires the supplier to maintain documentation that will become QA records, the retention times and disposition requirements shall be identified. <p>G. Purchaser requirements for the supplier to report nonconformances and the purchaser approval of the disposition of nonconformances.</p> <p>H. Identification of any spare and replacement parts or assemblies and the appropriate technical and QA data required for ordering.</p> | | |

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| 4-2 | <p>PARAGRAPH 4.2.2, PROCUREMENT DOCUMENT REVIEW AND APPROVAL</p> <p>A. Procurement document reviews shall be performed and documented prior to issuance of the procurement documents to the supplier.</p> <p>B. A review of the procurement documents and any changes thereto shall be made.</p> <p>C. Reviews shall ensure that all applicable technical and QA program requirements are included.</p> <p>D. Reviews shall be performed by personnel who have access to pertinent information and who have an adequate understanding of the requirements and scope of the procurement.</p> <p>E. Procurement document reviewers shall include representatives from the technical and QA organizations.</p> <p>F. Procurement documents shall be approved.</p> | | |

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| 4-3 | <p>PARAGRAPH 4.2.3, PROCUREMENT DOCUMENT CHANGE</p> <p>A. Changes to the scope or work, technical requirements, QA program requirements, right of access, documentation requirements, nonconformances, hold points, and lists of spare and replacement parts delineated in procurement documents shall be subject to the same degree of control as used in the preparation of the original documents.</p> <p>B. Changes made as a result of proposal/bid evaluations or precontract negotiations shall be incorporated into the procurement documents. The evaluation of these changes and the resulting impact shall be completed before the contract is awarded.</p> | | |

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| 4-4 | <p>SP 1.28, REVISION 8, ICN 1, PROCUREMENT OF QUALITY AFFECTING HARDWARE AND SERVICES</p> <p>Based on a representative sample of recent quality affecting procurements, verify implementation and effectiveness of the following T&MSS procedural requirements:</p> <p>PARAGRAPH 4.1.1, REQUESTER</p> <p>Determine whether the hardware or service to be procured is quality affecting, quality affecting-commercial grade, or nonquality affecting using the definitions in Exhibit 2 of this procedure.</p> <p>PARAGRAPH 4.2.1, REQUESTER</p> | | |
| 4-5 | <p>Prepare a Purchase Requisition (PR) (SAIC form 1-932-023, Exhibit 5) and applicable supporting documentation in accordance with the instructions provided on TMSS/008.</p> | | |

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| 4-6 | <p>PARAGRAPH 4.2.2, REQUESTER</p> <p>Parts I and II of the Acceptance Report (TMSS/038) should be completed at this time providing the description of the hardware, service, method of acceptance, and the acceptance criteria.</p> | | |
| 4-7 | <p>PARAGRAPH 4.2.3, REQUESTER AND QA STAFF</p> <p>Using form TMSS/293, Exhibit 6, document the determination of applicable quality requirements for quality affecting hardware and services; include form in PR package.</p> | | |

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| 4-8 | PARAGRAPH 4.2.4, REQUESTER Prepare a procurement quality specification based on applicable requirements obtained from form TMSS/293. | | |
| 4-9 | PARAGRAPH 4.2.5, REQUESTER Assemble a PR package consisting of all documentation generated per the checklist. | | |
| 4-10 | PARAGRAPH 4.3.1, RESPONSIBLE MANAGER Review the PR package to ensure that technical requirements are adequate and the checklist requirements have been met. | | |

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| 4-11 | <p>PARAGRAPH 4.3.4, QA STAFF</p> <p>Review PR package in accordance with forms TMSS/008 and TMSS/293 to ensure compliance with the preceding procedure sections.</p> | | |
| 4-12 | <p>PARAGRAPH 4.4.2, PROCUREMENT STAFF</p> <p>Coordinate Supplier bid evaluation with the Requester for technical review and with QA for review of QA requirements compliance.</p> | | |
| 4-13 | <p>PARAGRAPH 4.4.4, QA STAFF</p> <p>If potential Suppliers identified are not on the QSL, evaluate and approve the potential Suppliers.</p> | | |

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| 4-14 | <p>PARAGRAPH 4.5.1, PROCUREMENT STAFF</p> <p>Initiate a Purchase Order (PO) (SAIC form 9-932-018, Exhibit 7) with the requirements of the PR and the bid analysis.</p> | | |
| 4-15 | <p>PARAGRAPH 4.5.3, REQUESTER OR CAM</p> <p>Review the PO to ensure that technical requirements are consistent with the PR. Document this examination by completing the "Purchase Order Review" section of the checklist.</p> | | |
| 4-16 | <p>PARAGRAPH 4.5.6, QA STAFF</p> <p>Obtain LHP signature and date if the PO is for radioactive materials or equipment.</p> | | |

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| 4-17 | <p>PARAGRAPH 4.5.8, QA STAFF</p> <p>Review the PO to ensure that the PR is consistent with QA requirements.</p> | | |
| 4-18 | <p>PARAGRAPH 4.5.15, P&CD STAFF</p> <p>Upon issuance of a Subcontract or PO for a support service, technical advisory service, or professional service work, provide to the Training Manager the names of the Responsible Technical Organization and each individual identified to perform work in the Subcontract or PO.</p> | | |
| 4-19 | <p>PARAGRAPH 4.6.1.1, REQUESTER</p> <p>Analyze exceptions or changes requested or specified by the Supplier and determine the impact such changes have on the intent of the procurement documents or the quality of the hardware or service to be furnished.</p> | | |

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| 4-20 | <p>PARAGRAPH 4.6.3.1, REQUESTER</p> <p>When the proposed changes modify the cost, technical, or QA requirements of the hardware or services requested, and the hardware or services have NOT been shipped or performed by the supplier at the time of the proposed changes, prepare a PR that details the changes and process the new PR in the same manner as the original PR.</p> | | |
| 4-21 | <p>PARAGRAPH 4.7.1, RESPONSIBLE TECHNICAL ORGANIZATION AND QA STAFF</p> <p>Apply the provisions of this subsection consistent with the relative importance, complexity, and quantity of hardware or services being procured and the Supplier's quality performance.</p> | | |
| 4-22 | <p>PARAGRAPH 4.7.5, QA STAFF</p> <p>Conduct required performance evaluations of Supplier on the QSL to determine Supplier's QA program.</p> | | |

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| 4-23 | PARAGRAPH 4.8.3, OFFICE SERVICES STAFF Inform QA if discrepancies were identified during preliminary inspection. | | |
| 4-24 | PARAGRAPH 4.8.4, QA STAFF AND REQUESTER Perform acceptance of hardware or service(s) in accordance with SP 1.25. | | |
| 4-25 | PARAGRAPH 4.8.8, OFFICE SERVICES STAFF Upon acceptance by QA, store hardware in a controlled environment per PO specifications. | | |

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| 4-26 | PARAGRAPH 4.9.1, PROCUREMENT Upon receipt of documentation for PO closure, compile a record package of documentation required to close the PO. | | |
| 4-27 | PARAGRAPH 4.9.2, PROCUREMENT Prepare PO record package in accordance with Section 5.0. | | |

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| 4-28 | <p>SECTION 5.0, RECORDS</p> <p>Within 10 working days of receipt of documentation of PO closure, the Procurement Staff shall submit procurement records, including change orders and cancellations, as a quality affecting record package to the LV LRC in accordance with SP 1.36. The package shall be classified as lifetime and shall contain the following as a minimum:</p> <ol style="list-style-type: none"> 1. Purchase Requisition. 2. Form N-QA-107, completed in accordance with AP-6.13 (as applicable). 3. Form TMSS/293. 4. Technical requirements or technical basis or justification for quality affecting-commercial grade procurement (as applicable). 5. Form TMSS/008. 6. Purchase Order. 7. Requested Supplier QA documentation, including acceptance of requirements. 8. Supplier-generated nonconformance reports. 9. Form TMSS/038, completed in accordance with SP 1.25 (as applicable). | | |

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| 4-29 | <p>SP 1.69, REVISION 2, OBTAINING SERVICES THROUGH THE TECHNICAL FIELD WORK REQUEST PROCESS</p> <p>PARAGRAPH 4.1.1, RESPONSIBLE MANAGER</p> <p>Direct the use of the TFWR system for obtaining quality affecting services and equipment from another participant.</p> | | |
| 4-30 | <p>PARAGRAPH 4.1.3, REQUESTER</p> <p>Assemble a TFWR package consisting of documents produced in Step 4.1.4 through 4.1.7. Include a TFWR Review Checklist (Exhibit 5) to track package completion.</p> | | |
| 4-31 | <p>PARAGRAPH 4.1.9, RESPONSIBLE MANAGER</p> <p>Review the TFWR package to ensure that the technical and quality requirements are adequate.</p> | | |

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| 4-32 | PARAGRAPH 4.1.11, QA STAFF Review the TFWR package for compliance with this procedure. | | |
| 4-33 | PARAGRAPH 4.1.17, QA STAFF When QARs are acceptable, sign the TFWR Review Checklist in the final review block and return package to Requester. No changes to QARs or the TFWR form are permitted after final approval by QA. | | |

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| 4-34 | PARAGRAPH 4.2.1, QA STAFF AND REQUESTER Perform acceptance of the service in accordance with SP 1.25. | | |
| 4-35 | SECTION 5.0 Upon completion of the AR, the Requester shall submit the following QA records package generated by this procedure in accordance with SP 1.36. The records package is classified as "lifetime." Technical Field Work Request package | | |

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| 5-1 | <p>QARD, SECTION 5.0, IMPLEMENTING DOCUMENTS</p> <p>SP 1.1, REVISION 10, PREPARATION, REVIEW AND APPROVAL OF T&MS PROCEDURES</p> <p>Verify that SPs contain mandatory sections:</p> <ul style="list-style-type: none"> 1.0 Purpose and Scope 2.0 Applicability 3.0 Background 4.0 Procedure 5.0 Records <ul style="list-style-type: none"> 5.1 Identification and Disposition of Records 5.2 Identification and Disposition of Non-Record Materials 6.0 References 7.0 Exhibits <ul style="list-style-type: none"> Exhibit 1 Revision History (Exhibit 4) | | |

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| 5-2 | Review objective evidence that form TMSS/302 was complied with in the preparation and processing of procedures. Select several SPs and WIs for this review. (Para. 4.1.3) | | |
| 5-3 | Review the documentation of competency of technical reviewers for the sample selected in (2) above. (Para. 4.1.5) | | |

