



OFFICE OF CIVILIAN  
RADIOACTIVE WASTE MANAGEMENT  
QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE

TITLE: MANAGEMENT ASSESSMENT

Procedure No.: QAAP 2.7	Revision: 0	Date: 6/19/89	Page: 1 of 7
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Director, OCRWM <i>[Signature]</i>	Date: 4/3/89	Director, OQA <i>[Signature]</i>	Date: 3/28/89
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1.0 PURPOSE

The purpose of this procedure is to establish responsibilities and identify methods for planning, conducting, documenting, reporting, and administering a system whereby management assesses the scope, adequacy, status, and effectiveness of the Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance (QA) program.

2.0 SCOPE

This procedure applies to all OCRWM internal and external management assessments conducted to assess the scope, adequacy, status, and effectiveness of the OCRWM QA program.

3.0 REFERENCES AND DEFINITIONS

3.1 REFERENCES

- 3.1.1 "Quality Assurance Requirements for the Civilian Radioactive Waste Management Program", (QAR) DOE/RW-0214, 1988.
- 3.1.2 "Quality Assurance Program Description for the Civilian Radioactive Waste Management Program," (QAPD) DOE/RW-0215, 1988.

3.2 DEFINITIONS

- 3.2.1 The definitions of standard terms may be found in the Glossary contained in reference 3.1.1.
- 3.2.2 Management Assessment - An independent assessment conducted by management to evaluate the scope, status, adequacy, programmatic compliance, and implementation effectiveness of the OCRWM quality assurance program.



#### 4.0 RESPONSIBILITIES

##### 4.1 DIRECTOR, OCRWM

The Director, OCRWM, or designee has overall responsibility for:

- 4.1.1 Conducting, or having conducted, an independent assessment of the OCRWM QA program, on at least an annual basis, to verify adequacy and effectiveness of implementation;
- 4.1.2 Appointing assessment team leaders and members as required for the performance of scheduled assessments;
- 4.1.3 Providing instructions for the performance of the assessment to the assessment team leader and members;
- 4.1.4 Being cognizant of the quality assurance effort, on a current basis, by receiving copies of audit reports, deficiency reports, and selected correspondence dealing with OCRWM QA activities; and
- 4.1.5 Meeting, as necessary, with OCRWM Associate Directors to discuss progress and related QA problem areas or concerns.

##### 4.2 ASSOCIATE DIRECTORS, OCRWM

The Associate Directors, OCRWM, or designees have responsibility for:

- 4.2.1 Assessing, at least on an annual basis, the status, adequacy, compliance, and effectiveness of the current QA activities for which they are responsible; and
- 4.2.2 Documenting and reporting assessment information to the Director, OCRWM.

##### 4.3 ASSESSMENT TEAM LEADER

The Assessment Team Leader has overall responsibility for:

- 4.3.1 Planning and coordinating performance of the assessment activity; and
- 4.3.2 Documenting and reporting assessment information to the Director, OCRWM.



4.4 DIRECTOR, OFFICE OF QUALITY ASSURANCE (OQA)

The Director, OQA, or designee is responsible for:

4.4.1 Preparing and maintaining this QAAP.

5.0 GENERAL

5.1 Management shall annually assess the adequacy of the OCRWM quality assurance program to ensure effective implementation.

5.2 Management assessments shall be conducted using one, or a combination of, the following assessment options:

5.2.1 External to Department of Energy (DOE) — Assessment by commercial QA organization or consultant;

5.2.2 Internal to DOE — Assessment by DOE (HQ), DOE Operations Offices, or by personnel from Project Offices; or

5.2.3 Internal to OCRWM — Assessment by the Director, OCRWM, OCRWM Associate Directors, Division Directors, or other line managers.

5.3 Assessment Team Members shall be independent of the OQA and of the activities to be assessed.

5.4 The following methods, as appropriate, shall be used in performance of management assessments:

5.4.1 Interviews with PROGRAM management and staff to assess the effectiveness of implementation of the QA program;

5.4.2 Surveillance or inspections of ongoing activities;

5.4.3 Discussions with PROGRAM management and staff in meetings regarding problems in activities affecting quality;

5.4.4 Review of audit, surveillance, deficiency, trend, and PROGRAM review reports, and supporting documentation;

5.4.5 Attendance at post-audit conferences; or

5.4.6 A combination of any of the above methods.



## 6.0 PROCEDURE

### 6.1 INDEPENDENT MANAGEMENT ASSESSMENT

The Director, OCRWM, shall determine the assessment option to be utilized (Section 5.2) and appoint the assessment team responsible for performing the assessment.

