Final

Quality Control Plan for the Revision of the Facility-Wide Environmental Documents

Revision 0

Ravenna Army Ammunition Plant
Ravenna, Ohio

Contract No. W912QR-08-D-0008
Delivery Order No. 0016

Prepared for:

United States Army Corps of Engineers
Louisville District

Prepared by:

Science Applications International Corporation
8866 Commons Boulevard
Twinsburg, Ohio 44087

July 27, 2010

REPORT DOCUMENTATION PAGE	Form Approved OMB No. 0704-0188

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

1. REPORT DATE *(DD-MM-YYYY)*	2. REPORT TYPE	3. DATES COVERED *(From - To)*
27-07-2010	Technical	July 2010

4. TITLE AND SUBTITLE

Final
Quality Control Plan for the
Revision of the Facility-Wide Environmental Documents, Revision 0
Ravenna Army Ammunition Plant
Ravenna, Ohio

5a. CONTRACT NUMBER
W912QR-08-D-0008

5b. GRANT NUMBER
NA

5c. PROGRAM ELEMENT NUMBER
NA

6. AUTHOR(S)
Pacer, Corey, P.E.

5d. PROJECT NUMBER
Delivery Order No. 0016

5e. TASK NUMBER
NA

5f. WORK UNIT NUMBER
NA

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

Science Applications International Corporation (SAIC)
8866 Commons Blvd, Suite 201
Twinsburg, Ohio 44087

8. PERFORMING ORGANIZATION REPORT NUMBER
3827.20100727.001

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)

USACE - Louisville District
U.S. Army Corps of Engineers
600 Martin Luther King Jr., Place
PO Box 59
Louisville, Kentucky 40202-0059

10. SPONSOR/MONITOR'S ACRONYM(S)
USACE

11. SPONSOR/MONITOR'S REPORT NUMBER(S)
NA

12. DISTRIBUTION/AVAILABILITY STATEMENT
Reference distribution page.

13. SUPPLEMENTARY NOTES
None.

14. ABSTRACT

This Quality Control Plan (QCP) is SAIC's approach to ensure quality throughout all aspects of the Facility-Wide Work Plan revisions. This QCP sets forth the procedures under which deliverables will be produced to control product quality.

15. SUBJECT TERMS
Quality Control Plan, quality control, product quality, quality control procedures, data quality objectives

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			Kathy Krantz
U	U	U	SAR	89	19b. TELEPHONE NUMBER *(Include area code)* 502.315.6355

Final

Quality Control Plan for the Revision of the Facility-Wide Environmental Documents

Revision 0

Ravenna Army Ammunition Plant
Ravenna, Ohio

Contract No. W912QR-08-D-0008
Delivery Order No. 0016

Prepared for:
U.S. Army Corps of Engineers
600 Martin Luther King, Jr. Place
Louisville, Kentucky 40202

Prepared by:
Science Applications International Corporation
8866 Commons Boulevard
Twinsburg, Ohio 44087

July 27, 2010

CONTRACTOR STATEMENT OF INDEPENDENT TECHNICAL REVIEW

Science Applications International Corporation (SAIC) has completed the Final Quality Control Plan for the Revision of the Facility-Wide Environmental Documents, Revision 0 at the Ravenna Army Ammunition Plant, Ravenna, Ohio. Notice is hereby given that an independent technical review has been conducted that is appropriate to the level of risk and complexity inherent in the project. During the independent technical review, compliance with established policy principles and procedures, utilizing justified and valid assumptions, was verified. This included review of data quality objectives; technical assumptions; methods, procedures, and materials to be used; the appropriateness of data used and level of data obtained; and reasonableness of the results, including whether the product meets the customer's needs consistent with law and existing USACE policy.

Corey Pacer, P.E. — 07-26-10
Study/Design Team Leader — Date

Jed Thomas, P.E. — 07-26-10
Independent Technical Review Team Leader — Date

Significant concerns and the explanation of the resolution are as follows:

Internal SAIC Independent Technical Review comments are recorded on a Document Review Record per SAIC quality assurance procedure QAAP 3.1. This Document Review Record is maintained in the project file. Changes to the report addressing the comments have been verified by the Study/Design Team Leader. As noted above, all concerns resulting from independent technical review of the project have been considered.

Kevin Jago, P.G. — 07-27-10
Principal w/ A-E firm — Date

DOCUMENT DISTRIBUTION
for the
Final
Quality Control Plan for the Revision of the Facility-Wide Environmental Documents
Revision 0

Ravenna Army Ammunition Plant
Ravenna, Ohio

Name/Organization	Number of Printed Copies	Number of Electronic Copies
J. Kimberly Harriz, NGB	0	1
Katie Tait, OHARNG	1	1
Mark Patterson, RVAAP Facility Manager	2	2
Kathy Krantz, USACE – Louisville District	1	1
Mark Nichter, USACE – Louisville District	1	1
REIMS	0	1
Kevin Jago, SAIC	2	2
Jed Thomas, SAIC	1	1
SAIC Project File W912QR-08-D-0008	1	1
SAIC Central Records Facility	0	1

NGB = National Guard Bureau
OHARNG = Ohio Army National Guard
RVAAP = Ravenna Army Ammunition Plant
USACE = United States Army Corps of Engineers
REIMS = Ravenna Environmental Information Management System
SAIC = Science Applications International Corporation

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ACRONYMS AND ABBREVIATIONS

ADR	Automated Data Review
CAS	Chemical Abstract Service
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CIH	Certified Industrial Hygienist
COR	Contracting Officer's Representative
CRF	Central Records Facility
CSP	Certified Safety Professional
CUG	Cleanup Goal
DFFO	Director's Final Findings and Orders
DoD	Department of Defense
FSP	Field Sampling Plan
FWGWMP	Facility-Wide Groundwater Monitoring Program
HASP	Health and Safety Plan
IDW	Investigation-Derived Waste
IS	Incremental Sampling
ISWG	Incremental Sampling Working Group
ITR	Independent Technical Review
ITRC	Interstate Technology and Regulatory Council
LCG	Louisville Chemistry Guidelines
LOD	Level of Detection
MEC	Munitions and Explosives of Concern
MI	Multi-Increment™
MRL	Minimum Reporting Limit
NCR	Nonconformance Report
NEDO	Northeast District Office
NGB	National Guard Bureau
O&M	Operation and Maintenance
OFFO	Office of Federal Facilities Oversight
OHARNG	Ohio Army National Guard
Ohio EPA	Ohio Environmental Protection Agency
PBA	Performance Based Acquisition
PM	Project Manager
QA	Quality Assurance
QAAP	Quality Assurance Administrative Procedure
QAPP	Quality Assurance Project Plan
QC	Quality Control
QCP	Quality Control Plan
QSM	Quality Systems Manual
REIMS	RVAAP Environmental Information Management System
RVAAP	Ravenna Army Ammunition Plant
SAIC	Science Applications International Corporation
SAP	Sampling and Analysis Plan

ACRONYMS AND ABBREVIATIONS (CONTINUED)

SHP	Safety and Health Plan
SI	Site Investigation
SOW	Scope of Work
SSHP	Site Safety and Health Plan
TGM	Technical Guidance Manual
TPP	Technical Project Planning
USACE	United States Army Corps of Engineers
VOC	Volatile Organic Compound

THIS PAGE INTENTIONALLY LEFT BLANK.

1.0 INTRODUCTION

Science Applications International Corporation (SAIC) has been contracted by the United States Army Corps of Engineers (USACE) Louisville District to revise and update the existing Facility-Wide Work Plans for environmental investigations at the Ravenna Army Ammunition Plant (RVAAP). The referenced Facility-Wide Work Plans were last prepared or updated in 2001 and consist of the following:

- Facility-Wide Sampling and Analysis Plan (SAP) inclusive of the:
  - Field Sampling Plan (FSP);
  - Quality Assurance Project Plan (QAPP); and
- Facility-Wide Safety and Health Plan (SHP).

The Facility-Wide Work Plans have previously been prepared in conformance with the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), and in accordance with the Ohio Environmental Protection Agency's (Ohio EPA) Director's Final Findings and Orders (DFFO) for the RVAAP facility. Revisions to the documents are necessary to update and include industry best practices, applicable regulations, and current site conditions. In addition, the updates will ensure the highest standards for data quality and health and safety are established and followed during future environmental investigations.

1.1 PURPOSE AND SCOPE

This Quality Control Plan (QCP) is SAIC's approach to ensure quality during the environmental document updates. This QCP sets forth the procedures under which deliverables will be produced to control product quality. The project tasks identified in Table 1-1 represent the definable features for the revision and updates of the Facility-Wide Work Plans defined in the Scope of Work (SOW) dated August 3, 2009. The project Kick-off Meeting with USACE – Louisville District was held on January 6, 2010. Although the SOW for this project identified delivery of the QCP within 30 calendar days of notice to proceed, issuance of this plan was delayed in order to capture results of a specified technical workshop among RVAAP stakeholders to discuss needed changes to the Facility-Wide Work Plans.

The technical workshop was held among RVAAP stakeholders on April 1, 2010, in Streetsboro, Ohio to discuss the proposed revisions to the Facility-Wide Work Plans. SAIC proposed revisions to the documents based on input from RVAAP contractors, USACE, Ohio EPA, and the Ohio Army National Guard (OHARNG). The proposed revisions are presented in Table 1-2. The results of the technical workshop form the basis for revisions of the Work Plans.

1.2 PLAN ORGANIZATION

The remaining sections of this QCP are organized as follows:

- Section 2: *Management Philosophy* – describes SAIC's management philosophy to be used to ensure high-quality deliverables, including management structure, project schedule, cost control, and communication.
- Section 3: *Customer Involvement* – summarizes RVAAP stakeholder involvement in the project.
- Section 4: *Identification of Quality Indicators* – defines the SAIC Quality Assurance Administrative Procedures (QAAPs) to be followed during this project.
- Section 5: *Provisions for Feedback and Lessons Learned* – summarizes the procedure SAIC will utilize to obtain client feedback.