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| 5-4 | <p>Verify that the following OCRWM QARD requirements are implemented:</p> <ul style="list-style-type: none">a. Review criteria shall be established before performing the review. These criteria shall consider applicability, correctness, technical adequacy, completeness, accuracy, and compliance with established requirements.b. Pertinent background information or data shall be made available to the reviewers by the organization requesting the review if the information is not readily available to the reviewer.c. The review shall be performed by individuals other than the originator. | | |

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| 5-4 Cont' | <p>d. Reviewers shall be technically competent in the subject area being reviewed.</p> <p>e. The scope of the review shall consider all aspects of the document.</p> <p>1. Each organization or technical discipline affected by the document shall review the document according to the established review criteria. Changes to the document shall be reviewed by those organizations or technical disciplines affected by the change.</p> <p>2. The QA organization shall review QA implementing documents that translate QARD requirements into work processes as described in the subsection entitled Quality Assurance Program Documents. The QA organization shall also review changes to documents if they reviewed the previous version, regardless of whether the QA organization is affected by the change.</p> <p>f. Mandatory comments resulting from the review shall be documented and resolved before approving the document. (QARD, Section 2, Para. 2.2.0)</p> | | |

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| 5-5 | Review procedure for resolution of comments between preparer and reviewer, and escalation of differences of opinion and resolution of mandatory comments. | | |
| 5-6 | Verify that comments are identified as mandatory or non-mandatory. (Exhibit 2) | | |

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| 5-7 | <p>Review the methodology for controlling VICNs.</p> <p>a. Verify that all appropriate WIs are marked up with the change.</p> <p>b. Review the methodology for determining which WIs should be marked up.</p> <p>c. Verify that VICNs are converted to ICNs within two working days.</p> <p>d. Review objective evidence of the Custodians evaluation of work performed under a VICN. (Para. 4.4)</p> | | |
| 5-8 | <p>Review a list of canceled SP and WIs. (Para. 4.5)</p> | | |

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| 5-9 | Verify that the 21 steps on form TMSS/306 are taken. (Para. 4.5.1) | | |
| 5-10 | Is a list of designated reviewers and delegated reviewers maintained. (Para. 4.5.2) | | |
| 5-11 | Review the methodology for determination of interfacing procedures and commitment made to DOE. (Para. 4.6.2.2b and c) | | |

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| 5-12 | <p>Review the process for retention/disposition of records generated during the process.</p> <p>a. Forms TMSS/302, 303, and 304 may be disposed of.</p> <p>b. Form TMSS/095 shall be retained by the custodian until the effective date of next revision of the procedure. (Para. 5.2)</p> <p>SP 1.2, REVISION 7, PREPARATION AND APPROVAL OF T&MSS QA POLICY AND PROGRAM OVERVIEW</p> | | |
| 5-13 | <p>Verify that the three documents, QA Policy, Organizational Description, and QA Program, are on controlled distribution. (Para. 1.0)</p> | | |

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| 5-14 | Verify that the QA policy establishes responsibilities and authorities and internal and external interfaces for the T&MSS, PM, T&MSS line organizations, and T&MSS QA organizations. | | |
| 5-15 | Verify that the policy addresses assignment of responsibility for QA audits, QA surveillances, and establishment of a QA program. (Para. 4.2.1) | | |
| 5-16 | Verify that the QA policy is prepared as formal documentation on form TMSS/215. (Para. 4.2.2) | | |

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| 5-17. | Verify that the document is formally reviewed. (Para. 4.3.3) | | |
| 5-18 | Verify that the following steps in the review process are performed: a. Prepare supplemental material(s) for the review packages. (Para. 4.5.1) b. Prepare a review package for the individual document and submit to the following as a minimum: 1. T&MSS PM or Deputy PM 2. APMs 3. T&MSS QAM (include the markup of the YMP RTN Report). (Para. 4.5.2) | | |

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| 5-18 Cont' | <p>c. Assign a technical reviewer who is qualified to perform a review of the technical adequacy of the document. (Para. 4.5.3)</p> <p>d. Document the competence of the technical reviewer. (Para. 4.5.4)</p> <p>e. Ensure that delegated reviewers are qualified to perform an adequate review of the document. (Para. 4.5.5)</p> <p>f. Review the document for technical adequacy, completeness, applicability, accuracy, inclusion of and compliance with applicable requirements and correctness. (Para. 4.5.6)</p> <p>g. Return signed form TMSS/095 and form TMSS/098 (Exhibits 4 and 5) to custodian. (Para. 4.5.7)</p> <p>h. Review and incorporate comments as appropriate. Resolve comments identified as mandatory with the reviewer prior to finalization. (Para. 4.5.10)</p> <p>i. Disposition mandatory comments. (Para. 4.5.11)</p> <p>j. Upon resolution of mandatory comments, sign form TMSS/098. (Para. 4.5.12)</p> | | |

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| 5-18 Cont' | <ul style="list-style-type: none"> k. Determine the overall impact when resolution of review comments result in major changes to any of the documents referred to in this procedure. (Para. 4.5.13) l. Verify that all TMSS/098 forms have been properly completed to document reviewer concurrence. (Para. 4.5.14) m. Prepare a final document. (Para. 4.5.15) n. Finalize RTN input and submit to QA. (Para. 4.5.16) o. Obtain final signature on documents. (Para. 4.5.17) p. Provide for issuance of the QA Policy and QA Program Overview in accordance with Subsection 4.6 of this procedure. (Para. 4.5.18) q. Submit the approved Organizational Description to the QAM. (Para. 4.5.19) r. Submit the Organizational Description to the YMQAD Director for acceptance. (Para. 4.5.20) | | |

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| 5-19 | Verify that the three documents are accepted by YMQAD and that the acceptance is documented. (Para. 4.5.21) | | |
| 5-20 | Verify that the effective date is coordinated with Training Department and DCC. | | |
| 5-21 | Verify that a CDIA is issued and a records package prepared. (Para. 4.6.2) | | |

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| 5-22 | Review the methodology for the periodic review of the three documents to incorporate changes to QARD and T&MSS SOW. (Para. 4.7.2) | | |
| 5-23 | Verify that cancellations are reviewed by original reviewing organizations. (Para. 4.8.4) | | |
| 5-24 | Verify that record packages contain the approved document and form TMSS/098. (Para. 5.1) | | |

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| 5-25 | <p>SP 1.25, REVISION 6, PREPARATION, REVIEW AND APPROVAL OF T&MSS DOCUMENTS</p> <p>Review a listing of documents prepared in accordance with SP to evaluate the process for determining which documents are Quality Affecting versus Now Quality Affecting. (Para. 2.0)</p> | | |
| 5-26 | <p>For this SP, review the process for controlling the preparation, review and distribution of Revision 6 effective 4/11/94. (Para. 4.3)</p> | | |
| 5-27 | <p>Review comments by YMQAD, changes to YMP revisions, procedural clarifications and rationale for deleting control of vendor manuals. Determine what controls replace the deleted ones. (Exhibit 1)</p> | | |

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| 5-28 | Verify that a custodian is appointed for this SP. (Para. 4.1.1) | | |
| 5-29 | Review rationale for processing Non-Quality Affecting Documents to the same degree of control a Quality Affecting Documents. | | |
| 5-30 | Determine what documents would not be governed by SPs 1.1, 1.2, 1.28, 1.60, 1.62, 1.69, 1.71, and 1.73. (Para. 2.1) | | |

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| 5-31 | <p>Select a sample of abstracts, publications, books, technical progress reports, and reports to Federal/state agencies which are governed by this procedure. Determine:</p> <ul style="list-style-type: none"> a. that they are controlled in accordance with this SP, and b. if they are subject to revision or cancellation. (Para. 2.2) | | |
| 5-32 | <p>Review the discretionary application for:</p> <ul style="list-style-type: none"> a. Level of line management with responsibility. b. Types of documents processed under this paragraph. c. Determination of degree of T&MSS involvement, complexity, and importance and extent to which the document development process provides checks on quality. (Para. 2.4) | | |

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| 5-33 | <p>Review objective evidence of the document preparation process for selected documents for the following:</p> <ul style="list-style-type: none"> a. Applicability of interfacing documents b. Correct numbering of drafts c. Peer review requirements d. Development of review criteria (Para. 4.1.1.1-5) | | |
| 5-34 | <p>Review objective evidence of the document review process for selected documents for the following:</p> <ul style="list-style-type: none"> a. Review by QAM b. Independence and qualification of technical reviewers. c. Review package including: Form TMSS/090, List of technical disciplines for review, review schedule (three working days); Form TMSS/095, the draft document, review criteria and supplementary information. <p>NOTE: Paragraph 4.1.1.6 and 4.1.1.6a indicate decisions, i.e., "If the document should be subject to review" and "All documents requiring review." What is the basis for these decisions? (Para. 4.1.1.7)</p> | | |

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| 5-35 | Determine which documents are transmitted to the Training Manager and the rationale for doing this. Does the TM review the package or does it "drive" training? (Para. 4.1.1.9) | | |
| 5-36 | Review objective evidence of resolution of mandatory comments and comments which result in major changes to concept, practice, implementation or responsibilities. (Para. 4.1.2.4) | | |
| 5-37 | Verify that documents are submitted to YMSCO. Which documents are submitted and for what reason; review, concurrence, approval? (Para. 4.1.2a) | | |

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| 5-38 | Verify that the records package includes the following: a. Copy of the document b. Copy of the draft which was reviewed c. Forms TMSS/098 and 095 (as applicable) d. Review criteria (Para. 5.1.1) | | |
| 5-39 | For control of distribution, include selected documents in the sample of checklist for SP 1.34. (Para 4.2) | | |

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| 5-40 | SP 2.2, SCIENTIFIC INVESTIGATION CONTROL Review a list of activities which are governed by this SP. (Para.2.0) | | |
| 5-41 | Review any WIs or other subtier directives that address scientific investigations, such as, implementation packages, scientific notebooks, and technical implementing documents. (Para. 2.0) | | |
| 5-42 | Verify that technical implementing documents meet the requirements of Section 5 and 6 of the QARD. | | |

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| 5-43 | Verify that scientific notebooks are independently reviewed and that data is uniquely identified. (Para. 3.0) | | |
| 5-44 | Determine if scientific investigations are classified as quality affecting or not. Are all SIs quality affecting? (Para. 4.1) | | |
| 5-45 | Review a random selection of SI planning documents. What is the required content of the planning documents? (Para. 4.1.5) | | |