### 6.2 ASSESSMENT TEAM

The assessment team may consist of one or more members, as deemed necessary. If the assessment team consists of more than one member, one member shall be designated as the Assessment Team Leader.

6.2.1 The Assessment Team Leader shall coordinate the planning and performance of the assessment, document and report results to the Director, OCRWM.

### 6.3 PLANNING

Planning for performance of the assessment shall consider the following, as a minimum:

- 6.3.1 Methods (Section 5.4) for performing the assessment;
- 6.3.2 Instructions from the Director, OCRWM or Associate Director(s) and specific requirements for performing the assessment;
- 6.3.3 Establishment of performance indicators to be used as a basis for determining effectiveness;
- 6.3.4 OCRWM QAR and QAPD;
- 6.3.5 OCRWM QA Administrative Procedures;
- 6.3.6 Technical requirements;
- 6.3.7 Results from previous assessments;
- 6.3.8 Audit, surveillance, inspection, and previous assessment reports;
- 6.3.9 Evaluation of OCRWM QA organization's activities and records;
- 6.3.10 Evaluation of OCRWM PROGRAM activities and records;



6.3.11 Evaluation of adequacy of personnel and other resources;

6.3.12 Evaluation of adequacy and effectiveness of personnel training;  
and

6.3.13 Assessment option(s) to be used.

#### 6.4 PERFORMANCE

The Assessment Team shall perform the management assessment in accordance with the assessment plan developed in Section 6.3.

#### 6.5 DOCUMENTATION

6.5.1 Upon completion of the assessment, the Assessment Team Leader shall document results of the assessment activity, review the report with team members, obtain their concurrence signatures, and discuss results with the Director, OCRWM, and other personnel as deemed appropriate by the Director, OCRWM.

6.5.2 The Assessment Report shall include the following information:

- a) An Executive Summary;
- b) A description of the scope of the assessment activity;
- c) Identification of personnel contacted during the assessment activity;
- d) Specific findings to substantiate the summary of results;
- e) A summary of results of the assessment that addresses the scope, status, adequacy, compliance, and effectiveness of implementation of the OCRWM QA program requirements;
- f) An evaluation of the status, adequacy and effectiveness of organizational structure, personnel training, and QA reporting and communications;
- g) A description of adverse conditions in sufficient detail to enable determination of root cause, action to be established by the affected organization to correct the observed condition and prevent recurrence; and
- h) Identification of team members originating the assessment report.

6.5.3 The mechanism for correcting deficiencies reported in management assessment reports is addressed in QAAP 16.1, "Corrective Action".



**6.6 OCRWM MANAGEMENT ASSESSMENT**

6.6.1 At least annually, each Associate Director shall document in a report to the Director, OCRWM, their assessment of the status, compliance, and effectiveness of the OCRWM QA program for which they have responsibility.

6.6.2 The report shall contain the assessment information required in Section 6.5.2.

**6.7 FOLLOW-UP ACTIVITIES**

6.7.1 The Director, OCRWM, shall ensure that affected Associate Directors analyze assessment reports, investigate adverse conditions and determine causes, implement or schedule necessary corrective action, including methods to prevent recurrence, and notify the Director, OCRWM, in writing, of their actions in these areas.

6.7.2 The Director, OCRWM, shall ensure that responses from affected Associate Directors are evaluated for adequacy, and that implementation and verification status of corrective actions are tracked until resolution is completed and approved by the Director, OCRWM, with concurrence of the Director, OQA.

**7.0 RECORDS**

7.1 Documentation generated as a result of this procedure is collected and maintained in accordance with requirements specified in QAAP 17.1, "Records Management". At a minimum, the assessment report is considered a record.