Table 1-1. Delivery Order Detailed Task Descriptions

Task No.	Task Description
1.0	*Project Management* – SAIC will provide a Project Manager qualified to oversee all work described in the SOW. SAIC will conduct a Project Kick-off Meeting with USACE – Louisville District and RVAAP stakeholders as appropriate. SAIC will coordinate a one-day technical workshop with RVAAP stakeholders to present proposed changes to the Facility-Wide Work Plans and obtain input on any additional recommended changes.
1.1	*Project Execution/Client Correspondence* – SAIC will complete the activities and deliverables set forth in Section 4.2 of the SOW.
2.0	*Quality Control Plan* – SAIC will provide a QCP to define the procedures under which deliverables will be produced to control product quality.
3.0	*Revision and Update of Facility-Wide Work Plans* – SAIC will update the Facility-Wide Work Plans in accordance with objectives outlined in Section 3.0 of the SOW.
4.0	*Submittal and Approval of Facility-Wide Work Plans* – SAIC will prepare and submit the following revised Facility-Wide Work Plans: • Facility-Wide SAP o FSP o QAPP • Facility-Wide SHP

FSP = Field Sampling Plan
QAPP = Quality Assurance Project Plan
QCP = Quality Control Plan
SAIC = Science Application International Corporation
SAP = Sampling and Analysis Plan
SHP = Safety and Health Plan
SOW = Statement of Work

Table 1-2. Proposed Revisions to the Facility-Wide Work Plans

Change No.	Description	Rationale
General Changes		
General	Reference RVAAP Document Format Guidelines	Reference the RVAAP Document Format Guidelines as applicable guidance for all environmental reports.
Proposed Changes to Facility-Wide FSP		
FSP 1	Update the facility description and environmental point of contact information (Section 1.1)	Incorporate stakeholder-approved RVAAP/Camp Ravenna facility description currently used in environmental reports.
FSP 2	Update environmental setting (Section 1.2)	Specific updates as appropriate (e.g., climate data, ecology, hydrology).
FSP 3	Update summary of previous investigations and program status (Section 1.3)	Provide a current summary of previous investigations and include a reference to *RVAAP Access* (www.rvaap.org) and REIMS for current program status information.
FSP 4	Add IS Procedures (Section 4.5)	It is proposed to use IS terminology [also trademarked as MI sampling by EnviroStat, Inc.] consistent with the ongoing multi-disciplinary ITRC ISWG. IS sampling is frequently used to characterize surface soil. The current FSP describes only discrete surface soil sampling methods. The FSP will be updated to include IS sample procedures for surface soil and wet sediment (similar to those written in the RVAAP PBA 2008 Supplemental Investigation SAP). The procedure will include protocols for collecting QA/QC (duplicate and split) samples from IS areas and for logging soil classification information.
FSP 5	Add RVAAP Facility-Wide Background Values (Section 3.0)	RVAAP background values are currently provided in the Winklepeck Burning Grounds Phase II Remedial Investigation Report (USACE 2001). Including the background values in the FSP (Section 3.0) will be help make this key data more easily accessible to projects.

Table 1-2. Proposed Revisions to the Facility-Wide Work Plans (continued)

Change No.	Description	Rationale
FSP 6	Update facility-wide data quality objectives (Section 3.0)	Incorporate references to the USACE EM 200-1-2 and TPP Process as applicable DoD guidelines for planning RVAAP environmental projects. Update the general RVAAP conceptual model in Section 3.2.1 of the FSP, as applicable to include new information regarding site conditions, geology, hydrogeology, general land uses, etc. Reference the Final Facility-Wide CUG Report (currently under review) as applicable guidance for establishing screening levels and cleanup levels for RVAAP environmental projects. Reference the Facility-Wide Risk Assessors Manuals (Human Health and Ecological) as applicable guidance. Update references to optimized sample designs (Section 3.2.9 of the FSP) to incorporate flexibility to use IS sampling as applicable.
FSP 7	Add procedure for utility clearance and avoidance (Section 4.0)	Utility clearance and avoidance protocol (e.g., notification and coordination through RVAAP O&M Contractor) are not currently addressed in the FSP and would be added to Section 4.0.
FSP 8	Update groundwater well installation, development, sampling and abandonment procedures (Section 4.3)	Changes to the Ohio EPA *Technical Guidance Manual for Hydrogeologic Investigations and Ground Water Monitoring* warrant changes to the FSP. The relevant sections of the TGM were updated between 2005 and 2009. Include low-flow sampling methods.
FSP 9	Revise decontamination procedures in accordance with current Ohio EPA guidance, including the TGM (Section 4.3)	For example, solvent rinses and acid rinses may only be necessary if high levels of contamination are expected. Also, as requested by USACE on recent projects, procedures would be revised to include option for an isopropanol solvent rinse instead of methanol. Move to a stand new section.
FSP 10	Specify the general order of analyte collection (Section 4.0)	Because of volatility, holding time, and other factors, the order in which analytical parameter groups will be specified in Section 4 subsections.
FSP 11	Assess relevance of field forms and update as necessary (ALL)	Update and revise outdated forms consistent with current guidance documents.

Table 1-2. Proposed Revisions to the Facility-Wide Work Plans (continued)

Change No.	Description	Rationale
FSP 12	Update IDW inspection guidelines (Section 7.0)	Add IDW inspection form and guidelines from Vista, Inc. to Section 7.0 of the FSP (Investigation-Derived Waste).
FSP 13	Add field change order protocol (Section 8.0)	Add protocol, approval process, and example form for field change orders to Section 8.0 of the FSP (Contractor Chemical Quality Control).
Proposed Changes to Facility-Wide QAPP		
QAPP 1	Update the laboratory analysis methods presented in the QAPP (Section 3.0)	Some specified methods listed in QAPP Tables 1-1 and 3-1 through 3-9 have been updated or replaced. CAS numbers require updating as applicable.
QAPP 2	Update project quantitation levels and detection limits (Section 3.0)	In accordance with the DoD QSM, project quantitation levels will be referred to as reporting limits and detection limits will be called LODs. The reporting limits desired for data end uses, such as risk assessment (Tables 3-3 through 3-9 of the QAPP), have changed and will be updated in accordance with the requirements/guidance in the DoD QSM to meet project needs. Verify and specify that the list of chemicals presented in Tables 3-3 through 3-9 is considered to be the comprehensive "RVAAP full suite" list of chemicals. The list of LODs for COPCs (Table 3-2 of the FSAP) will be removed from the document, as these levels are laboratory-specific. Add text that LODs for proposed laboratories will be reviewed to ensure they will not affect usability of data or the ability to meet the specified project reporting limits.
QAPP 3	Update laboratory analytical requirements (Sections 3.0 and 8.0)	Updated information provided in recent project specific QAPPs will be included if applicable to all projects; some examples include: The requirement to run MRLs at the end of the analytical sequence, as well as at the beginning. Trip blanks are required only for aqueous VOC samples, not soil.

Table 1-2. Proposed Revisions to the Facility-Wide Work Plans (continued)

Change No.	Description	Rationale
QAPP 4	Align the QAPP with the requirements of the FWGWMP Plan (Section 3.0)	Specifically, reporting levels for groundwater analyses in the FWGWMP Plan are different than those specified in the QAPP. These will be made consistent so there is one clear reporting level for each constituent in groundwater. The FSP and QAPP will include language from the FWGWMP Plan regarding perchlorate analysis and filtering requirements.
QAPP 5	Replace QAPP references to the Environmental Data Assurance Guidelines (USACE Louisville District) and LCG with references to the DoD QSM and Louisville Supplement to the QSM (ALL)	The former documents are no longer relevant and will be replaced with references and information to maintain compliance with the DoD QSM and the Louisville Supplement to the QSM. A review of the DoD QSM and Louisville Supplement will be performed to ensure the procedures in the QAPP are fully compliant with those documents.
QAPP 6	Update the general DQOs in QAPP Tables 3-1 and 3-2 to reflect current expectations of field and laboratory precision and laboratory accuracy	These tables also will be updated to include IS sampling and current analytical methods.
QAPP 7	Update the general container requirements	Update the general container requirements for environmental soil and water samples in QAPP Tables 4-1 and 4-2 to reflect current requirements.
QAPP 8	Clarify the typical frequency of selected QA samples, such as QA split samples, rinsates, and source water blanks (Section 8.0)	For example, according to USACE guidance on recent work plans, the frequency of QA split samples is expected to be 10% (collected at same location as the duplicate samples).
QAPP 9	Update requirements for electronic data submittals from the laboratories	The Electronic Data Deliverable file specifications in Appendix A of the FSAP and QAPP Table 9-2 have been changed, and the ADR format is now required. The QAPP will be updated to refer the reader to REIMS data repository requirements.

Table 1-2. Proposed Revisions to the Facility-Wide Work Plans (continued)

Change No.	Description	Rationale
Proposed Changes to Facility-Wide SHP		
SHP 1	Update general health and safety requirements	Emergency Responder training is no longer required for environmental investigations at RVAAP (Section 4.0 of the Facility-Wide SHP). Standard First Aid and CPR training is required for all onsite workers. Clarify when exclusion zones must be established. Relevant guidance contained in recent project-specific SSHP Addenda will be incorporated, such as removing gunfire hazard (hunting) from the hazard analysis tables, as no work is allowed on hunting weekends.
SHP 2	Update emergency response procedures	Contacts and phone numbers for reporting emergencies will be updated to ensure proper assistance and notification. Written directions to the nearest hospital will be provided in addition to a map.

Table 1-2. Proposed Revisions to the Facility-Wide Work Plans (continued)

Change No.	Description	Rationale
SHP 3	Update and incorporate references to applicable DoD guidance for MEC avoidance, Final RVAAP MMRP SI, and Ohio EPA MEC notification procedure per DFF&Os	SHP and FSP Section 4.8 Update MEC avoidance terminology as applicable. Add Ohio EPA MEC notification procedure. Incorporate references to applicable DoD guidance for MEC avoidance. Incorporate reference to the Final MMRP Site Inspection Report for RVAAP as a relevant information source for identifying if environmental projects will fall within known or suspect Munitions Response Sites.

ADR = Automated Data Review
CAS = Chemical Abstract Service
CUG = Cleanup Goal
DFFO = Director's Final Findings and Orders
DoD = Department of Defense
FSP = Facility-Wide Field Sampling Plan
FWGWMP = Facility-Wide Groundwater Monitoring Program
IDW = Investigation-Derived Waste
IS = Incremental Sampling
ISWG = Incremental Sampling Working Group
ITRC = Interstate Technology and Regulatory Council
LCG = Louisville Chemistry Guidelines
LOD = Level of Detection
MEC = Munitions and Explosives of Concern
MI = Multi-Increment™
MRL = Minimum Reporting Limit
O&M = Operation and Maintenance
PBA = Performance Based Acquisition
QA = Quality Assurance
QAPP = Quality Assurance Project Plan
QC = Quality Control
QSM = Quality Systems Manual
REIMS = RVAAP Environmental Information Management System
RVAAP = Ravenna Army Ammunition Plant
SAP = Sampling and Analysis Plan
SI = Site Investigation
SSHP = Site Safety and Health Plan
TGM = Technical Guidance Manual
TPP = Technical Project Planning Process
VOC = Volatile Organic Compound

2.0 MANAGEMENT PHILOSOPHY

SAIC is dedicated to providing its clients unparalleled quality work with ongoing Quality Assurance/Quality Control (QA/QC) measures. The full SAIC QA/QC program consists of the Quality Assurance Program Plan and the QAAPs. SAIC is committed to meeting or exceeding our client's specified requirements at the agreed price within schedule.

2.1 MANAGEMENT APPROACH

All management level personnel will ensure that applicable QA program requirements are adhered to, and will encourage staff to identify technical or administrative problems and participate in their resolution. The SAIC QA program has the complete approval and support of the SAIC senior management, including the resources necessary to ensure its implementation. The SAIC Project Manager (PM) is responsible for delivering cost-effective, high-quality products, on-time within the scope of the contract. Each individual is responsible for the quality of his or her work.

The QA program will provide control over activities to an extent consistent with risk, complexity, duration, importance, health and safety considerations, and USACE expectations. SAIC will provide indoctrination and training of personnel to the extent necessary to perform their assigned tasks, and to ensure that proficiency is achieved and maintained. Training will be documented through SAIC's corporate iTrack Professional Management System.