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| 5-46 | Verify that the planning document is subject to a Technical Review in accordance with SP 1.35. (Para. 4.1.7) | | |
| 5-47 | Verify that implementation packages contain the following: <ul style="list-style-type: none"> a. Identification of Quality Assurance Grading Report b. Scientific investigation Approval Memorandum c. Scope of Work d. WBS element reference e. Any other information needed to fully describe and control the investigation to be implemented f. Schedule(s) g. Specification for use of scientific notebooks or technical implementing documents or a combination of these two methods (Para. 4.1.10) | | |

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| 5-48 | Verify that changes and revisions to planning and implementing documents are controlled. (Para. 4.5.3) | | |
| 5-49 | Verify that data is validated and qualified. Review the following: a. Data reviewed by a qualified independent reviewer. b. The review is documented. c. Guidelines (Exhibit 8) are evidently used. d. Qualification of existing data. | | |
| 5-50 | Review the processing of discrepancies discovered during the review process. (Para. 4.6.5) | | |

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| 5-51 | <p>Verify that the following documents generated by this procedure is classified as lifetime and submitted by the responsible staff member as QA records packages when completed:</p> <ul style="list-style-type: none">a. Scientific Investigation Planning Document and review documentation.b. Scientific Investigation Implementation Package and review documentation.c. Scientific Notebooks (when not controlled by a Work Instruction (WI)). (Para. 5.0) | | |

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| 5-52 | <p>SP 1.71, REVISION 1, GRADED APPLICATION OF QA CONTROLS</p> <p>Review the YMP Q-List and MC List.</p> <p>a. Are the lists maintained current?</p> <p>b. Are the lists on controlled distribution? (Para. 3.0)</p> | | |
| 5-53 | <p>Review QAGRs to verify:</p> <p>a. No duplication of QAGRs for the same activity.</p> <p>b. Determination of applicability for T&MSS or YMP procedures. (Para. 4.1.3)</p> | | |

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| 5-54 | Review copies of from TMSS/297 for completion, accuracy and legibility. (Para. 4.2.1) | | |
| 5-55 | Verify that QAGRs are uniquely numbered by the preparing organization. | | |
| 5-56 | Review system of document identifiers. Refer to DOE/RW/0416/R1 and DOE/RW/0415/R0. (Para. 4.2.1) | | |

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| 5-57 | Verify that activities take on the same level of importance as the item to which it pertains. (Para. 4.2.2) | | |
| 5-58 | Verify that the nature of the activity is classified. (Para. 4.2.3) | | |
| 5-59 | Verify that the Q-List characteristics are evaluated. (Exhibit 6) | | |

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| 5-60 | Verify that for each relevant OCRWM QARD section, the applicable procedures are defined. (Para. 4.2.6) | | |
| 5-61 | Verify that the APM reviews and approves each QAGR. Is this responsibility delegated? If so, what is the methodology for ensuring that the review and approval process is valid? (Para. 4.3) | | |
| 5-62 | Review any changes, revisions, and cancellations of QAGRs to verify that revisions are made when the scope of work changes and that QAGRs prepared prior to 9/4/92 requiring revision, are assigned a new QAGR number. (Para. 4.5) | | |

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| 5-63 | Verify that a CDIA is prepared for canceled QAGRs. (Para. 4.6) | | |
| 5-64 | Verify that the QAGR status spreadsheet is prepared and maintained. (Para. 4.7) | | |
| 5-65 | Verify that records generated by this SP are classified as "Lifetime." | | |
| 5-66 | Verify that the records package includes the QAGR, CDIA, and supporting documentation (if any). (Para. 5.0) | | |

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| 6-1 | QARD, SECTION 6.0, DOCUMENT CONTROL SP 1.24, REVISION 8, T&MSS DOCUMENT CONTROL Select a sample of SPs and WIs and verify the distribution is controlled. (Para. 1.0) | | |
| 6-2 | For the selected sample, verify that all appropriate forms in SP 1.34 have been completed. | | |
| 6-3 | Verify that the CDIA attachments are completed and reviewed by DCC. (Para. 4.1.2) | | |

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| 6-4 | Verify that the distribution (DTAR) agrees with CDIA instruction. (Para. 4.1.7) | | |
| 6-5 | Verify that record holders acknowledge receipt within five working days and a reminder is issued by DCC for delinquent acknowledgments. (Para. 4.1.12) | | |
| 6-6 | Review any Decontrol Notices issued. (Para. 4.1.14) | | |

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| 6-7 | Review distribution lists for controlled documents. (Para. 4.3) | | |
| 6-8 | Verify that Responsible Manager (or designee) notifies the DCC of additions or deletions from the list including changes in personnel. (Para. 4.3) | | |

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| 6-9 | <p>Verify that Responsible Manger has reviewed the Master T&MSS controlled document list and has:</p> <ul style="list-style-type: none"> a. established a DCC within the organization. (Para. 4.3.1.2) b. assigned a person responsible for the DCC. c. identified the affected control documents to DCC. <p>NOTE: If this information is available at the DCC, verify that each Responsible Manager is in compliance. (Para. 4.3.1.5)</p> | | |
| 6-10 | <p>Verify that the DCC contact the APMs to verify the currency of named custodians. This is required on a quarterly basis, approximately. (Para. 4.4.3)</p> | | |

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| 6-11 | Verify that uncontrolled documents are not used for quality affecting activities. (Para. 4.5.1) | | |
| 6-12 | Review the monthly inventory memorandum and verify that it is transmitted to Document Holders. (Para. 4.7.1) | | |
| 6-13 | Review the annual verification inventory and verify transmittal. Verify that Document Holders are acknowledging receipt of the memorandum. (Para. 4.7.2) | | |

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| 6-14 | Verify that records packages are prepared by DCC, reviewed by the custodian, and submitted by DCC. (Para. 4.8.1) | | |
| 6-15 | Verify that the submittal is in accordance with SP 1.36. (Para. 5.1) | | |

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| 7-1 | <p>QARD, SECTION 7.0, CONTROL OF PURCHASED ITEMS AND SERVICES</p> <p>Verify that the following QARD requirements are incorporated into the SAIC/T&MSS implementing procedures:</p> <p>PARAGRAPH 7.2.1, PROCUREMENT PLANNING</p> <p>Procurements shall be planned and documented to ensure a systematic approach to the procurement process. Procurement planning shall:</p> <p>A. Identify procurement methods and organizational responsibilities.</p> <p>B. Identify what is to be accomplished.</p> <p>C. Identify and document the sequence of actions and milestones needed to effectively complete the procurement.</p> | | |

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| 7-1 Cont' | <p>D. Provide for the integration of the following activities:</p> <ol style="list-style-type: none"> 1. Procurement document preparation, review, and change control. 2. Selection of procurement sources. 3. Proposal/bid evaluation and award. 4. Purchaser evaluation of supplier performance. 5. Purchaser verifications including any hold and witness point notifications. 6. Control of nonconformances. 7. Corrective action. 8. Acceptance of the item or service. 9. Identification of QA records. | | |

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| 7-1 Cont' | <p>E. Be accomplished as early as possible, and no later than at the start of those procurement activities which are required to be controlled.</p> <p>F. Be performed relative to the level of importance, complexity, and quantity of the item or service being procured and the supplier's quality performance.</p> <p>G. Include the involvement of the QA organization.</p> <p>PARAGRAPH 7.2.2, SOURCE EVALUATION AND SELECTION</p> | | |
| 7-2 | <p>A. Supplier selection shall be based on an evaluation, performed before the contract is awarded.</p> <p>B. The organizational responsibilities for source evaluation and selection shall be identified and shall include the QA organization.</p> | | |

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| 7-2 Cont' | <p>C. Measures for evaluating and selecting procurement sources shall include one or more of the following elements:</p> <ol style="list-style-type: none"> 1. Evaluation of the supplier's history. 2. Evaluation of supplier's current QA records. 3. Evaluation of the supplier's technical and quality capability. <p>D. The results of procurement source evaluation and selection shall be documented.</p> <p>PARAGRAPH 7.2.3, PROPOSAL/BID EVALUATION</p> | | |
| 7-3 | <p>A. The proposal/bid evaluation process shall include a determination of the extent of conformance to the procurement document requirements.</p> | | |

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| 7-3 Cont' | <p>B. Before the contract is awarded, the purchaser shall resolve, or obtain commitments to resolve, unacceptable quality conditions identified during the proposal/bid evaluation.</p> <p>C. Supplier QA programs shall be evaluated either before or after contract placement, and any deficiencies that would affect quality shall be corrected before starting work subject to QARD requirements.</p> <p>D. Supplier QA programs shall be accepted by the purchaser before the supplier starts work subject to QARD requirements.</p> <p>PARAGRAPH 7.2.4, SUPPLIER PERFORMANCE EVALUATION</p> | | |
| 7-4 | <p>A. The purchaser of items and services shall establish measures to interface with the supplier and to verify supplier's performance.</p> | | |

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| 7-4 Cont' | <p>B. The extent of purchaser verifications shall be a function of the relative importance, complexity, and quantity of items or services being procured, and the supplier's quality performance.</p> <p>C. Purchaser verifications shall be conducted as early as practical and shall not relieve the supplier of the responsibility for the verification of quality achievement.</p> | | |
| 7-5 | <p>PARAGRAPH 7.2.5, CONTROL OF SUPPLIER GENERATED DOCUMENTS</p> <p>A. Supplier generated documents shall be controlled, processed, and accepted in accordance with the requirements established in the procurement documents.</p> <p>B. Measures shall be implemented to ensure that the submittal of these documents is accomplished in accordance with the procurement document requirements.</p> | | |

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| 7-6 | <p>PARAGRAPH 7.2.6, ACCEPTANCE OF ITEMS OR SERVICES</p> <p>A. Methods for accepting supplier furnished items or services shall include one or more of the following, as appropriate to the items or services being procured:</p> <ol style="list-style-type: none"> 1. Evaluating the supplier certificate of conformance. 2. Performing one or a combination of source verification, receiving inspection, or post-installation test. 3. Technical verification of the product produced. 4. Surveillance or audit of the work. 5. Review of objective evidence for conformance to the procurement document requirements. <p>B. The supplier shall verify that furnished items or services comply with the purchaser's procurement requirements before offering the items or services for acceptance.</p> <p>C. The supplier shall provide the purchaser objective evidence that items or services conform to procurement documents.</p> | | |