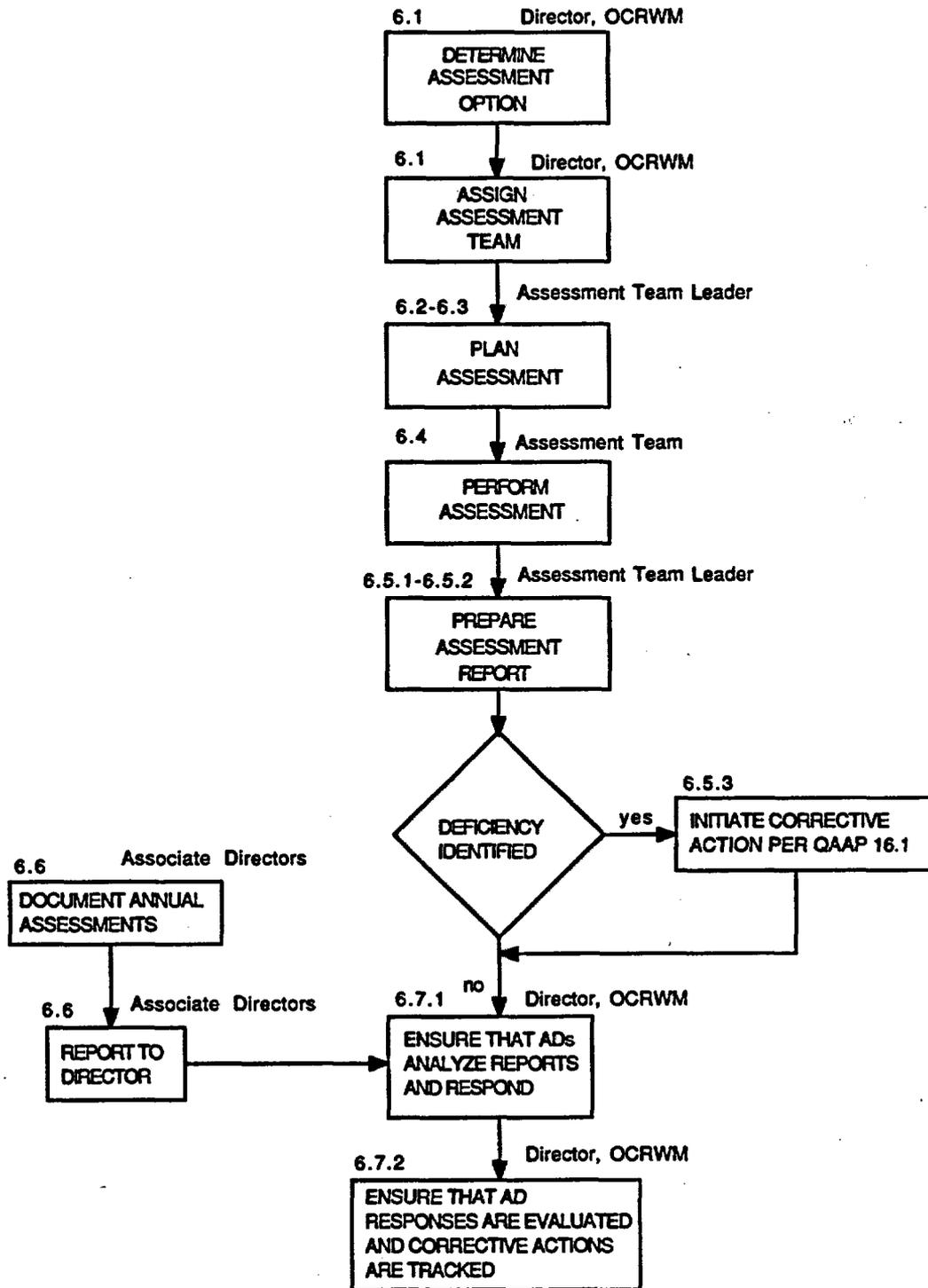
**8.0 ATTACHMENTS**

8.1 Attachment I - QAAP Flowchart



ATTACHMENT I

MANAGEMENT ASSESSMENT



**QUALITY ASSURANCE ADMINISTRATIVE PROCEDURES**

**2.7**

The following number is for OCRWM records management purposes only and should not be used when ordering this publication.

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QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE

TITLE: TABLE OF CONTENTS

Procedure No.:  
N/A

Revision:  
1

Date:  
5/12/89

Page: 1 of 1

<u>No.</u>	<u>Title</u>	<u>Rev.</u>	<u>Effective Date</u>	
2.1	Indoctrination and Training	0	03/27/89	
2.3	Establishing Quality Assurance Controls	0	06/19/89	1
2.5	Quality Assurance Program Document Review	0	03/27/89	
2.6	Readiness Review	0	03/27/89	
2.7	Management Assessment	0	06/19/89	1
3.1	Technical Document Review	0	03/27/89	
3.2	Design Review	0	03/27/89	
3.3	Peer Review	0	03/27/89	
5.1	Preparation of Quality Assurance Administrative Procedures	0	03/27/89	
16.1	Corrective Action	0	03/27/89	
18.2	Audit Program	0	03/27/89	
18.3	Surveillance Program	0	03/27/89	