The preparatory phase of the QA program is performed prior to beginning work and may include a review of the applicable work scope, identification of procedures for performing the work, personnel assignments, and a kick-off meeting to discuss scope, budget, and schedule. In the case of the RVAAP Facility-Wide Work Plan revisions, a technical workshop was completed (Section 1.1) to obtain stakeholder input on proposed revisions to the documents. The follow-up phase may include review of information collected and product reviews. Both editorial and technical reviews are conducted on all documents and are documented by the reviewer, as discussed in Section 2.2.5 of this QCP.

2.2 MANAGEMENT STRUCTURE

The organization chart in Figure 2-1 outlines the management structure that will be used to implement the project. The functional responsibilities of the key SAIC personnel are described in the following parts of this plan. The assignment of personnel to each project position is based on a combination of the following:

- Experience in the type of work to be performed;
- Experience working with government personnel and procedures;
- A demonstrated commitment to high quality and timely job performance; and
- Staff availability.

The key project personnel have been assigned based upon the minimum education and qualification requirements for each assigned position. In the event that personnel identified in Figure 2-1 must be replaced after issuance of these documents, SAIC will provide the names for the replacement individuals to the USACE Louisville District PM and Contracting Officer's Representative (COR).

2.2.1 SAIC PM

The SAIC PM manages the overall project performance and quality of the project deliverables. This individual will also provide the overall financial management of the project and serve as the point of contact with the USACE-Louisville District PM and COR.

The SAIC PM is responsible for the timely submittal of all deliverables in the quantities requested. If at any time, adhering to the schedule will compromise the quality of the deliverable, the SAIC PM will give the USACE PM and COR sufficient notice of the delay and justify the need for an extension by explaining the impact to the project/deliverable.

2.2.2 SAIC QA/QC Officer

The SAIC QA/QC Officer is responsible for the project QA/QC in accordance with the requirements of the appropriate SAIC management guidance. This individual will be responsible for oversight and review of all documents and will ensure the QC responsibilities of the project team members are performed. The SAIC QA/QC Officer supports the SAIC PM, but will inform the SAIC Managers, as appropriate, of all information and decisions reported.

2.2.3 SAIC Health and Safety Manager

The SAIC Health and Safety Manager manages the project health and safety program. This includes establishing health and safety policies and procedures, supporting project and office activities, and verifying safe work practices and conditions. For this delivery order, no field activities are included in the SOW; however, the SAIC Health and Safety Manager is responsible for reviewing the updates to the Facility-Wide SHP to ensure the document is consistent with the items listed in the SOW and industry standards. The SAIC Health and Safety Manager supports the SAIC PM, but will inform the SAIC Managers, as appropriate, of all information and decisions reported.

2.2.4 Independent Technical Review Team

In order to ensure CERCLA criteria are met and evaluated, preliminary draft and draft submittals for this delivery order will have an independent technical review (ITR) prior to the client submittal. An ITR team consisting of experienced individuals has been assembled to perform the ITRs on preliminary draft and draft documents prior to submittal to USACE-Louisville for review. All ITR team members have previous work experience at CERCLA sites. The review will be performed by a single member of the team or a combination of members based on the technical nature of the document.

The ITRs will be conducted in accordance with SAIC QAAP 3.1, "Document Review" (Appendix A) as shown in Figure 2-2. The reviewer will indicate acceptance of the final product by signing the signature page of submitted reports.

2.3 PROJECT SCHEDULE

The project schedule for this delivery order is presented in Figure 2-3. If at any time, adhering to the schedule will compromise the quality of the deliverable, the SAIC PM will give the USACE PM and COR sufficient notice of the delay and justify the need for an extension by explaining the impact to the project/deliverable.

2.4 COST CONTROL

Financial management tools and client reports (e.g., monthly project status reports) will be developed to track project cost information for submittal to USACE, as required. Budgets have been prepared on a task and subtask basis to allow for SAIC internal cost control and tracking. The SAIC PM is directly responsible for cost and schedule control. Prior to the start of each task, the SAIC PM will meet with the project team to discuss the budget or level of effort required for each task. This will help to ensure a clear understanding of the scope and effort for each task prior to beginning work.

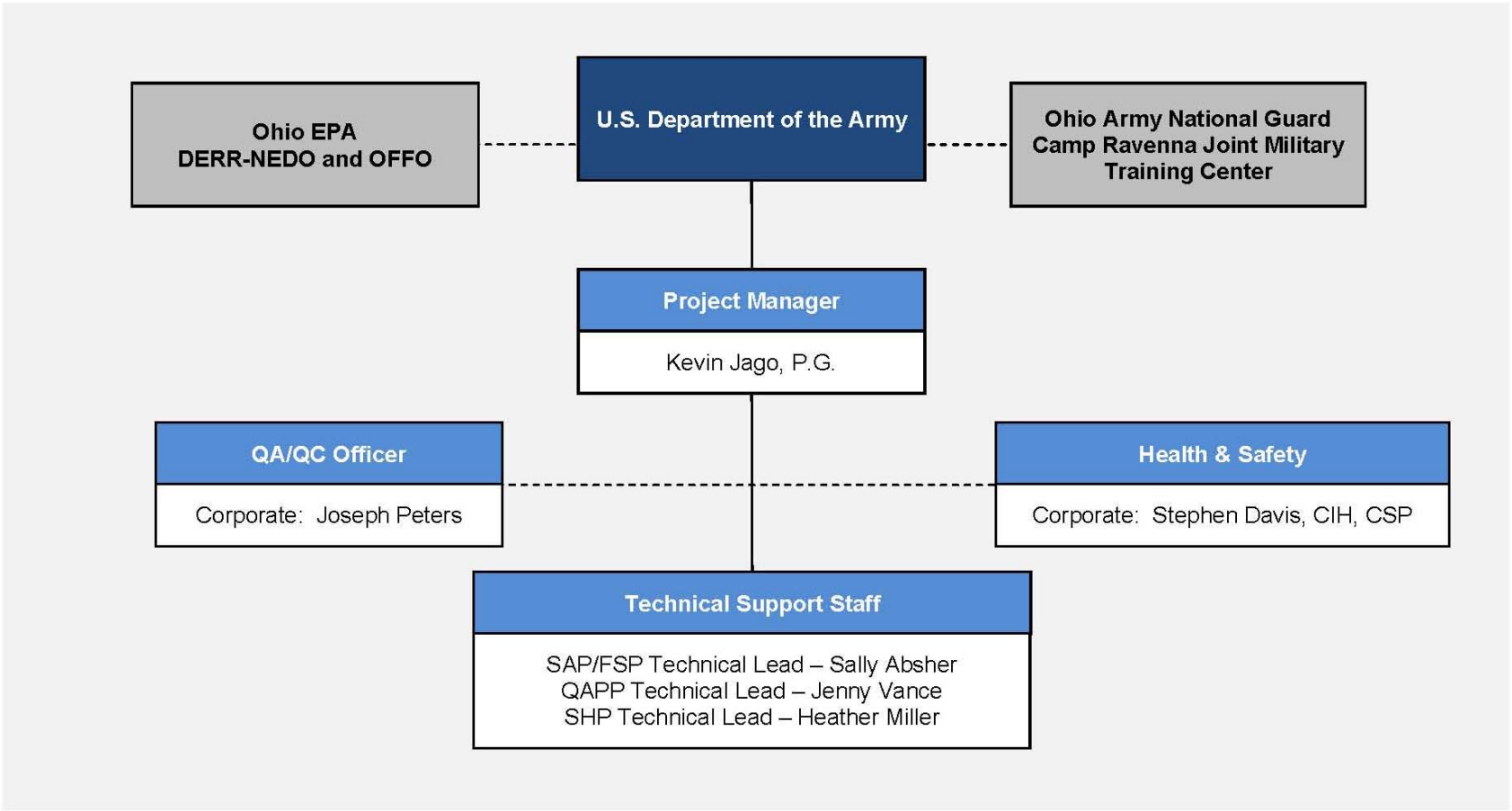
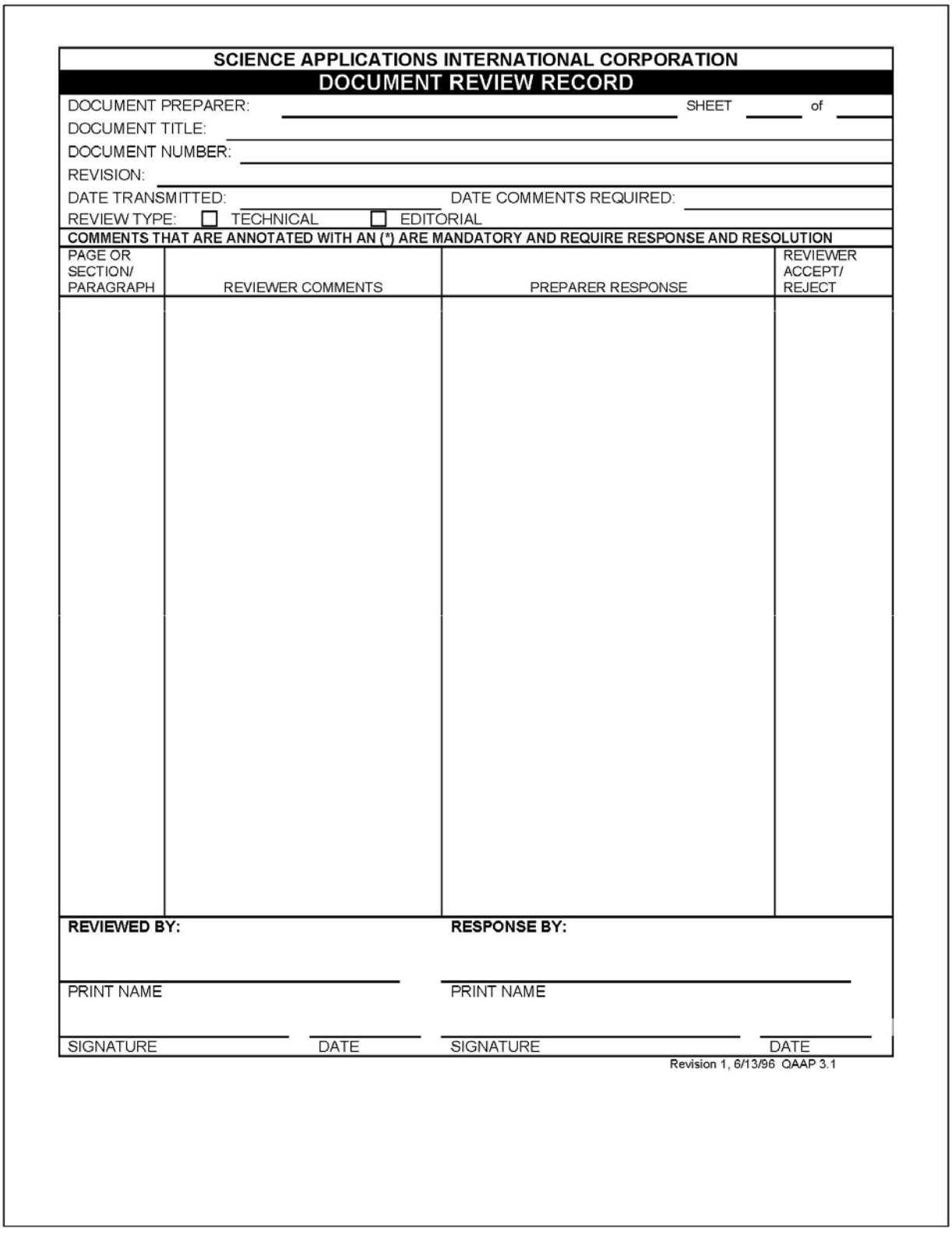