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| 7-7 | <p>PARAGRAPH 7.2.12, COMMERCIAL GRADE ITEMS</p> <p>Where design specifies the use of commercial grade items, the following requirements are an acceptable alternative to other requirements of this section.</p> <p>A. The commercial grade item shall be identified in an approved design output document.</p> <p>B. Supplier evaluation and selection, when determined necessary by the purchaser based on the complexity and importance to safety, shall be in accordance with the requirements of the subsection entitled "Source Evaluation and Selection."</p> <p>C. Commercial grade items shall be identified in the procurement document by the manufacturer's published product description.</p> | | |

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| 7-7 Cont' | <p>D. After receipt of a commercial grade item, the purchaser shall ensure that:</p> <ol style="list-style-type: none"> 1. Damage was not sustained during shipment. 2. The item received was the item ordered. 3. Inspection or testing is accomplished, to the extent determined by the purchaser, to ensure conformance with the manufacturer's published requirements. 4. Documentation, as applicable to the item, was received and is acceptable. | | |

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| 7-8 | <p>WI-QA-003, REVISION 1, SUPPLIER EVALUATION</p> <p>PARAGRAPH 4.1.1, T&MSS QA STAFF</p> <p>Determine whether the supplier evaluation is to be accomplished by facility audit or quality records review.</p> | | |
| 7-9 | <p>PARAGRAPH 4.1.2, T&MSS QA STAFF</p> <p>Plan and perform supplier evaluation audit in accordance with WI-QA-001.</p> | | |
| 7-10 | <p>PARAGRAPH 4.1.3, T&MSS QA STAFF</p> <p>Determine appropriate elements of forms TMSS/018 or TMSS/019 that are to be evaluated based on the requirements of the procurement documents.</p> | | |

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| 7-11 | <p>PARAGRAPH 4.1.4, T&MSS QA STAFF</p> <p>Complete form TMSS/017, in addition to the appropriate audit report, to document the results of the supplier audit.</p> | | |
| 7-12 | <p>PARAGRAPH 4.1.5, T&MSS QA STAFF</p> <p>In the event a supplier evaluation audit will not be performed, form TMSS/017 shall be annotated to explain the reason for not performing the supplier audit and describe specific actions or inspections that are to be performed to assure compliance with SP 1.28.</p> | | |
| 7-13 | <p>PARAGRAPH 4.1.6, T&MSS QA STAFF</p> <p>To conduct a quality records review, obtain a copy of the supplier's QA Manual or Program and any supporting or implementing procedures or other documents that can be objectively evaluated.</p> | | |

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| 7-14 | <p>PARAGRAPH 4.1.7, T&MSS QA STAFF</p> <p>Perform a review of the above documents using the applicable checklist as described below:</p> <ul style="list-style-type: none"> a. Supplier Evaluation Checklist Cover Sheet (form TMSS/017) for all quality records reviews. b. Supplier Evaluation Checklist (form TMSS/018) for procurement of items only. c. Supplier Evaluation Checklist (form TMSS/018) and the Supplier Evaluation Checklist Calibration Services (form TMSS/019) for procurement of calibration services. d. Audit Checklist (form TMSS/145), which has been developed for items or services not explicitly applicable to forms TMSS/018 or TMSS/019, per WI-QA-001. | | |

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| 7-15 | <p>PARAGRAPH 4.1.8, T&MSS QA STAFF</p> <p>Document the results of the quality records review of form TMSS/017.</p> | | |
| 7-16 | <p>PARAGRAPH 4.1.9, T&MSS QA STAFF</p> <p>The completed form TMSS/017 shall be used to complete an SER (form TMSS/016).</p> | | |
| 7-17 | <p>PARAGRAPH 4.1.12, T&MSS QAM</p> <p>For suppliers that are Qualified or Qualified with Restrictions, enter the supplier on the QSL per WI-QA-007.</p> | | |

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| 7-18 | <p>PARAGRAPH 4.2.1.1</p> <p>Review the supplier's history in furnishing identical or similar products that perform satisfactorily in actual use.</p> | | |
| 7-19 | <p>PARAGRAPH 4.2.1.2</p> <p>Document the results of the history review on an SER.</p> | | |
| 7-20 | <p>PARAGRAPH 4.4.1</p> <p>Re-evaluate each supplier shown on the QSL in accordance with WI-QA-007 annually.</p> | | |

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| 7-21 | <p>PARAGRAPH 4.4.2</p> <p>Document the results of the annual re-evaluations on the SER.</p> | | |
| 7-22 | <p>PARAGRAPH 4.5.1, QA STAFF</p> <p>Suppliers previously audited shall be scheduled for reaudit three years after the date of the original audit or three years after the date of the latest supplier facility audit performed after the date of the original audit.</p> <p style="text-align: center;">•</p> | | |
| 7-23 | <p>PARAGRAPH 4.5.2, QA STAFF</p> <p>Document the results of the audit on the SER.</p> | | |
| 7-24 | <p>PARAGRAPH 4.5.3, QA STAFF</p> <p>Reschedule the supplier for its next triennial audit three years after the date of this triennial audit.</p> | | |

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| 7-25 | <p>SECTION 5.0, RECORDS</p> <p>The following records may be generated as a part of this procedure:</p> <ol style="list-style-type: none"> 1. TMSS/016, Supplier Evaluation Report 2. TMSS/017, Supplier Evaluation Checklist Cover Sheet 3. TMSS/018, Supplier Evaluation Checklist (for procurement of items only). 4. TMSS/019, Supplier Evaluation Checklist - Calibration Services 5. TMSS/145, QA Audit Report Checklist <p>Form(s) TMSS/016 shall be submitted to the LV LRC in accordance with SP 1.36 as part of QA records packages generated under WI-QA-007.</p> <p>Forms TMSS/017, 018, 019 and 145 shall be submitted to the LV LRC in accordance with SP 1.36 as part of QA records packages generated under WI-QA-001.</p> <p>Records generated as part of this procedure shall be classified as lifetime.</p> | | |

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| 7-26 | <p>WI-QA-007, REVISION 1, MAINTENANCE OF QUALIFIED SUPPLIER LIST</p> <p>PARAGRAPH 4.1, NOTE</p> <p>A new QSL is issued to coincide with each calendar year quarter; the effective revision for the new quarter is identified as Revision 0.</p> | | |
| 7-27 | <p>PARAGRAPH 4.1.1, QA STAFF</p> <p>Verify that the annual re-evaluations, if due, have been performed for each supplier per the requirements of WI-QA-003.</p> | | |
| 7-28 | <p>PARAGRAPH 4.1.2, QA STAFF</p> <p>For each supplier, initiate a new QSL page (TMSS/004).</p> | | |

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| 7-29 | PARAGRAPH 4.1.3, QA STAFF Initiate new QSL Index (form TMSS/005). | | |
| 7-30 | PARAGRAPH 4.1.4, QA STAFF Complete form TMSS/006 to reflect the year. | | |
| 7-31 | PARAGRAPH 4.1.6, QA STAFF Obtain T&MSS QA Manager's signature on the form TMSS/006. | | |

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| 7-32 | PARAGRAPH 4.1.7, QA STAFF Distribute QSL to appropriate users. | | |
| 7-33 | PARAGRAPH 4.2.2, QA STAFF Complete a QCN form (TMSS/003) for additions, deletions, or changes to the QSL. The QCN shall describe the changes. | | |
| 7-34 | PARAGRAPH 4.2.3, QA STAFF Complete or revise form TMSS/004 for each supplier intended to be added, or whose qualifications have changed, in the QSL. | | |

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| 7-35 | <p>PARAGRAPH 4.2.4, QA STAFF</p> <p>Complete the QSL Cover Page (TMSS/006) for the new revision of the QSL.</p> | | |
| 7-36 | <p>PARAGRAPH 4.2.5, QA STAFF</p> <p>Assemble change package, including SERs, for T&MSS QA Manager review and obtain T&MSS QA Manager's approval by signature on the forms TMSS/006 and 003.</p> | | |
| 7-37 | <p>PARAGRAPH 4.2.6, QA STAFF</p> <p>Distribute QSL to appropriate users.</p> | | |

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| 7-38 | <p>SECTION 5.0, RECORDS</p> <p>The following are considered QA lifetime records packages, when completed in accordance with this procedure, and shall be submitted by the QA staff a a records package within 10 working days of completion in accordance with AP 1.36:</p> <p>For QSL Quarterly Revisions:</p> <ul style="list-style-type: none"> TMSS/004, Qualified Supplier List TMSS/005, Qualified Supplier List Index TMSS/006, Qualified Supplier List Cover Page TMSS/016, Supplier Evaluation Report (if applicable) <p>For QSL Changes:</p> <ul style="list-style-type: none"> TMSS/003, Qualified Supplier List Change Notice TMSS/004, Qualified Supplier List TMSS/005, Qualified Supplier List Index TMSS/006, Qualified Supplier List Cover Page TMSS/016, Supplier Evaluation Report | | |

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| 7-39 | <p>SP 1.25, REVISION 8, ICN 1, ACCEPTANCE OF HARDWARE AND SERVICES</p> <p>Based on a representative sample of recent quality affecting procurements, verify implementation and effectiveness of the following T&MSS procedural requirements:</p> <p>PARAGRAPH 4.2.3, ACCEPTANCE BY TECHNICAL VERIFICATION OF DATA (TMSS/038 PART IV)</p> <p>PARAGRAPH 4.2.3.1, REQUESTOR</p> <p>Perform and document the required reviews and verification of technical data submitted as indicated by the "Technical Verification of Data Produced" block of Part II of the AR using the applicable procurement documents and the AR.</p> | | |
| 7-40 | <p>PARAGRAPH 4.2.3.2, REQUESTOR</p> <p>If technical verification was acceptable, document in accordance with Subsections 4.3.1 or 4.3.2 of this procedure. If technical verification was not acceptable, document the defective conditions on an NCR in accordance with SP 1.23 and Subsection 4.3.3 of this procedure.</p> | | |

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| 7-41 | <p>PARAGRAPH 4.2.7, ACCEPTANCE OF SERVICES (TMSS/038 - PART IV AND V)</p> <p>PARAGRAPH 4.2.7.1, REQUESTOR</p> <p>Perform acceptance of services, using method(s) identified in the procurement package and applicable subsections of this procedure, and document the results on the AR as appropriate.</p> | | |
| 7-42 | <p>PARAGRAPH 4.2.7.4, QA INSPECTOR</p> <p>Perform and document acceptance of services as required by the AR and the procurement documents.</p> | | |

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| 7-43 | <p>PARAGRAPH 4.4.1, QA INSPECTOR</p> <p>Verify that all inspections and reviews required by Part II of the AR and the procurement documents are complete and accurate.</p> | | |
| 7-44 | <p>PARAGRAPH 4.4.4, QA INSPECTOR</p> <p>Provide a copy of the AR and any support documentation to the Requestor for work orders (originated by SP 1.69) or to the Procurement organization for POs (originated by SP 1.28), for subsequent records submittal in accordance with SP 1.36.</p> | | |

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| 7-45 | <p>SECTION 5.0, RECORDS</p> <p>PARAGRAPH 5.1, IDENTIFICATION AND DISPOSITION OF RECORDS:</p> <p>As indicated in Subsection 4.4.4 of this procedure, records generated by this procedure are forwarded to the parties responsible for submittal of the records packages:</p> <p>a. The AR associated with POs is submitted in accordance with SP 1.28.</p> <p>b. The AR associated with work orders is submitted in accordance with SP 1.69.</p> | | |

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| 10-1 | <p>QARD, SECTION 10.0, INSPECTION</p> <p>Verify that the following QARD requirements are implemented effectively.</p> <p>PARAGRAPH 10.2.1</p> <p>Identification of each work operation where inspection is necessary to ensure quality and implementing documents that will be used to perform the inspections. (10.2.1.A)</p> | | |
| 10-2 | <p>Identification of the characteristics to be inspected and the identification of when, during the work process, inspections are to be performed. (10.2.1.B)</p> | | |
| 10-3 | <p>Identification of inspection or process monitoring methods to be employed (10.2.1.C)</p> | | |
| 10-4 | <p>The final inspection shall be planned to arrive at a conclusion regarding conformance of the item to specified requirements. (10.2.1.D)</p> | | |
| 10-5 | <p>Identification of the functional qualification level (category or class) of personnel performing inspections. (10.2.1.E)</p> | | |

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| 10-6 | Identification of acceptance criteria. (10.2.1.F) | | |
| 10-7 | Identification of sampling requirements. (10.2.1.G) | | |
| 10-8 | Methods to record inspection results. (10.2.1.H) | | |
| 10-9 | Selection and identification of the measuring and test equipment to be used to perform the inspection to ensure that the equipment is calibrated and is of the proper type, range, accuracy, and tolerance to accomplish the intended function. (10.2.1.I) PARAGRAPH 10.2.6, FINAL INSPECTIONS | | |
| 10-10 | Finished items shall be inspected for completeness, markings, calibration, adjustments, protection from damage, or other characteristics as required to verify the quality and conformance of the item to specified requirements. (10.2.6.A) | | |

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| 10-11 | Documentation not previously examined shall be examined for adequacy and completeness. (10.2.6.B) | | |
| 10-12 | Final inspections shall include a review of the results and resolution of nonconformances identified by earlier inspections. (10.2.6.C) | | |
| 10-13 | Modifications, repairs, or replacements of items performed subsequent to final inspection shall require reinspection or retest, as appropriate, to verify acceptability. (10.2.6.D) PARAGRAPH 10.2.8, INSPECTION DOCUMENTATION | | |
| 10-14 | The item inspected. (10.2.8.A) | | |
| 10-15 | The date of inspection. (10.2.8.B) | | |

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| 10-16 | The name of the inspector, or the inspector's unique identifier, who documented, evaluated, and determined acceptability. (10.2.8.C) | | |
| 10-17 | The name of the data recorder, as applicable. (10.2.8.D) | | |
| 10-18 | The type of observation or method of inspection. (10.2.8.E) | | |
| 10-19 | The inspection criteria, sampling plan, or reference documents (including revision levels) used to determine acceptance. (10.2.8.F) | | |
| 10-20 | Results indicating acceptability of characteristics inspected. (10.2.8.G) | | |

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| 10-21 | Measuring and test equipment used during the inspection including the identification number and the most recent calibration date. (10.2.8.H) | | |
| 10-22 | Reference to information on actions taken in connection with nonconformances, as applicable. (10.2.8.I) | | |
| 10-23 | <p>PARAGRAPH 10.2.9, QUALIFICATION OF INSPECTION AND TEST PERSONNEL</p> <p>Education and Experience Requirements for Inspection and Test Personnel</p> <p>The requirements for education and experience shall be considered with a recognition that other factors commensurate with the scope, complexity, or special nature of the inspections or tests affect the assurance that a person can competently perform a particular task (10.2.9E. :1s). Other factors that demonstrate capability in a given job and the basis for their equivalency shall be documented (10.2.9E. :2s).</p> | | |

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| 10-24 | <p>Maintaining Qualification Documentation for Inspection and Test Personnel</p> <p>Documentation of personnel qualification shall be established, kept current, and maintained by the responsible organization (10.2.9I.1.:1s). This documentation shall contain the information required for the initial qualification and the maintenance of qualification (10.2.9I.:2s).</p> | | |

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| 10-25 | <p>SP 1.25, REVISION 8, ICN 1, ACCEPTANCE OF HARDWARE AND SERVICES</p> <p>Based on a representative sample of recent quality affecting procurements, verify implementation and effectiveness of the following T&MSS procedural requirements:</p> <p>PARAGRAPH 4.1.6</p> <p>Obtain the applicable procurement package from the T&MSS procurement QA files when notified that hardware or documentation has been received. Assure that the inspection criteria, sample plans, or reference documents (including revision levels) used to determine acceptance are listed as referenced on the AR, and that the AR is properly completed through Part II.</p> | | |
| 10-26 | <p>PARAGRAPH 4.1.10</p> <p>Perform and document on form TMSS/038 hardware or service acceptance activities as required by Part II of the AR. Assure that any M&TE required for the inspection is of the proper type, is acceptable for the range, tolerance, and accuracy requirements of the PO, and that the M&TE is within its calibration interval. Assure that the identification number and most recent calibration date of M&TE used are documented on form TMSS/038.</p> | | |

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| 10-27 | <p>PARAGRAPH 4.1.11</p> <p>Verify all critical characteristics identified in the PO and the AR by the methods identified in Part II of the AR. (The characteristics to be inspected and the accept and reject criteria should be identified in the PO or AR or reference made as to the criteria's location.)</p> | | |
| 10-28 | <p>PARAGRAPH 4.1.11, NOTE</p> <p>The minimum acceptance criteria for Q-CG hardware is as follows: (1) damage was not sustained during shipment; (2) the hardware received was the hardware ordered; and (3) inspection, or confirmation or both, is accomplished to the extent determined by the purchaser to assure conformance with the manufacturer's published requirements that were selected as acceptance criteria.</p> | | |

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| 10-29 | <p>PARAGRAPH 4.2.2.1</p> <p>Perform and document the required inspections as indicated by "Receipt Inspection" being marked in the "Method of Acceptance" block of Part II of the AR. Use the applicable procurement documents, AR, and Exhibit 8.</p> | | |
| 10-30 | <p>PARAGRAPH 4.2.2.3</p> <p>If receipt inspection was acceptable, document in accordance with Subsection 4.3.1 or 4.3.2 of this procedure. If receipt inspection was not acceptable, document the defective condition(s) on an NCR in accordance with SP 1.23 and Subsection 4.3.3 of this procedure.</p> | | |
| 10-31 | <p>Verify that RI addresses checking for shipping damage and hardware is packaged in accordance with the specified requirements.</p> | | |

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| 12-1 | QARD SECTION 12, WI-RED-006 R-2 Determine that requirements are established to ensure measuring and test equipment is properly controlled, calibrated and maintained. (QARD 12.1) | | |
| 12-2 | Verify that the calibration standards used by the T&MSS Radiological and Environmental Field Programs Department have a greater accuracy than the required accuracy of the M&TE being calibrated. (QARD 12.2.1B, WI-RED-006, para 3.0) | | |

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| 12-3 | <p>Identify any calibrations performed where standards of greater accuracy are unavailable or do not exist.</p> <p>Evaluate authority and the basis of acceptance of such calibrations. (QARD 12.2.1B, WI-RED-006, para 3.0)</p> | | |
| 12-4 | <p>Determine the organization(s) responsible for calibrations (T&MSS or qualified suppliers?). (WI-RED-006, para 3.0)</p> | | |

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| 12-5 | Verify the training and qualifications of affected personnel: M&TE Custodian, Technician, Managers (WI-RED-006, para 3.0) | | |
| 12-6 | Determine the basis for establishing proper type, range, tolerance, and accuracy. Are these parameters established in project documents, e.g. Study Plan ? (QARD 12.2.1C, WI-RED-006 para 4.1.1) | | |

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| 12-7 | Verify how calibration services are obtained (SP 1.28 vs. SP 1.69). Examine examples of each type of procurement. (WI-RED-006, para 4.1.3) | | |
| 12-8 | Evaluate controls for for M&TE wherein the as-found condition is out of tolerance or the calibration due date has passed. (QARD 12.2.3, WI-RED-006 para 4.1.6, 4.5). Is SP 1.23 or YAP 15.1 used to document nonconforming conditions? | | |

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| 12-9 | Determine that calibration labels are affixed to M&TE and contain the following information: Vendor, Date Calibrated, Calibration Due Date and Identification of M&TE. (QARD 12.2.1.E, WI-RED-006 para 4.1.10) | | |
| 12-10 | Assess a selection of M&TE to determine that the device is identified in such a manner to facilitate traceability to its calibration data. (QARD 12.2.1F) | | |

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| 12-11 | <p>Review calibration documentation furnished by vendors and for M&TE calibrated by T&MSS for the following:</p> <p>M&TE ID, traceability to calibration standard/basis, calibration data, individual performing the calibration, date of calibration, calibration interval or due date, calibration results, statement of acceptability, corrective action/evaluations performed, calibration procedure/implementing document and rev number used to perform the calibration. (QARD 12.2.6, WI-RED-006 para 4.3.1)</p> | | |
| 12-12 | <p>Assure that handling and storage of M&TE (including standards) provides adequate controls to maintain required accuracy. (QARD 12.2.4, WI-RED-006 para 4.4.1)</p> | | |

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| 12-13 | Examine M&TE and Standards Usage Logs to determine if usage is adequately described and if any damage was sustained. If so what actions are taken? (WI-RED-006 para 4.4.4-4.4.5) | | |
| 12-14 | Evaluate the T&MSS methodology for a "recall system". (WI-RED-006 para 4.6). Are any M&TE deactivated due to not being returned prior the calibration due date? | | |