Figure 2-1. Organizational Chart



SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

DOCUMENT REVIEW RECORD

DOCUMENT PREPARER: _____ SHEET ____ of ____

DOCUMENT TITLE: _____

DOCUMENT NUMBER: _____

REVISION: _____

DATE TRANSMITTED: _____ DATE COMMENTS REQUIRED: _____

REVIEW TYPE: ☐ TECHNICAL ☐ EDITORIAL

COMMENTS THAT ARE ANNOTATED WITH AN (*) ARE MANDATORY AND REQUIRE RESPONSE AND RESOLUTION

PAGE OR SECTION/ PARAGRAPH	REVIEWER COMMENTS	PREPARER RESPONSE	REVIEWER ACCEPT/ REJECT

REVIEWED BY: **RESPONSE BY:**

PRINT NAME PRINT NAME

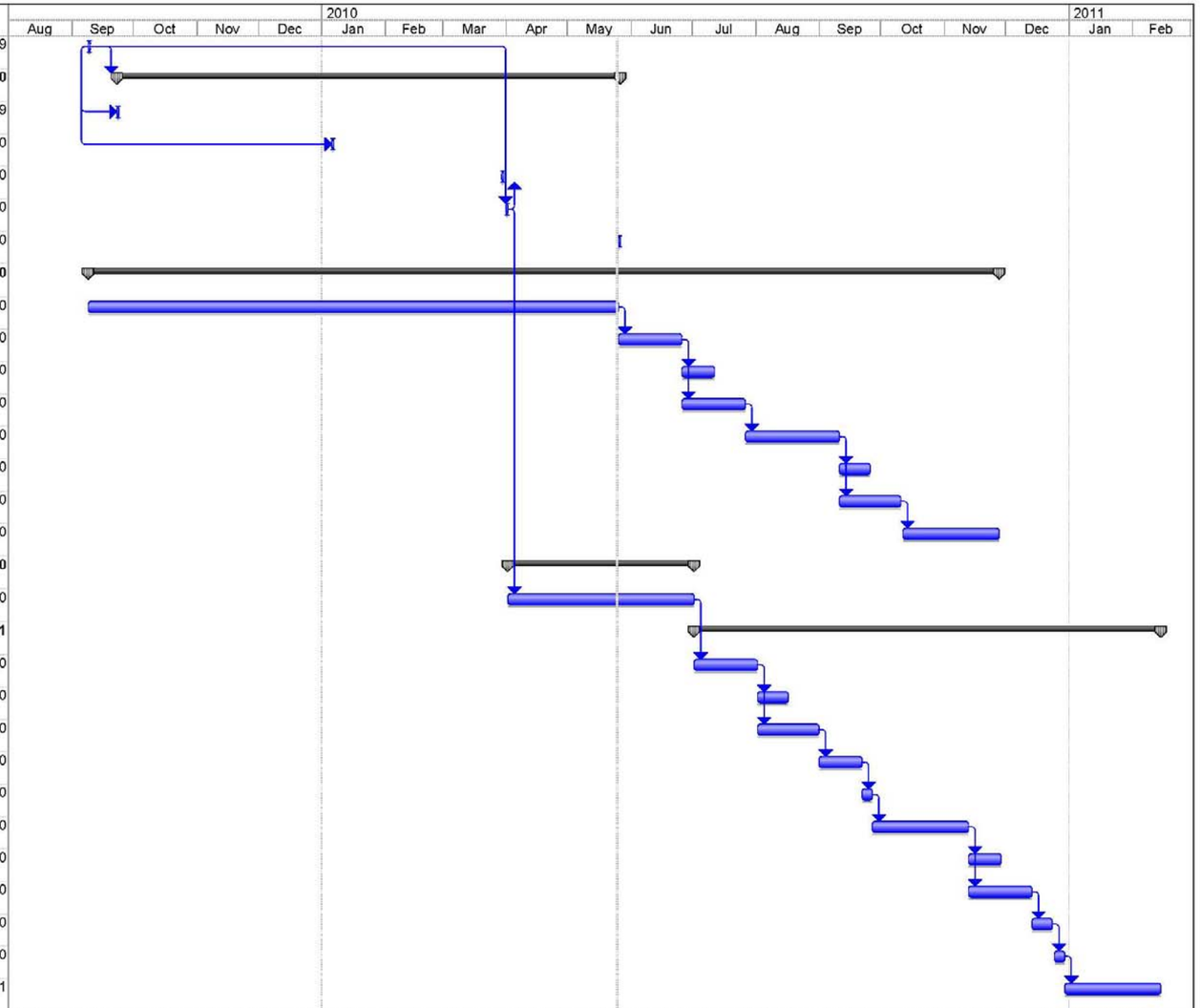
SIGNATURE DATE SIGNATURE DATE

Revision 1, 6/13/96 QAAP 3.1

Figure 2-2. SAIC Document Review Record

THIS PAGE INTENTIONALLY LEFT BLANK.

ID	Task Name	Duration	Start	Finish
1	Notice To Proceed	1 day	9/9/2009	9/9/2009
2	**Task 1.0: Project Management**	**246 days**	**9/23/2009**	**5/26/2010**
3	Identify Project Manager	1 day	9/23/2009	9/23/2009
4	Project Kick-Off Meeting	1 day	1/6/2010	1/6/2010
5	Distribute Recommended Changes to Stakeholders	1 day	3/30/2010	3/30/2010
6	Project Objectives Workshop	1 day	4/1/2010	4/1/2010
7	Project Objectives Workshop Meeting Minutes	1 day	5/26/2010	5/26/2010
8	**Task 2.0: Quality Control Plan**	**439 days**	**9/9/2009**	**11/27/2010**
9	Prepare and Submit PreDraft to USACE	259 days	9/9/2009	5/25/2010
10	USACE Review	30 days	5/26/2010	6/25/2010
11	Comment Resolution Meeting	15 days	6/26/2010	7/11/2010
12	Prepare and Submit Draft to USACE	30 days	6/26/2010	7/26/2010
13	USACE Review	45 days	7/27/2010	9/10/2010
14	Comment Resolution Meeting	15 days	9/11/2010	9/25/2010
15	Prepare and Submit Final to USACE	30 days	9/11/2010	10/10/2010
16	USACE Review and Approval	45 days	10/12/2010	11/27/2010
17	**Task 3.0: Revision and Update of Facility-Wide Documents**	**90 days**	**4/2/2010**	**7/1/2010**
18	Revise and Update PreDraft Facility-Wide Documents	90 days	4/2/2010	7/1/2010
19	**Task 4.0: Submittal and Approval of Facility-Wide Documents**	**220 days**	**7/2/2010**	**2/14/2011**
20	USACE Review of Preliminary Drafts	30 days	7/2/2010	8/1/2010
21	Comment Resolution Meeting	15 days	8/2/2010	8/16/2010
22	Prepare and Submit Draft to USACE	30 days	8/2/2010	8/31/2010
23	USACE Concurrence Review of Draft	20 days	9/1/2010	9/21/2010
24	Prepare and Submit Draft to Army and Ohio EPA	5 days	9/22/2010	9/26/2010
25	Army and Ohio EPA Review	45 days	9/27/2010	11/12/2010
26	Comment Resolution Meeting	15 days	11/13/2010	11/28/2010
27	Prepare and Submit Final to USACE	30 days	11/13/2010	12/13/2010
28	USACE Concurrence Review of Final	10 days	12/14/2010	12/23/2010
29	Prepare and Submit Final to Army and Ohio EPA	5 days	12/25/2010	12/29/2010
30	Army and Ohio EPA Review and Approval	45 days	12/30/2010	2/14/2011



Project: Revision of RVAAP Facility-Wide Environmental Documents
Date: 5/25/2010

Task
Split
Progress
Milestone
Summary
Project Summary
External Tasks
External Milestone
Deadline

Page 1

Figure 2-3. Project Schedule

THIS PAGE INTENTIONALLY LEFT BLANK.

3.0 CUSTOMER INVOLVEMENT

The primary customer for the services provided through this delivery order is the USACE Louisville District. The deliverables, as defined in the SOW, may also be reviewed by the following:

- RVAAP Facility Manager;
- OHARNG;
- National Guard Bureau (NGB); and
- Ohio EPA.

Representatives of these organizations will be involved in meetings pertaining to implementation of delivery order activities and in review of draft documents generated in the process.

THIS PAGE INTENTIONALLY LEFT BLANK.

4.0 IDENTIFICATION OF QUALITY INDICATORS

The SAIC QAAPs referenced below will be followed during execution of the project to implement the QA Program. Copies of the QAAPs are contained in Appendix A.

SAIC Procedures QAAP 15.1, "Control of Nonconforming Items and Services," and QAAP 16.1, "Corrective Action," will be used to identify, track, and correct items and services that could have a potentially adverse effect on the quality of the work to be performed. Nonconformance issues will be tracked and managed using nonconformance reports (NCRs).

SAIC Procedure QAAP 17.1, "Records Management," will be used for the collection, control, processing, storage, and retrieval of critical project records submitted to SAIC's Central Records Facility (CRF). SAIC Procedure QAAP 3.1, "Document Review," will be implemented to document and track both technical and editorial reviews of draft submittals. Document review records will be maintained in the Project File and CRF.

The SAIC PM will implement SAIC Procedure QAAP 18.4, "Client Assessments," to ensure SAIC performance under this delivery order is meeting client expectations and to identify areas for improvement.

THIS PAGE INTENTIONALLY LEFT BLANK.

5.0 PROVISIONS FOR FEEDBACK AND LESSONS LEARNED

Documented feedback from the client is obtained through regular communication and client assessment of SAIC performance. Client assessments will be performed by the SAIC PM in accordance with SAIC Procedure QAAP 18.4: "Client Assessments" (Appendix A). Information obtained from client assessments is analyzed and used to improve customer satisfaction and prevent future problems.

Lessons learned are discussed at scheduled SAIC monthly project status meetings attended by delivery order managers performing work for the USACE Louisville District. Lessons learned are also documented in the SAIC monthly reporting process and the SAIC-internal Energy, Engineering, and Infrastructure Business Unit Lessons Learned Database.

THIS PAGE INTENTIONALLY LEFT BLANK.

APPENDIX A.
SAIC QUALITY ASSURANCE ADMINISTRATIVE PROCEDURES

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

CONTROLLED DOCUMENTS

The following document is controlled by the Science Applications International Corporation (SAIC)), Quality Assurance/Quality Control Officer. If you print this document, this page must be attached to the front of the document and you must fill in the information required below. The hard copy should be signed and dated the day it is printed by the user.

CAUTION: The attached controlled document was printed from the SAIC Quality Assurance Web Site, which resides on the SAIC ISSAIC home page, and is valid until the revision number changes. The user is responsible for checking that the revision number of the printed document matches the revision number of the controlled document on the SAIC Quality Assurance Web Site for as long as this printed copy is in use.