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| 12-15 | Verify if any M&TE has been lost. If so, evaluate how documented. (WI-RED-006 para 4.7) | | |
| 12-16 | Review calibration protocols developed for use by T&MSS. Examine documentation of any recent calibrations of M&TE. (WI-RED-006 para 4.8) | | |

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| 12-17 | Evaluate how calibration intervals are established changed and documented. (WI-RED-006 Para 4.9) | | |
| 12-18 | Determine types of M&TE in storage for future use. Are there shelf life or other limitations on any of the M&TE being stored? Review technical justifications for storing calibrated M&TE without activating the calibration period. Review selection of stored data sheets and related M&TE/OE history file. (WI-RED-006 para 4.10) | | |

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| 12-19 | <p>QARD 12, WI-MET-001 R-4</p> <p>Are Wind Direction and Wind Speed sensors calibrated by outside sources? How often? Where are the tolerance requirements for these devices established? (WI-MET-001 para 4.1-4.2)</p> | | |
| 12-20 | <p>When T&MSS performs its own calibrations WI-MET-001 is used. Do the calibration procedures meet QARD 12, NQA-1 and/or Mil-Std-45662A protocol requirements? Para 4.01 requires the site tech to obtain the "necessary" M&TE standard. Where are the necessary standards described? (QARD 12)</p> | | |

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| 12-21 | Evaluate documentation for the calibration of Temperature Sensors per the direction in para 4.3.1-4.3.6 & 4.19 (WI-MET-001). Are environmental factors such as altitude taken into consideration when utilizing bath checks? Does this procedure describe the necessary standards to perform the calibrations. (QARD 12.2.2.1) | | |
| 12-22 | Evaluate calibration procedures for other devices, e.g. RH/DP sensors. What standards are prescribed? (WI-MET-001) | | |
| 12-23 | What procedures describe frequency of performance and systems audits? Review documentation of such audits. | | |

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| 15-1 | <p>QARD, SECTION 15.0, NONCONFORMANCES</p> <p>Verify that the following QARD requirements are implemented effectively.</p> <p>PARAGRAPH 15.2.1, DOCUMENTING EVALUATING NONCONFORMANCES</p> <p>Nonconformance documentation shall clearly identify and describe the characteristics that do not conform to specified criteria. (15.2.1A)</p> | | |
| 15-2 | <p>Nonconformance documentation shall be reviewed, and recommended dispositions of nonconforming items shall be proposed (15.2.1B. :1s). The review shall include determining the need for corrective action according to the requirements of Section 16.0 (15.2.1B. :2s). In addition, organizations affected by the nonconformance shall be notified (15.2.1B. :3s).</p> | | |
| 15-3 | <p>Recommended dispositions shall be evaluated and approved. (15.2.1C)</p> | | |

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| 15-4 | The responsibility and authority for reviewing, evaluating, approving the disposition, and closing nonconformances shall be specified. (15.2.1E) | | |
| 15-5 | Further processing, delivery, installation, or use of a nonconforming item shall be controlled pending the evaluation and approval of the disposition. (15.2.1F) | | |
| PARAGRAPH 15.2.4, DISPOSITION OF NONCONFORMING ITEMS | | | |
| 15-6 | The technical justification for the acceptability of a nonconforming item that has been dispositioned "repair" or "use-as-is," shall be documented. (15.2.4B) | | |
| 15-7 | Items that do not meet original design requirements that are dispositioned "use-as-is" or "repair," shall be subject to design control measures commensurate with those applied to the original design. (15.2.4C) | | |
| 15-8 | If changes to the specifying document are required to reflect the as-built condition, then the disposition shall require action to change the specifying document to reflect the accepted nonconformance. (15.2.4C.1) | | |

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| 15-9 | <p>YAP-15.1Q, CONTROL OF NONCONFORMANCES</p> <p>Verify that the following procedure requirements are implemented effectively.</p> <p>PARAGRAPH 5.1, INITIATING NCRS</p> <p>5.1.1, When a nonconforming item or sample is identified, YMP personnel:</p> <p>a) initiates an NCR, Exhibit YAP-15.1Q.1, by providing a detailed description of the nonconforming condition in Block 2, Description of Nonconformance, including requirements violated (e.g., procedure/specification/document and revision, equipment/hardware name, location, data affected, supplier, etc.);</p> <p>5.2.2, The Dispositioner:</p> | | |
| 15-10 | <p>Specifies the action in Block 4, Disposition Evaluation, of the NCR by marking the appropriate box; for items, mark Rework, Repair, Use-As-Is, or Reject/Scrap; for samples, mark Use-As-Is, Limited Use, or Discard; (5.2.2c)</p> | | |

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| 15-11 | Provides information in Justification/Comments, Block 4 of the NCR, relative to the disposition; (15.2.2d) | | |
| 15-12 | 5.2.3, The specifying organization QA: Performs a review for reportability in accordance with Attachment 9.4, Review of NCRs for Reportability, and documents this review by checking the Reportable or Non-Reportable box, Block 6, QA Concurrence With Disposition, of the NCR; (5.2.3d) | | |
| 15-13 | Determines the need for additional corrective action in accordance with implementing documents that contain the requirements of Section 16.0 of the QARD, and if appropriate, initiates corrective action in accordance with those implementing documents; (5.2.3f) | | |

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| 15-14 | <p>PARAGRAPH 5.2, IMPLEMENTING THE DISPOSITION</p> <p>5.3.1, The performing organization:</p> <p>c) completes the required actions in accordance with the approved disposition;</p> <p>d) signifies completion by signing and dating, Block 7, Completion Of Disposition, of the NCR;</p> | | |
| 15-15 | <p>5.3.4, The specifying organization QA:</p> <p>a) performs the final review of the NCR ensuring that a procedural requirements have been met and the NCR is complete;</p> <p>b) contract the appropriate personnel for resolution if questions arise during the course of the review;</p> <p>c) signs and date the NCR, Block 8, Final Review, indicating acceptance of the review; and</p> <p>d) transmits the completed NCR to the NCR Coordinator.</p> | | |

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| 15-16 | <p>5.3.5, NCR Coordinator:</p> <p>a) updates the NCR Log;</p> <p>b) if the NCR crosses organizational boundaries, a copy shall be transmitted to the YMQAD for trending.</p> | | |
| 15-17 | <p>PARAGRAPH 5.4, REVISION TO NCRS</p> <p>5.4.1 If during the course of processing an NCR, it is determined that a revision is necessary, such as requiring a revised disposition or revising the description of the nonconforming condition, etc., the YMP Personnel proposing the revision:</p> <p>a) clearly describes what is being revised (e.g., description of nonconformance, disposition, etc.) on an NCR Continuation Page, Exhibit YAP-15.1Q, and places a revision number inside a delta symbol adjacent to the revision.</p> | | |

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| 15-18 | <p>PARAGRAPH 6.0, SUPPORTING DETAIL</p> <p>6.1, DISPOSITION FACTORS</p> <p>6.1.4 Repaired or reworked items are to be re-examined in accordance with original acceptance criteria unless alternate acceptance criteria are specified in the disposition.</p> | | |
| 15-19 | <p>6.1.5 The disposition shall reference and comply with approved design documents, procedures, plans, and work orders that are necessary for correction of the condition. If changes to specifying documents are required to reflect the as-built condition, then the disposition shall require action to change the specifying document to reflect the accepted nonconformance.</p> | | |

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| 15-20 | <p>SP 1.23, NONCONFORMANCE REPORTING</p> <p>Verify that the following procedure requirements are implemented effectively.</p> <p>PARAGRAPH 4.5, TRENDING</p> <p>4.5.1 Assign a trend code and enter the trend code into the NCR Log and on Block 7 of the NCR prior to QA/QC concurrence.</p> | | |
| 15-21 | <p>4.5.2 Perform trend analysis in accordance with WI-QA-006.</p> | | |
| 15-22 | <p>WI-QA-006, TREND ANALYSIS</p> <p>Verify that the following procedure requirements are implemented effectively.</p> <p>4.2.2 Review the trend code data for each of the following categories of deficiency documents:</p> <p>a. Nonconformance Reports</p> | | |

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| 15-23 | 4.2.3 Plot the acquired information categorized by codes on charts for ease of identification and tracking of numerical trends. (See Exhibits 5 and 6 for examples.) | | |
| 15-24 | 4.2.4 Compare this plotted information to trend analysis information from the previously issued Trend Analysis Reports and identify both potentially valid and statistically valid positive and adverse trends. | | |
| 15-25 | 4.3.2 Prepare a Trend Analysis Report that includes the following as appropriate: a. An Executive Summary for the 3 month period. | | |

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| 16-1 | <p>QA, SECTION 16.0</p> <p>SP 1.37, REVISION 6, DEFICIENCY REPORTING SYSTEM</p> <p>Determine if any CARs have been generated other than as a result of a QA audit or surveillance. (Para. 3.0)</p> | | |
| 16-2 | <p>Verify that the difference between a QFR and MCAR is clearly stated. (Para. 4.2.1)</p> | | |
| 16-3 | <p>Clarify "Responsible Manager." Is it the initiator's RM or is it the RM of the responding organization? (Para. 4.3)</p> | | |

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| 16-4 | Verify that justification for invalidating a CAR is documented on Form TMSS/057. (Para. 4.3.2) | | |
| 16-5 | Verify that CARs are classified as significant or otherwise in accordance with Exhibit 6. (Para. 4.3.6) | | |
| 16-6 | Verify that the QA Manager and staff complete appropriate parts of the form, notify appropriate management, and assign a sequential number. (Para. 4.4.1) | | |

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| 16-7 | Verify that there is a field in the CAR status log for indicating if a Stop Work Order was issued. (Para. 4.4.5) | | |
| 16-8 | Verify that extension requests are processed when responses become overdue. (Para. 4.6) | | |
| 16-9 | Review the process for evaluation of responses. (Para. 4.7.1) | | |

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| 16-10 | Review records of CAR responses. Verify that CAR responses are evaluated within 15 working days and revision responses are returned within 10 working days. (Para. 4.7.2) | | |
| 16-11 | Review a sample of CARs for clarity, legibility, correct application, and trend data. Review revisions to CARs to ensure that a new form TMSS/057, is issued and that appropriate data is transferred from the previous form. (Para. 4.11.1) | | |
| 16-12 | Review CAR verification activities to verify that specific objective evidence is documented. (Para. 4.12.4) | | |