Manual Name: **Quality Assurance Program and Quality Assurance Administrative Procedures**

Document Number: QAAP 3.1

Revision Number: 6

Date Printed: _____

Person Checking the Revision Number: _____

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE			
Title: Document Review			
Procedure No: QAAP 3.1	**Revision: 6**	**Date: 6/16/2008**	**Page: 1 of 5**
Business Unit General Manager: Date:		**QA/QC Officer: Date:**	
Manny Walsh 6/19/08		C.D. Cowart 6/12/2008	

R

1.0 PURPOSE

The purpose of this procedure is to establish responsibilities and methods for the review of documents produced by Science Applications International Corporation (SAIC).

2.0 SCOPE

This procedure applies to the review of documents prepared by or for SAIC. It does not apply to customer comments, which are handled in accordance with contract requirements.

3.0 REFERENCES AND DEFINITIONS

3.1 REFERENCES

See Common References at the front of the QAAP Manual. R

3.2 DEFINITIONS

3.2.1 Approval – The act of signing a document to release it for use.

3.2.2 Concurrence – The act of indicating in writing that a document is suitable for use and review comments have been satisfactorily resolved.

3.2.3 Document Review Record (DRR) – A record of review comments and their resolutions. A full size form (optional) is provided immediately following this procedure.

3.2.4 Editorial Review - A review which checks the grammatical and or typographical accuracy of a document as well as document consistency.

3.2.5 Mandatory Comment - A comment that identifies a significant conflict with or deviation from policy, technical requirements, or scientific principles; and which requires a response by the document preparer.

3.2.6 Technical Review - A review performed by qualified personnel to determine whether a document is consistent with applicable requirements and the body of knowledge. R

R

4.0 RESPONSIBILITIES

4.1 See the Common Responsibilities at the front of the QAAP Manual.

4.2 PROGRAM or PROJECT MANAGER

In addition to the Common Responsibilities, the Program or Project Manager is responsible for identifying which documents need review and ensuring that reviewers are selected, the reviews are completed, that reviews are documented, that mandatory comments are resolved and that a record of the review is included in the identified records system. R

4.3 TASK LEADER

The Task Leader is responsible for:

4.3.1 concurring with the assignment of reviewers; and

4.3.2 concurring with the definition of the technical scope of the document review.

4.4 DOCUMENT PREPARERS

The document preparers are responsible for:

4.4.1 Preparing, as assigned, documents subject to review;

4.4.2 Transmitting documents requiring review to assigned reviewers;

4.4.3 Maintaining and tracking document review status;

4.4.4 Developing a proposed resolution in response to any mandatory review comments;

4.4.5 Transmitting review comment responses to reviewers; and

4.4.6 Obtaining required approval or concurrence on reviewed documents.

4.5 REVIEWERS

The Reviewers are responsible for:

4.5.1 Reviewing assigned documents per relevant acceptance criteria and documenting comments on the DRR form or other suitable format, as appropriate;

4.5.2 Accepting or rejecting the document preparer's proposed resolution of mandatory comments and so indicating on the DRR form or other suitable format, as appropriate; and

4.5.3 Returning the review record to the document preparer. R

5.0 GENERAL

5.1 Documents developed by SAIC will be prepared, reviewed, approved or concurred with, in accordance with applicable QAAPs, contract requirements or other instructions requiring such preparation, review, approval, or concurrence.

5.2 Documents developed by a subcontractor or supplier will be reviewed, approved, or concurred with in accordance with procurement documents requiring such preparation, review, approval, or concurrence.

5.3 Technical and editorial reviews are required for contract deliverables produced by SAIC or a subcontractor.

NOTE: In cases where an activity (e.g., attendees at a meeting or review of another body of work) is identified as a contract deliverable, a document review is typically not required.

5.4 When a mark-up of a document is used for comments, only those pages containing technical comments should be submitted to the designated records system as a record of the review.

5.5 For editorial reviews, only the completed DRR form is required to be submitted to records; it is not necessary to submit pages detailing style, typographical and grammatical corrections.

5.6 Regardless of the format of the review record, the following information must be present to assure that the review is traceable to the document reviewed. Preparer's name, document title and revision, document number (if applicable), date of review, type of review (technical or editorial), reviewer's name, and resolution of mandatory comments.

5.7 Only mandatory comments require a written resolution. Non-mandatory comments are considered optional and do not require a written response. R

6.0 PROCEDURE

6.1 INITIATING DOCUMENT REVIEW

Upon completion of an SAIC document requiring review, the preparer determines the type or types of reviews required and assigns the document to a reviewer(s). Whenever possible, reviewers will neither have participated in preparing the document in question nor have been supervised by those directly involved in preparing the document. In no case will the author also be the reviewer. Technical reviewers will have technical competence equivalent to that required to prepare the document.

6.2 DOCUMENT REVIEW PROCESS

6.2.1 The reviewer documents comments on a DRR form or other suitable format, as appropriate. The DRR identifies the responsible person to whom comments must be returned and when they must be returned.

6.2.2 Reviewers mark any mandatory comments with an asterisk.

6.2.3 If no comments exist, the reviewer enters "No Comments" on the DRR or other suitable format, as appropriate.

6.2.4 The reviewer prints his/her name on the review record, signs and dates the record, and returns it to the document preparer.

6.3 COMMENT RESOLUTION

6.3.1 Resolution of mandatory comments is documented on the DRR or other suitable format, as appropriate.

6.3.2 The document preparer submits the proposed resolution of mandatory comments to the reviewer.

6.3.3 The reviewer indicates agreement with the resolution of mandatory comments by initialing and dating the DRR or other suitable format, as appropriate.

6.3.4 If any comment resolution is rejected by the reviewer, the DRR form is not initialed and is returned to the document preparer, accompanied with the rationale for rejection.

6.3.5 If comments cannot be resolved to the satisfaction of the reviewer and preparer, the reviewer notifies the cognizant Task Leader or Program/ Project Manager. If the cognizant Task Leader or Program/Project

Manager is unable to resolve the comments, the matter is elevated through progressive levels of SAIC management until resolved, if necessary, by the SAIC Corporate Officer in Charge.

6.3.6 Following resolution of comments, the document preparer revises the document, as necessary. If a major revision is required to resolve comments, the revised draft is reviewed again in accordance with this QAAP.

6.3.7 After verifying resolution of comments, the document preparer obtains required approval of or concurrence with the document.

7.0 RECORDS

Documentation generated as a result of this procedure and designated by the Project Manager or Contracts Manager for retention by SAIC is collected and maintained in accordance with section 17.0 of the Business Unit QAP. R

8.0 ATTACHMENTS

None.

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

DOCUMENT REVIEW RECORD

DOCUMENT PREPARER: _____ SHEET _____ of _____

DOCUMENT TITLE: _____

DOCUMENT NUMBER: _____

REVISION: _____

DATE TRANSMITTED: _____ DATE COMMENTS REQUIRED: _____

REVIEW TYPE: ☐ TECHNICAL ☐ EDITORIAL

COMMENTS THAT ARE ANNOTATED WITH AN (*) ARE MANDATORY AND REQUIRE RESPONSE AND RESOLUTION

PAGE OR SECTION/ PARAGRAPH	REVIEWER COMMENTS	PREPARER RESPONSE	REVIEWER ACCEPT/ REJECT

REVIEWED BY:

PRINT NAME

SIGNATURE DATE

RESPONSE BY:

PRINT NAME

SIGNATURE DATE

Instructions for Completion of the Document Review Record (DRR)

COMPLETE THIS FORM USING BLACK INK ONLY

Document Preparer:	Enter the name of the document preparer.
Document Title:	Enter the document title, if applicable.
Sheet __ of __:	Enter the number of document review record sheets.
Document Number:	Enter the document number, if applicable.
Revision	Enter the revision number, if applicable.
Date Transmitted:	Enter the date (MM/DD/YY) the record was sent out for review.
Date Comments Required:	Enter the (MM/DD/YY) comments are due back.
Review Type:	Technical or Editorial
Page or Section/ Paragraph:	Identify the page or section/ paragraph
Reviewer Comments:	The reviewer writes legibly or types each comment on the DRR. When a reviewer identifies a significant conflict with or deviation from policy, technical requirements, or scientific fact, this is considered a mandatory comment and must be identified by an asterisk. If no comments exist, the reviewer enters "No Comments".
Reviewed By:	Reviewer prints his/her name, and signs and date the form.
Preparer Response:	The proposed resolution of nonmandatory comments may be documented by the preparer. Resolution of mandatory comments must be documented by the preparer.
Response By:	Preparer prints his/ her names, and signs and dates the form.
Reviewer Accept/ Reject:	Reviewer indicates agreement/ rejection with the resolution of mandatory comments by writing accept/ reject and initialing.

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

CONTROLLED DOCUMENTS

The following document is controlled by the Science Applications International Corporation (SAIC), Quality Assurance/Quality Control Officer. If you print this document, this page must be attached to the front of the document and you must fill in the information required below. The hard copy should be signed and dated the day it is printed by the user.

CAUTION: The attached controlled document was printed from the SAIC Quality Assurance Web Site, which resides on the SAIC ISSAIC home page, and is valid until the revision number changes. The user is responsible for checking that the revision number of the printed document matches the revision number of the controlled document on the SAIC Quality Assurance Web Site for as long as this printed copy is in use.

Manual Name: **Quality Assurance Program and Quality Assurance Administrative Procedures**

Document Number: QAAP 15.1

Revision Number: 8

Date Printed: _____

Person Checking the Revision Number: _____

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE			
Title: Control of Nonconforming Items and Services			
Procedure No: QAAP 15.1	**Revision: 8**	**Date: 6/16/2008**	**Page: 1 of 11**
Business Unit General Manager: Manny Walsh **Date:** 6/19/08		**QA/QC Officer:** C. P. Cowart **Date:** 6/12/2008	

R

1.0 PURPOSE

The purpose of this procedure is to establish a system for controlling items and services that are identified as nonconforming to relevant requirements.

2.0 SCOPE

This procedure applies to nonconforming items or services discovered on SAIC projects.

3.0 REFERENCES AND DEFINITIONS

3.1 REFERENCES

3.1.1 See common references at the front of the QAAP Manual.

3.1.2 Science Applications International Corporation Quality Assurance Administrative Procedure (SAIC QAAP) 16.1, Corrective Action.

3.1.3 Science Applications International Corporation Quality Assurance Technical Procedure (SAIC QATP) TP-DM-300-9, Database Changes.

3.2 DEFINITIONS

3.2.1 Item - An inclusive term used in place of any of the following: appurtenance, facility, sample, assembly, component, material, module, part, product, structure, subassembly, subsystem, system, unit, documented concepts, or data.

3.2.2 Disposition - The action taken to resolve a nonconforming condition and restore acceptable conditions.

3.2.3 Initiator - Individual who completes Sections A and C of the NCR form. This may be the person who found the problem, or the individual designated to review and/or compile the nonconforming items before they are submitted to the NCR Coordinator.

3.2.4 Nonconformance - A deficiency in characteristic, documentation, or procedure that renders the quality of an item or activity unacceptable or indeterminate.

3.2.5 Nonconformance Report (NCR) - Formal documentation of the condition adverse to quality that includes a statement of the problem, the proposed corrective action, the organization/person who will implement the corrective action, and the closure date.

3.2.6 Responsible Individual - The person designated by the Initiator to be responsible for completing Section B of the NCR form by providing the disposition, probable cause and action taken to prevent recurrence. Depending on the severity of the nonconformance, this may be the person who performed the work that was nonconforming, or an individual who supervises the work.

3.2.7 Corrective Action - An appropriate measure applied to correct a nonconformance and to minimize the possibility of recurrence.

3.2.8 Service - The result generated by activities at the interface between the supplier and the customer, and by supplier internal activities to meet customer needs. Such activities in environmental programs include design, inspection, laboratory and/or field analysis, repair, and installation.

4.0 RESPONSIBILITIES

4.1 See the common responsibilities at the front of the QAAP Manual.

4.2 TASK LEADER

The Task Leader is responsible for providing assistance in completion of NCRs relating to his/her task.

4.3 QUALITY ASSURANCE/QUALITY CONTROL (QA/QC) OFFICER

In addition to common responsibilities found in the front of the QAAP Manual, the QA/QC Officer is responsible for:

4.3.1 designating an NCR Coordinator by memorandum;

4.3.2 evaluating the validity of each NCR and concurring with formally opening an NCR;

4.3.3 ensuring that actions are performed and completed satisfactorily according to the approved disposition; and

4.3.4 signing and checking the NCR (Section D), indicating that the disposition was completed satisfactorily.

4.4 NCR COORDINATOR

The NCR Coordinator is responsible for:

4.4.1 assigning an NCR number to formally open an NCR;

4.4.2 ensuring that Hold Tags are available for distribution;

4.4.3 updating the NCR log, verifying that Hold Tags are removed, and distributing copies of the NCR when it is opened and closed;

4.4.4 tracking and trending NCRs;

4.4.5 verifying trend category selection;

4.4.6 determining trend reporting frequency as early as possible in a project lifecycle;

4.4.7 issuing late notices as necessary; and

4.4.8 maintaining the NCR files.

4.5 SAIC PERSONNEL

All SAIC personnel are responsible for initiating an NCR when a nonconforming item or service is identified.

4.6 INITIATOR

The Initiator is responsible for:

4.6.1 informing the Responsible Individual that an NCR is being prepared; R

4.6.2 completing Section A of the NCR form through the Initiator signature and date;

4.6.3 assessing the disposition, probable cause, and actions taken to prevent recurrence proposed in Section B of the NCR form;

4.6.4 accepting by providing justification, and signing and dating the form in Section C; or rejecting by returning the form to the NCR Coordinator who will return it to the responsible individual; and

4.6.5 coordinating the NCR with the NCR Coordinator.

R

4.7 RESPONSIBLE INDIVIDUAL

The Responsible Individual is responsible for:

4.7.1 completing Section B (Disposition, Probable Cause, and Actions Taken to Prevent Recurrence) of the NCR form through the "Proposed By" signature and date; R

4.7.2 assuring that each element of Section B is addressed, including: 1) Disposition, 2) Probable Cause, and 3) Actions Taken to Prevent Recurrence; and

4.7.3 working with the Initiator to arrive at an acceptable resolution of Section B, when necessary.

5.0 GENERAL

A flow chart which illustrates the NCR process is provided as Attachment I.

5.1 NCRs are written to identify and control items having physical characteristics (e.g., materials of construction, dimensions, surface conditions, functions, or locations) and services or processes that do not conform to specified requirements (procedures, instructions, drawings, purchase orders, statements of work, etc.);

5.2 NCRs may also be written for items or services which may be unacceptable or indeterminate in their function, operation, or use even if there are no specific, stated requirements.

5.3 Any item or service found to be in noncompliance to specified requirements is documented on an NCR, unless the nonconforming item or service is reportable by another control system (e.g., audits, inspections, tests, etc.).

5.4 Nonconformances involving analytical data problems are also coordinated with the database changes process found in TP-DM-300-9 (Reference 3.1.3).

5.5 The NCR Log is maintained by the NCR Coordinator and contains the following information, as a minimum:

R

a) NCR number and date opened;
b) a brief description of the nonconforming condition;
c) the person or organization responsible for determining and carrying out the disposition to correct the nonconforming condition; and
d) the status of each NCR.

5.6 The NCR Coordinator distributes a status report to Program and Project Managers and Task Leaders, as appropriate; and provides trend reports to management on a regular basis.

5.7 The responsible organization is required to provide a completed response to an NCR within 10 working days. The initiator is required to complete review of the response within 5 working days. Late responses will be documented by the NCR Coordinator. Any NCR open for more than 20 working days will be reported to program management and the QA/QC Officer.

5.8 Use only one (1) NCR form per NCR number. If additional space is needed to complete any section of the NCR, attach as many continuation pages as required.

5.9 Documentation of completion of the disposition and/or action to prevent recurrence will be attached to the NCR, when appropriate.

5.10 Information generated by the NCR process is used to perform statistical process control charting. A checklist, used to select a category (or categories) for each nonconforming item or service identified on an NCR, is provided as Attachment II. The checklist should be used by the NCR Initiator to select the most appropriate category(ies) for each nonconforming item or service. If a category is not selected by the NCR Initiator, the QA/QC Officer will make the category selection. The NCR Coordinator checks category selection at the time the NCR is entered in the database.

6.0 PROCEDURE

6.1 NONCONFORMANCE REPORT (NCR) FORM

A Nonconformance Report form is provided immediately following this procedure. The form is divided into Sections A, B, C and D and is completed as follows:

6.1.1 The Initiator completes the following parts of Section A:

a) date of NCR
b) unique numerical identification (NCR number obtained from NCR Coordinator)
c) location of nonconformance
d) page numbers
e) name, organization, and phone number of person initiating NCR

R

f) name of person finding the nonconformance and date the nonconformance was found
g) organization or individual responsible for the nonconformance;
h) description of the nonconformance, including:
   - identification of the nonconforming item or service
   - requirements, document as appropriate
   - as found conditions
   - surveillance or audit number, if applicable
i) nonconformance category
j) date and signature of the initiator

6.1.2 Upon completion of Section A, the NCR is forwarded to the QA/QC Officer, or designee, for signature. The QA/QC Officer indicates if a Corrective Action Report (CAR) is required in accordance with QAAP 16.1 (Reference 3.1.2) and signs the NCR, if acceptable, to open it. If unacceptable, the QA/QC Officer returns the NCR to the Initiator.

6.1.3 The NCR is submitted to the Responsible Individual and selected management, as appropriate, by the NCR Coordinator or designee.

6.1.4 The Responsible Individual completes the following parts of Section B:

a) proposed disposition - the action taken to resolve a nonconforming condition and restore acceptable conditions, i.e., what will be done or has been done to fix the specific nonconformance described in Section A.
b) probable cause - explain the cause or causes of the nonconformance(s) described in Section A. If the exact cause is not known, give the most probable cause(s).
c) actions taken to prevent recurrence - explain the actions taken to prevent the nonconformance(s) described in Section A from happening again.
d) signature and date in the "Proposed By" block.

6.1.5 After completing Section B, the Responsible Individual forwards the NCR to the NCR Coordinator or designee, who then forwards it to the Initiator for concurrence, signature, and date.

6.1.6 The Initiator assesses the proposed remedy in Section B.
Note: the Initiator may solicit assistance from a qualified person to assess the adequacy of the proposed remedy.)

R

6.1.7 If in agreement with Section B, the Initiator describes the reason(s) for acceptance in Section C of the NCR form, and signs and dates the form in Section C.

6.1.8 If the Initiator does not agree, the issues are reported to the NCR Coordinator or designee, who returns the NCR to the Responsible Individual. This process continues until resolution is achieved and the Initiator completes Section C per paragraph 6.1.7.

6.1.9 The NCR is then forwarded to the QA/QC Officer through the NCR Coordinator.

6.1.10 The QA/QC Officer completes Section D:

a) indicating date and result of any required reinspection or retesting to verify acceptability of completed work; and
b) date and signature indicating verification and closure of the NCR.

6.1.11 If the QA/QC Officer determines that the completed actions do not comply with the stated disposition, or that the results of the actions were unsatisfactory, the QA/QC Officer returns the NCR to the NCR Coordinator for resolution by the Initiator and the Responsible Individual. The NCR remains open until the required work has been satisfactorily completed.

6.2 HOLD TAGS

6.2.1 When a nonconforming item is identified, the person who identifies the item stops further processing or use of the item. This is followed by obtaining a hold tag from the NCR Coordinator and attaching the tag on the item as soon as possible (Attachment III). If tagging is not feasible, the item is segregated from inadvertent use by roping off the area or otherwise securing the item in a "hold" area.

6.2.2 Hold Tags are completed, as necessary, by the Initiator of the NCR and include:

a) NCR number
b) name of the Initiator
c) phone
d) date
e) description of nonconforming item(s)
f) a sequential number reflecting the number of Hold Tags associated with the NCR

6.2.3 When a nonconforming service is identified, the Responsible Individual will ensure that any corrective actions are implemented and the disposition sustained until the service is completed.

6.2.4 When a Hold Tag is used, it remains in place until the nonconformance is resolved or the item is permanently removed. When removed, the tag is submitted to the NCR Coordinator, if possible, who attaches it to the NCR.

6.3 NCR LOG

The NCR Coordinator updates the NCR Log, verifies that any Hold Tags are removed, and distributes completed copies of the NCR to the Initiator(s), Responsible Individual(s), selected management, as appropriate, and the Central Records Facility when the NCR is closed.

7.0 RECORDS

All documents generated as a result of this procedure will be collected and maintained in accordance with the requirements specified in QAAP 17.1, Records Management. At a minimum, the NCR and any documentation supporting disposition are considered records.

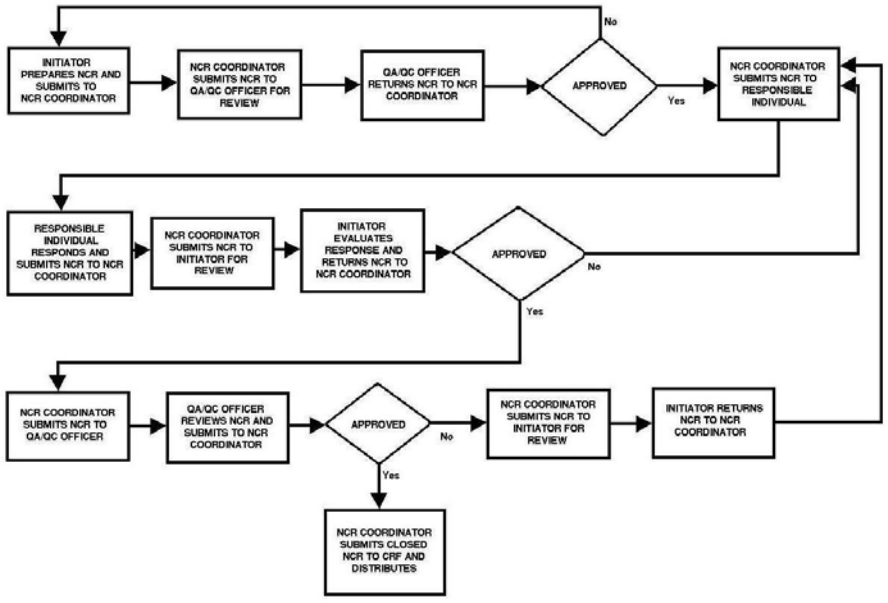
8.0 ATTACHMENTS

8.1 Attachment I - NCR Processing Flow Chart

8.2 Attachment II - Trend Categories

8.3 Attachment III- Hold Tag Example

Attachment I
Nonconformance Report Flow Diagram



Attachment II
Trend Categories

1. Logbook
2. Training
3. Sample Collection
4. Chain of Custody
5. Sample Handling / Packaging
6. Preservation
7. Hold Time
8. Calibration
9. Health and Safety
10. Regulatory Compliance
11. Laboratory Deliverable
12. Well Emplacement
13. Records Management
14. Document Control
15. Document Reviews
16. Milestone
17. Other (procedure, management)