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| 16-13 | <p>Verify that within 10 working days of CAR closure, the following records are identified as "Lifetime" and submitted to the records center.</p> <ul style="list-style-type: none">a. Form TMSS/057b. Memorandum (a) generated by this procedurec. QFR/MCAR responses and relevant correspondence | | |

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| 17-1 | <p>QARD, SECTION 17.0, QUALITY ASSURANCE RECORDS</p> <p>Verify that the following QARD requirements are incorporated into the SAIC/T&MSS implementing procedures:</p> <p>PARAGRAPH 17.2.1, CLASSIFYING QUALITY ASSURANCE RECORDS</p> <p>QA records shall be classified as lifetime or nonpermanent.</p> <p>A. Documents that meet the following requirements shall be classified as lifetime QA records:</p> <ol style="list-style-type: none"> 1. Documents that provide evidence of the quality of items on the Q-List. 2. Documents that provide evidence of the quality of activities related to items on the Q-List. 3. Documents that provide evidence of the quality of site characterization data and samples. | | |

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| 17-1 Cont' | <p>4. Documents that provide evidence of those activities that provide data used to assess the potential dispersion of radioactive materials from the licensed facility.</p> <p>5. Documents that provide evidence of the quality of the production process for the high-level waste form and acceptance of the high-level waste form itself.</p> <p>6. Personnel training and qualification documents for individuals executing QA program requirements.</p> <p>7. Documents considered Implementing Documents as described in Section 5.0.</p> <p>B. Documents that do not meet the requirements for lifetime QA records, but provide objective evidence that the QA program has been properly executed shall be classified as nonpermanent QA records.</p> | | |

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| 17-2 | <p>PARAGRAPH 17.2.2, CREATING VALID QUALITY ASSURANCE RECORDS</p> <p>A. Implementing documents shall:</p> <ol style="list-style-type: none"> 1. Identify those documents that will become QA records. 2. Identify the Organization responsible for submitting the QA records to the records management system. <p>B. Individuals creating QA records shall ensure that the QA records are legible, accurate, and complete.</p> <p>C. Individuals handling QA records shall protect them from damage or loss and the records are submitted to the records management system.</p> <p>D. Records shall be considered QA records when stamped, initialed, or signed and dated as complete.</p> <p>E. QA records may be originals or copies.</p> | | |

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| 17-3 | <p>PARAGRAPH 17.2.3, RECEIVING AND INDEXING QUALITY ASSURANCE RECORDS</p> <p>A receipt control system shall be established for QA records according to the following requirements:</p> <p>A. An individual or organization shall be assigned the responsibility for receiving QA records.</p> <p>B. QA records shall be protected from damage, deterioration, or loss when received.</p> <p>C. Legibility and completeness of QA records shall be verified.</p> <p>D. The receipt control system shall permit a current and accurate assessment of the status of QA records during the receiving process.</p> | | |

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| 17-3 Cont' | <p>E. QA records shall be indexed to ensure retrievability. The indexing system shall include:</p> <ol style="list-style-type: none"> 1. The location of the QA records within the records management system. 2. Identification of the item or related activity to which the QA records pertain. 3. The retention classification of the QA record. <p>F. QA records shall be submitted to storage after the receipt process has been completed.</p> | | |

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| 17-4 | <p>PARAGRAPH 17.2.4, CORRECTING INFORMATION IN QUALITY ASSURANCE RECORDS</p> <p>A. Corrections shall include the initials or signature of the person authorized to make the correction and the date the correction was made.</p> <p>B. Corrections to QA records shall be approved by the originating organization.</p> | | |
| 17-5 | <p>PARAGRAPH 17.2.6, RETRIEVAL OF QUALITY ASSURANCE RECORDS</p> <p>A. The records management system shall provide for retrieval of QA records with planned retrieval times based on record type.</p> <p>B. Access to storage facilities shall be controlled. A list shall be maintained designating personnel who are permitted access to the QA records.</p> | | |

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| 17-6 | <p>PARAGRAPH 17.2.7, RETENTION OF QUALITY ASSURANCE RECORDS</p> <p>A. OCRWM or its designee shall retain the preserve lifetime QA records for the operating life of the item or facility.</p> | | |
| 17-7 | <p>PARAGRAPH 17.2.8, DISPOSITION OF QUALITY ASSURANCE RECORDS</p> <p>A. Affected organizations shall submit, to OCRWM or the purchaser, those QA records being temporarily stored by them that are subject to records turnover requirements.</p> | | |
| 17-8 | <p>PARAGRAPH 17.2.11, REPLACEMENT</p> <p>Organizations originating QA records shall develop implementing documents that identify means for replacement, restoration, or substitution of lost or damaged QA records.</p> | | |

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| 17-9 | <p>SP 1.36, T&MSS RECORDS MANAGEMENT, REVISION 10, ICN 1</p> <p>Based on a representative sample of recently processed QA records and records packages, verify implementation and effectiveness of the following T&MSS procedural requirements:</p> <p>PARAGRAPH 4.1.1</p> <p>Ensure that procurement documents, implementing procedures, or other documents directing the conduct of YMP quality-related activities identify the records or records packages to be generated, supplied, or maintained.</p> | | |
| 17-10 | <p>PARAGRAPH 4.1.2, RS/MANAGER</p> <p>Turn over YMP records to the responsible department or transmit them to Records Administration before departing the YMP, and have records turnover confirmed by manager.</p> | | |

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| 17-11 | <p>PARAGRAPH 4.1.4, RA</p> <p>Transmit records to the LRC or forward to a record source in accordance with the appropriate procedure.</p> | | |
| 17-12 | <p>PARAGRAPH 4.1.5, RS</p> <p>Clearly mark "Privileged" on records that have been identified as such.</p> | | |
| 17-13 | <p>PARAGRAPH 4.1.6, RA</p> <p>Limit access to privileged records to record sources, supervisory personnel of record sources, records management staff, auditors, and for training records only, the designated training personnel.</p> | | |

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| 17-14 | <p>PARAGRAPH 4.1.7, RA</p> <p>Support the development and implementation of the OCRWM Records Inventory and Disposition Schedule.</p> | | |
| 17-15 | <p>PARAGRAPH 4.2.2, RS</p> <p>Prepare individual records or records packages in accordance with Exhibits 5, 6, and 7.</p> | | |
| 17-16 | <p>PARAGRAPH 4.2.3, RS</p> <p>Protect records or documents destined to become records or records packages in accordance with Exhibit 8.</p> | | |

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| 17-17 | <p>PARAGRAPH 4.2.4, RS</p> <p>If necessary, correct records in accordance with Exhibit 9.</p> | | |
| 17-18 | <p>PARAGRAPH 4.2.5, RS</p> <p>Submit all records and records packages to T&MSS Records Administration personnel for internal review with the exception of job package records.</p> <p>NOTE: Records and records packages shall be transmitted to the LRC within ten working days after the date of completion, authentication, or receipt. Therefore, they should be submitted to records administration within seven working days.</p> | | |
| 17-19 | <p>PARAGRAPH 4.2.6, RS/RA</p> <p>Maintain in-process records so that they are retrievable.</p> | | |

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| 17-20 | <p>PARAGRAPH 4.2.8, RA</p> <p>Transmit T&MSS generated records and records packages to the LRC. A transmittal form the same as or equivalent to Exhibit 11 shall be used to transmit the records. Transmit privileged records separately from other records.</p> | | |
| 17-21 | <p>PARAGRAPH 4.3.1, RS</p> <p>Resolve discrepancies identified by the LRC.</p> | | |
| 17-22 | <p>PARAGRAPH 4.3.2, RS</p> <p>If a Record Rejection Notice is received from the LRC, return the Record Rejection Notice along with the corrected record(s) to the LRC by the date designated on the notice.</p> | | |

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| 18-1 | <p>QARD, SECTION 18.0, AUDITS</p> <p>Verify that the following QARD requirements are implemented effectively.</p> <p>PARAGRAPH 18.2.1, SCHEDULING INTERNAL AUDITS</p> <p>Internal audits shall be scheduled in a manner to provide coverage, consistency, and coordination with ongoing work. (18.2.1A)</p> | | |
| 18-2 | <p>Internal audits shall be scheduled to begin as early in the life of the work as practical and shall be scheduled to continue at intervals consistent with the schedule for accomplishing the work. (18.2.1C)</p> | | |
| 18-3 | <p>PARAGRAPH 18.2.2, SCHEDULING EXTERNAL AUDITS</p> <p>The need for, and frequency of, external audits shall be determined after an Affected Organization has been selected to perform work for the CRWM Program (18.2.2A. :1s). The determination is based on the complexity and nature of the items or services being procured (18.2.2A. :2s).</p> | | |

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| 18-4 | External audits for compliance shall be performed triennially as a minimum (18.2.2C. :1s). Pre-award surveys, if applicable, may serve as the first triennial audit if the Affected Organization is implementing the same QA program for other contracts that is proposed for the purchaser's contract (18.2.2C. :2s). | | |
| 18-5 | External audits to determine QA program effectiveness (performance based audits) shall be performed on selected work products (18.2.2D). | | |
| 18-6 | Annual performance evaluations shall be performed on each Affected Organization to determine the need to schedule additional audits (18.2.2E. :1s). This evaluation shall be documented and based on: | | |
| 18-7 | Results of previous source verifications, audits, management assessments, and receiving inspections including audits from other sources (18.2.2E. :2s2). | | |
| 18-8 | Operating experience of identical or similar products furnished by the same Affected Organization (18.2.2E. :2s3). | | |

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| 18-9 | <p>PARAGRAPH 18.2.3, AUDIT SCHEDULE</p> <p>The audit schedule shall be developed annually and revised as necessary to ensure that coverage is maintained current (18.2.3).</p> | | |
| 18-10 | <p>PARAGRAPH 18.2.7, PERFORMING AUDITS</p> <p>Elements that have been selected for audit shall be evaluated against specified requirements (18.2.7C).</p> | | |
| 18-11 | <p>Objective evidence shall be examined to the depth necessary to determine if these elements are being implemented effectively (18.2.7D).</p> | | |
| 18-12 | <p>Identified adverse audit findings (conditions adverse to quality) shall be documented and corrected according to the requirements of Section 16.0 (18.2.7F).</p> | | |