Attachment III
Hold Tag (Example)

HOLD

TAG___ OF ___

HOLD

NCR NO. _____ DATE: _____

INITIATOR: _____ PHONE: _____
DESCRIPTION OF NONCONFORMING ITEM: _____
_____
_____
_____

NONCONFORMANCE REPORT

	DATE OF NCR	NCR NUMBER
	LOCATION OF NONCONFORMANCE	PAGE OF
INITIATOR (NAME/ORGANIZATION/ PHONE)	FOUND BY	DATE FOUND
RESPONSIBLE ORGANIZATION/INDIVIDUAL		PROGRAM
		PROJECT

DESCRIPTION OF NONCONFORMANCE CATEGORY:

A INITIATOR DATE QA/QC OFFICER DATE CAR REQ'D YES ☐ NO ☐

DISPOSITION:

PROBABLE CAUSE:

ACTIONS TAKEN TO PREVENT RECURRENCE:

B PROPOSED BY: NAME DATE

JUSTIFICATION FOR ACCEPTANCE:

C INITIATOR: NAME DATE

VERIFICATION OF DISPOSITION AND CLOSURE APPROVAL

REINSPECTION/RETEST REQUIRED YES ☐ NO ☐ IF YES; DATE RESULT

D QUALITY ASSURANCE: NAME DATE

Instructions for completion of the Nonconformance Report
COMPLETE THIS FORM USING BLACK INK ONLY

Date of NCR:	Enter the current date.
NCR Number:	Obtain NCR number from NCR Coordinator.
Location of Nonconformance:	Enter the location of the nonconforming item.
Page ___ of____:	Enter the page number of the total number of pages.
Initiator:	Enter the name, organization, and phone number of the person initiating the NCR.
Found by:	Enter the name of the person who identified the nonconformance.
Date found:	Enter the date the nonconformance was identified.
Responsible Organization/ Individual:	Enter the name of the organization/ individual that is responsible for correcting the nonconformance.
Description of Nonconformance:	Initiator will describe in detail the nonconforming item or service; sign, date, and return the NCR to the QA/QC Officer.
Category:	Write in the number(s) of the category which best describes the nonconformance.
Disposition, Probable Cause and Actions Taken to Prevent Recurrence:	The responsible organization/ individual will describe how the nonconformance is to be corrected, give the probable cause, if known; specify actions taken to prevent recurrence, if applicable; sign, date, and return to the initiator for signature.
Justification for Acceptance:	The initiator writes the reason for accepting the explanations given in Section B of the NCR form; and signs and dates the form where indicated. If not acceptable, the initiator returns the NCR to the NCR Coordinator.
Verification of Disposition and Closure Approval:	QA/QC Officer should mark the appropriate box and sign and date in the space allotted.

CATEGORIES:

1. Logbook	2. Training	3. Sample Collection
4. Chain of Custody	5. Sample Handling / Packaging	6. Preservation
7. Hold Time	8. Calibration	9. Health and Safety
10. Regulatory Compliance	11. Laboratory Deliverable	12. Well Emplacement
13. Records Management	14. Document Control	15. Document Reviews
16. Milestone	17. Other (procedure, management)	

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

CONTROLLED DOCUMENTS

The following document is controlled by the Science Applications International Corporation (SAIC), Quality Assurance/Quality Control Officer. If you print this document, this page must be attached to the front of the document and you must fill in the information required below. The hard copy should be signed and dated the day it is printed by the user.

CAUTION: The attached controlled document was printed from the SAIC Quality Assurance Web Site, which resides on the SAIC ISSAIC home page, and is valid until the revision number changes. The user is responsible for checking that the revision number of the printed document matches the revision number of the controlled document on the SAIC Quality Assurance Web Site for as long as this printed copy is in use.

Manual Name: **Quality Assurance Program and Quality Assurance Administrative Procedures**

Document Number: QAAP 16.1

Revision Number: 4

Date Printed: _____

Person Checking the Revision Number: _____

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE			
Title: Corrective Action			
Procedure No: QAAP 16.1	**Revision: 4**	**Date: 6/16/2008**	**Page: 1 of 7**
Business Unit General Manager: Date: Manny Walsh 6/19/08		**QA/QC Officer: Date:** C.D. Cowart 6/12/2008	

R

1.0 PURPOSE

This procedure establishes the requirements and responsibilities for identifying, documenting, investigating, resolving, and verifying completion of corrective action for significant conditions adverse to quality.

2.0 SCOPE

This procedure applies to any deficiency or apparent deficiency in Science Applications International Corporation (SAIC) activities or products that are determined to be significant conditions adverse to quality.

3.0 REFERENCES AND DEFINITIONS

3.1 REFERENCES

3.1.1 See Common References at the front of the QAAP Manual.

3.1.2 Science Applications International Corporation Quality Assurance Administrative Procedure (SAIC QAAP) 15.1, Control of Nonconforming Items and Services.

3.2 DEFINITIONS

3.2.1 Condition adverse to quality - An inclusive term used in reference to any of the following: failures, malfunctions, deficiencies, defective items, and nonconformances. A significant condition adverse to quality is one which if uncorrected could have serious effect on safety, quality, compliance, or operability.

3.2.2 Corrective Action- Measures taken to rectify deficient conditions adverse to quality and, where necessary, to prevent recurrence.

3.2.3 Corrective Action Log - A record of all Corrective Action Reports and their status maintained by the Corrective Action Report (CAR) Coordinator.

3.2.4 Corrective Action Report (CAR) - A document used by the QA/QC Officer to report and/or elevate deficiencies that are determined to be significant or of sufficient importance to warrant the attention of the Program or Project Manager.

3.2.5 Deficiency - A condition of an item or activity, attribute, documentation, or procedure that renders the quality of an item or activity unacceptable or indeterminate.

3.2.6 Investigative Action - Actions taken to determine the overall extent, depth, and root cause of a deficiency.

3.2.7 Root Cause - The most fundamental reason for a condition adverse to quality.

4.0 RESPONSIBILITIES

4.1 See Common Responsibilities at the front of the QAAP Manual.

4.2 PROGRAM OR PROJECT MANAGER

In addition to common responsibilities found in the front of the QAAP Manual, the Program or Project Manager or designee is responsible for reviewing and concurring with CARs.

4.3 TASK LEADER

The Task Leader is responsible for:

4.3.1 ensuring that SAIC personnel are aware of and adhere to the requirements of this procedure; and

4.3.2 concurring with corrective action needed to prevent degradation of an item or activity, or loss to SAIC.

4.4 QUALITY ASSURANCE/QUALITY CONTROL (QA/QC) OFFICER

In addition to common responsibilities found in the front of the QAAP Manual, the QA/QC Officer is responsible for:

4.4.1 determining the significance of deficiencies or nonconformances and other reported conditions adverse to quality;

4.4.2 initiating a CAR once the review has determined that the deficiency, nonconformance, or other adverse condition is significant;

4.4.3 verifying that activities identified as significant conditions adverse to quality are controlled until a resolution is reached;

4.4.4 evaluating the proposed corrective actions for each CAR;

R

4.4.5 verifying the implementation of corrective actions for each CAR; and

4.4.6 closing out the CAR upon verification of related corrective actions.

4.5 CAR COORDINATOR

The CAR Coordinator is responsible for:

4.5.1 assigning a unique number to each CAR;

4.5.2 tracking the status of all CARs;

4.5.3 distributing copies of the CAR when a response due date has been determined and when closure has occurred; and

4.5.4 maintaining the CAR files.

R

4.6 TECHNICAL PERSONNEL

Technical personnel are responsible for:

4.6.1 identifying and reporting conditions adverse to quality; and

4.6.2 assisting in determining the significance of conditions adverse to quality.

5.0 GENERAL

5.1 All SAIC personnel are required to report deficiencies in activities or items upon discovery. Most deficiencies are documented and resolved using Nonconformance Reports (NCRs) per QAAP 15.1; however, a CAR will be prepared upon detection of programmatic or significant deficiencies.

5.2 If an apparent deficiency is identified by an outside organization (e.g., the U.S. Environmental Protection Agency), the QA/QC Officer initiates the required actions to comply with that organization's requirements in accordance with this procedure.

5.3 The status of each CAR will be tracked by the CAR Coordinator from submittal to closure.

5.4 CARs will be analyzed for trends by the QA/QC Officer.

5.5 The QA/QC Officer, with concurrence of the Program or Project Manager, has the responsibility to recommend to the Contract Officer to stop work in situations that warrant it. For example:

- continuing work could result in an immediate hazard to personnel safety or the environment.

- work is being conducted under an inadequate QA program such that the quality of work or resulting items is unacceptable or indeterminate and is likely to result in failure to deliver an acceptable product.

6.0 PROCEDURE

6.1 DEFICIENCY REPORTING

6.1.1 SAIC personnel will notify the QA/QC Officer of the apparent deficiency within one work day.

6.1.2 If a deficiency is a result of an audit or surveillance, the Lead Auditor or Surveillance Leader will monitor the CAR status and ensure that adequate corrective actions are implemented.

6.1.3 The QA/QC Officer and Task Leader will determine whether immediate corrective measures are needed to prevent degradation or loss to SAIC. These measures will be recorded on the CAR.

6.1.4 Where items or services are suspected to be deficient, the QA/QC Officer and the Task Leader will take action to mark, segregate, or otherwise control use of these items or services to preclude their inadvertent use until disposition is final and approved.

6.2 INITIAL EVALUATION

6.2.1 The QA/QC Officer will determine the significance of all reported deficiencies.

6.2.2 If it is determined that a deficiency is significant, the QA/QC Officer will initiate a CAR. Examples of significant deficiencies are:

a) serious errors in design, construction, or fabrication which were detected subsequent to formal quality verification and acceptance;
b) serious errors in the execution or results of scientific investigations, performance assessments, or performance confirmation that were detected subsequent to acceptance of the resulting data;
c) a breakdown in a QA program (i.e., failure of an organization to establish and implement prescribed QA and technical requirements, plans, and procedures);
d) deficiencies that may require stopping work;
e) repetitive deficiencies;

R

f) deficiencies in which previous corrective action has been ineffective; and
g) failure to meet governing regulatory requirements.

6.2.3 If a condition adverse to quality exists, but does not meet the criteria in 6.2.2, the QA/QC Officer will recommend initiation of a Nonconformance Report (NCR) in accordance with QAAP 15.1 (Reference 3.1.2).

6.3 CORRECTIVE ACTION REPORT

6.3.1 For significant deficiencies the QA/QC Officer or designee will initiate and complete the following on the CAR, a full size form is provided immediately following this procedure: R

a) date;
b) CAR number;
c) revision number;
d) assessment or NCR number, if applicable;;
e) Initiator;
f) Category; R
g) responsible organization;
h) description of condition;
i) recommended corrective action; and
j) response due date.