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| 18-13 | <p>PARAGRAPH 18.2.8, REPORTING AUDIT RESULTS</p> <p>The audit report shall be prepared by the audit team leader, and issued to management of the audit organization and Affected Organizations (18.2.8 :1s). The audit report shall include the following information:</p> | | |
| 18-14 | <p>A summary of the documents reviewed, persons interviewed, and the specific results of the reviews and interviews, that is, a summary of the checklist contents (18.2.8 :2sD).</p> | | |
| 18-15 | <p>Statement of the QA program effectiveness (18.2.8 :2sE).</p> | | |
| 18-16 | <p>A description of each reported adverse audit finding (condition adverse to quality) in sufficient detail to enable corrective action to be taken by the audited organization according to the requirements of Section 16.0 (18.2.8 :2sF).</p> | | |

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| 18-17 | <p>PARAGRAPH 18.2.11, FOLLOW-UP ACTION</p> <p>Follow-up action shall be taken by the auditing organization to verify that corrective action is accomplished as scheduled according to the requirements of Section 16.0 (18.2.11)</p> | | |
| 18-18 | <p>PARAGRAPH 18.2.21, MAINTAINING LEAD AUDITOR PROFICIENCY</p> <p>Lead auditors shall maintain their proficiency through one or a combination of the following: Regular and active participation in the audit process (18.2.21A.1).</p> | | |
| 18-19 | <p>Review and study of codes, standards, implementing documents, instructions, and other documents related to the QA program and program auditing (18.2.21A.2).</p> | | |
| 18-20 | <p>Participation in training programs (18.2.21A.3).</p> | | |

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| 18-21 | <p>CRITERIA 18, "AUDITS" WI-QA-001, REVISION 2, ICN 1, QA AUDITS</p> <p>PARA. 4.1.1.1</p> <p>Verify that Exhibit 7 (TMSS/054) is used to determine potential audits and the schedule reflects ongoing activities.</p> | | |
| 18-22 | <p>PARA. 4.4.3</p> <p>Verify that an internal audit schedule is issued annually to the following:</p> <ul style="list-style-type: none"> o OCRWM Director of QA o YMQAD Director o T&MSS Project Manager o Applicable APM | | |
| 18-23 | <p>PARA. 4.3.4</p> <p>Verify that Audit Report Checklists are prepared for each audit per Exhibit 4, Form TMSS/145.</p> | | |

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| 18-24 | <p>PARA. 4.4.1</p> <p>Verify that the Lead Auditor conducts a preaudit conference with the organization being audited.</p> | | |
| 18-25 | <p>PARA. 4.5.1</p> <p>Verify that the QA Audit Report Checklists are used to conduct the audit.</p> | | |
| 18-26 | <p>PARA. 4.6.10</p> <p>Verify that Audit Reports are issued to:</p> <ul style="list-style-type: none"> o YMQAD Director o T&MSS Project Manager o T&MSS APM o T&MSS QA Manager o Management of the supplier or contractor | | |

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| 18-27 | PARA. 4.7.1 Verify that a post-audit conference with management was conducted by the Lead Auditor. | | |
| 18-28 | PARA. 5.0 Verify that the QA Manager submitted the following as non-permanent QA records: <ul style="list-style-type: none"> o Internal and external audit schedule o Form TMSS/054 yearly internal audit schedule checklist | | |

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| 18-29 | <p>PARA. 5.2.2</p> <p>Verify completeness and correctness of information on TMSS/149 Forms for Lead Auditors.</p> | | |
| 18-30 | <p>PARA. 5.3.1</p> <p>Verify that Lead Auditors maintain their qualification through one or more of the following:</p> <ul style="list-style-type: none"> o Regular and active audit process participation o On-going review and study of documents relating to QA program and program auditing o Participation in training program | | |

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| III-1 | <p>QARD SUPPLEMENT III, T&MSS SP 2.2 R-4</p> <p>Determine what scientific investigations are assigned to T&MSS. Are they performed in accordance with scientific notebooks, technical implementing documents or both? (QARD III.2.2A, SP 2.2 para 3.0). List any technical procedures used.</p> | | |
| III-2 | <p>Data collected under scientific investigation shall be uniquely identified, traceable, validated and qualified. (QARD III.2.3, SP 2.2 para 3.0)</p> | | |
| III-3 | <p>Verify that the Study Plan 8.3.1.12.2.1 (Meteorological Data Collection at the Yucca Mountain Site) is used in accordance SP 2.2 and YMP procedures. (SP 2.2, para 4.1.3)</p> | | |

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| III-4 | <p>Verify the Scientific Investigation Implementation Package for Characterizing Wind Patterns Relative to Population Centers was prepared and implemented in accordance with SP2.2 and includes the following:</p> <p>Identification of the QA Grading Report, Scientific Approval, Memorandum (Exhibit 5), Scope of Work, WBS Element Reference, Schedule, Specification for use of scientific notebook, and/or technical implementing documents (SP 2.2, para 4.1-4.2).</p> | | |
| III-5 | <p>Determine the procedures which implement the SIIP.</p> | | |

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WASHINGTON, D.C.**

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NO YMP-94-05-01

QUALITY ASSURANCE CHECKLIST (continuation sheet)

| ITEM NO. | CHARACTERISTICS TO BE EVALUATED | REMARKS Record objective evidence reviewed, method of verification, personnel contacted | * RESULTS |
|----------|--|--|-----------|
| III-6 | Assure that the responsible manager reviews the compiled data and associated documentation, or coordinates the review by a qualified reviewer, to establish technical adequacy, suitability for intended usage, and compliance with QA and documentation requirements specified in the planning documents and implementation package. (SP 2.2, para 4.6.1) | | |
| III-7 | Verify that the reviewer is independent from the data collector. How is this independence determined or justified? (SP 2.2, para 4.6.1) | | |

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| III-8 | Determine that Exhibit 8 guidelines are used to control data interpretations and analysis. (SP 2.2, para 4.6.2) | | |
| III-9 | Verification of existing data is performed in accordance with Exhibit 9 and AP-5.9Q (YAP-SIII.1Q). (SP 2.2, 4.6.3-4) How do these procedures get you to WI-MET-003? | | |
| III-10 | Have any deficiencies or deviations regarding data verification/compilation been identified? If so, how were they handled? (SP 2.2 para 4.6.5) | | |

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QUALITY ASSURANCE CHECKLIST

| | | | |
|------------------------|--|---|------------------------------|
| ORGANIZATION EVALUATED | <input checked="" type="checkbox"/> EXTERNAL | <input checked="" type="checkbox"/> AUDIT | PREPARED BY _____ DATE _____ |
| DATES OF EVALUATION | <input type="checkbox"/> INTERNAL | <input type="checkbox"/> SURVEILLANCE | |

| | |
|--|--------------------|
| CONTROLLING DOCUMENT (Title, Number, Revision) | ACTIVITY EVALUATED |
|--|--------------------|

| ITEM NO. | CHARACTERISTICS TO BE EVALUATED | REMARKS Record objective evidence reviewed, method of verification, personnel contacted | * RESULTS |
|----------|---|--|-----------|
| 1 | <p>THE FOLLOWING CHECKLIST QUESTIONS ARE DEVELOPED FROM STUDY PLAN 8.3.1.12.2.1, "METEOROLOGICAL DATA COLLECTION AT THE YUCCA MOUNTAIN SITE"</p> <p>What is the background and experience level of the people in the Meteorological Monitoring Program.</p> | | |
| 2 | <p>What kind of technical training is provided.</p> | | |

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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| 3 | Does the Meteorological Monitoring Program interface with other agencies in the meteorological community. | | |
| 4 | What is the criteria used in site selection. | | |
| 5 | PARAGRAPH 2.1.2 Will additional sites for data collection be added. | | |

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| 6 | How do you monitor and determine that the data collected complies with regulatory guidance. PARAGRAPH 3.1.2 | | |
| 7 | Verify that your technicians visit each monitoring site at least once every nine days. | | |
| 8 | Verify that the site visits document physical conditions of the site area and sensors, proper time keeping and correct on-site data recording and reasonableness of the current results. | | |

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| 9 | PARAGRAPH 3.1.3 Verify that invalid data is removed from the database. | | |
| 10 | How is the data stored. | | |
| 11 | Is the data collected sent to the National Climatic Data Center for archival. | | |
| 12 | Verify that the operating characteristics of the instrumentation in use comply with the regulatory specification criteria. | | |

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| 13 | PARAGRAPH 3.1.2 Verify that the calibration of sensors and on-site monitoring equipment are traceable to a recognized standard. | | |
| 14 | What type of routine preventative maintenance is performed. | | |
| 15 | Have response times for repair/replacement of sensors been established? | | |

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| 16 | When will the dispersion model be selected. | | |
| 17 | Who will make the selection of the model and what criteria will be used. | | |

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| 18 | TECHNICAL CHECKLIST FOR SIIP FOR CHARACTERIZING WIND PATTERNS RELATIVE TO POPULATION CENTERS TASK 4: CHARACTERIZE NOCTURNAL DOWN-VALLEY WINDS PARAGRAPH 3.5 How is site selection for the tethered balloon and sodar made. | | |
| 19 | Have any short-term measurements been made in the Crater Flat area. | | |
| 20 | When will the tractor investigations be conducted. | | |

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| 21 | TECHNICAL CHECKLIST FOR WI-MET-001, METEOROLOGICAL MONITORING What corrective actions, if any, are taken when it is determined that a sensor has gone bad or is out-of-tolerance. | | |
| 22 | PARAGRAPH 4.0.1 Who defines the standard's calibration period. | | |

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| 23 | WIND SPEED SENSOR PARAGRAPH 4.11.4 Verify that the shaft rotation check is being performed. | | |
| 24 | DELTA TEMPERATURE SENSORS PARAGRAPH 4.1.3 Verify that isothermal comparison checks are completed. | | |

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| 25 | <p>TECHNICAL CHECKLIST FOR WI-MET-010, SPECIAL METEOROLOGICAL FIELD MEASUREMENTS</p> <p>PARAGRAPH 3.2.1</p> <p>Verify that wind direction sensor is placed according to procedures and that difference in sensor and tether sonde is within acceptable tolerances: +/- 15 degree.</p> | | |
| 26 | <p>SODAR OPERATIONS</p> <p>PARAGRAPH 3.7.3</p> <p>Verify that the frequency used, trainer alignment, and antenna angle used, are being documented on the TMSS/168 form.</p> | | |