6.3.2 The QA/QC Officer will evaluate the need to suspend affected work and take appropriate actions.

6.3.3 Each CAR will be reviewed, concurred with, and signed by the Program or Project Manager or other appropriate level of management.

6.3.4 A response due date of twenty (20) working days from the date of issue will be assigned to the CAR. A planned completion date must be agreed upon by the responsible organization and Task Leader and documented on the CAR.

6.3.5 The CAR Coordinator will enter the CAR into the CAR Log.

6.4 INVESTIGATION

6.4.1 The QA/QC Officer or designee will coordinate an investigation of the deficiency to determine the root cause and assist in the development of measures to prevent recurrence with the responsible organization and Task Leader.

6.4.2 The QA/QC Officer will, with the concurrence of the Program or Project Manager, issue a memorandum to the Contracting Officer recommending to stop work where warranted. The QA/QC Officer, with concurrence of the Program or Project Manager, has the responsibility to recommend to the Contract Officer to stop work in situations that warrant it.

6.4.3 The responsible organization will investigate to determine extent, magnitude, and overall effects of the reported deficiency, and the remedial actions that will be taken to resolve the deficiency. For a CAR, the responsible organization will determine the root cause of the deficiency and what actions will be taken to prevent recurrence of the problem. As applicable, the remedial actions, root cause, extent and effects of the problem, and actions taken to prevent recurrence will be reported to the QA/QC Officer in writing.

6.4.4 The CAR will be signed by the Task Leader and returned to the QA/QC Officer.

6.5 RESOLUTION

6.5.1 The QA/QC Officer will evaluate the CAR response received from the responsible organization to ensure that the corrective action is adequate; that investigation of the problem was sufficient to determine its extent, effects, and root cause; that adequate measures will be taken to prevent recurrence; and that disposition of affected items or services was satisfactory. The extent of the evaluation may range from a review of the documented response to an independent investigation, depending on the significance and complexity of the problem.

6.5.2 If the planned corrective action is determined to be inadequate, the QA/QC Officer will "Reject" the response and provide further instruction to the responsible organization. The CAR may be reissued as the next sequential revision at this time. The responsible organization will conduct further investigations, modify the response as necessary, and resubmit a response to the QA/QC Officer.

6.5.3 If the corrective action is determined to be adequate, the QA/QC Officer will "Accept" the response and the responsible organization will continue with implementation of the corrective action.

6.5.4 The responsible organization will notify the QA/QC Officer of actual completion of the agreed-upon corrective action which will be documented on the CAR.

6.5.5 The Task Leader will concur with the completed corrective action and so signify by signing the CAR.

6.6 CLOSURE

6.6.1 The QA/QC Officer will evaluate the completed corrective action, as stated on the CAR, to assure that the specific deficiencies, as well as any underlying root causes, were corrected.

6.6.2 The QA/QC Officer or designee will ensure adequate implementation of the corrective action by conducting independent verification such as a surveillance or an audit at the responsible organization's facility at the first available opportunity. Results of the verification will be documented and included with the CAR.

6.6.3 If the corrective action is adequately completed, the CAR will be signed and closed by the QA/QC Officer, after signature by the Program or Project Manager. A copy of the closed CAR will be transmitted to the responsible organization, Task Leader, and Program or Project Manager.

6.6.4 If the corrective action is inadequate, the Task Leader will be notified by the QA/QC Officer to take further actions, and the corrective action process will be repeated in accordance with this procedure. The CAR will be reissued as the next sequential revision.

7.0 RECORDS

Documentation generated as a result of this procedure is collected and maintained in accordance with requirements specified in QAAP 17.1, Records Management.

8.0 ATTACHMENTS

None

CORRECTIVE ACTION REPORT	DATE OF CAR	CAR NUMBER
	REVISION NUMBER	PAGE _____ OF _____

REFERENCE ASSESSMENT / NCR NUMBER	INITIATOR (NAME/ ORGANIZATION)
RESPONSIBLE ORGANIZATION / INDIVIDUAL	CATEGORY

DESCRIPTION OF CONDITION

RECOMMENDED CORRECTIVE ACTION

RESPONSE DUE	QA/QC OFFICER	PROGRAM / PROJECT MANAGER
	SIGNATURE DATE	SIGNATURE DATE

ROOT CAUSE

MEASURES TO PREVENT RECURRENCE

PLANNED COMPLETION DATE	TASK LEADER	
	SIGNATURE DATE	
RESPONSE ☐ ACCEPT ☐ REJECT*	QA/QC OFFICER SIGNATURE DATE	PROGRAM/PROJECT MANAGER SIGNATURE DATE
COMPLETION DATE	TASK LEADER SIGNATURE DATE	
CLOSURE DATE	QA/QC OFFICER SIGNATURE DATE	PROGRAM / PROJECT MANAGER SIGNATURE DATE

* ATTACH JUSTIFICATION FOR REJECTION

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

CONTROLLED DOCUMENTS

The following document is controlled by the Science Applications International Corporation (SAIC), Quality Assurance/Quality Control Officer. If you print this document, this page must be attached to the front of the document and you must fill in the information required below. The hard copy should be signed and dated the day it is printed by the user.

CAUTION: The attached controlled document was printed from the SAIC Quality Assurance Web Site, which resides on the SAIC ISSAIC home page, and is valid until the revision number changes. The user is responsible for checking that the revision number of the printed document matches the revision number of the controlled document on the SAIC Quality Assurance Web Site for as long as this printed copy is in use.

Manual Name: **Quality Assurance Program and Quality Assurance Administrative Procedures**

Document Number: QAAP 17.1

Revision Number: 10

Date Printed: _____

Person Checking the Revision Number: _____

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE			
Title: Records Management			
Procedure No: QAAP 17.1	**Revision: 10**	**Date: 6/16/2008**	**Page: 1 of 12**
Business Unit General Manager: Date: Maury Walsh 6/19/08		**QA/QC Officer: Date:** C.D. Courant 6/12/2008	

R

1.0 PURPOSE

The purpose of this procedure is to establish responsibilities, requirements, and instructions for identifying, collecting, processing, storing, safeguarding, and retrieving records received by, acquired for, generated by, or published for those organizations participating in the Central Records Service Center.

2.0 SCOPE

This procedure applies to those Business Unit organizations participating in the Central Records Service Center. R

3.0 REFERENCES AND DEFINITIONS

3.1 REFERENCES

3.1.1 See the Common References at the front of the QAAP Manual.

3.1.2 Central Records Facility (CRF) Indexing Guide (posted on the Business Unit Knowledge Center on ISSAIC). R

3.2 DEFINITIONS

3.2.1 Accession Number - A unique identifier for each record. The accession number is composed of a three, four, or five character field for division, followed by a period; an eight-character field for year, month, and day, followed by a period; and a three character field for a sequential identification number (e.g., 321.20021115.001 or 1624.20021025.001).

3.2.2 Bulk Materials - Nonpermanent documentation which is not required to be kept as lifetime records by SAIC, but which has a limited period of potential usefulness. Materials submitted to CRF as "bulk" are not scanned but are maintained in hard copy form for a maximum of three (3) years. Bulk materials may include such items as copies of reference material and notes or personal working papers with a limited usefulness. **Not** included are copies of lifetime materials already submitted to CRF with an accession number, materials such as conference proceedings, personal library materials, professional organization materials, or casual notes and letters unrelated to contract work. Also, when submitting to bulk storage there should not be any hanging files, binders, or black clips.

3.2.3 Business Sensitive or Company Private Document - A record related to corporate internal financial, accounting, or other sensitive areas such as contracts.

3.2.4 Central Records Facility (CRF) - The centralized SAIC location which is responsible for collecting and processing records from Division Records Centers for long term retention.

3.2.5 CRF Database - An automated system used to index and retrieve records held by the CRF.

3.2.6 CRF Indexing Guide - A desktop instruction manual which provides record generators and requestors with a common set of indexing information to standardize cataloging and enhance retrieval of records is maintained by the CRF Coordinator. The Indexing Guide is available to all Business Unit staff on the Business Unit Knowledge Center. R

3.2.7 CRF Warehouse - The remote location where hard copy lifetime records and bulk materials are stored during their designated retention periods.

3.2.8 Daily Records Log Sheet - A journalized version of the records being sent from the Division Records Center to the CRF.

3.2.9 Designator (Program or Project)- an alpha, numeric or alpha/numeric term used to uniquely identify a Program or Project. May be a word, acronym or number.

3.2.10 Division Records Center - The area within an SAIC division that is established for collecting records from the record sources; managed by the Division Records Coordinator.

3.2.11 Lifetime Records - Documentation designated for permanent storage as evidence of work performed. Such materials may be designated as "lifetime" as a result of statutory authority, contractual requirement, or by applicable procedure. Examples include but are not limited to: deliverables, calculations supporting deliverables, training documentation, procedurally required forms, nonconformance reports, audit and surveillance reports, logbook copies, and calibration documentation. Lifetime records are scanned to permanent electronics storage and the hard copies are maintained in storage for three (3) years unless contracts requires a longer retention period.

3.2.12 Processing - Receiving, sorting, examining, and distributing activities carried out by CRF and/or Division Records Center personnel for all records. Processing also includes assigning accession numbers, indexing, scanning, copying, filing, and retrieving.

3.2.13 Program Designator - A code indicating the contract name (e.g., SAV for Corps of Engineers Savannah). The CRF Indexing Guide provides a list of allowable Program Designators which is updated as needed to accommodate new programs.

3.2.14 Project Designator - A code indicating the Task number, Delivery Order number, or name (e.g., DO4 for Anniston Dye Tracer). The CRF Indexing

Guide provides a list of allowable Project Designators which is updated frequently to accommodate new projects.

3.2.15 Project File - A collection of documentation, managed by a project for project purposes. Although, there may be a high correlation with documents being submitted to CRF, a project file may also contain other non-record material. A project file is not the same as CRF.

3.2.16 Record - Any written, electronic, or pictorial/graphic information describing, defining, specifying, reporting, or certifying activities, requirements, procedures, or results affecting contract related activities. This includes records required by the Quality Assurance Program (QAP), Quality Assurance Administrative Procedures (QAAPs), Quality Assurance Technical Procedures (QATPs), and SAIC records furnishing documentary evidence of quality, as a minimum.

3.2.17 Record Source - SAIC personnel who receive records from an external entity or generate records. This may also include subcontractors or teaming partners who are working as part of an SAIC project organization.

4.0 RESPONSIBILITIES

4.1 See the Common Responsibilities at the front of the QAAP Manual.

4.2 PROGRAM OR PROJECT MANAGER

In addition to the Common Responsibilities found in the front of the QAAP Manual, the Program or Project Manager is responsible for:

4.2.1 ensuring that a Program Designator and appropriate Project Designators are established, and are communicated to the Task Leaders and to the CRF;

4.2.2 determining project-specific records; and

4.2.3 ensuring that a copy of each record created within his/her primary area of responsibility is submitted to the appropriate Division Records Center.

4.3 TASK LEADER

The Task Leader is responsible for:

4.3.1 ensuring that a copy of each record (whether created by SAIC or received from a client or other external source) is provided to the Division Records Center; and

4.3.2 ensuring that Program and Project Designators are established and communicated to the CRF in situations where there is no Program Manager. For example, sole source, single purpose contracts that do not always have Program Managers, but are assigned to an individual to manage.

4.4 SAIC PERSONNEL (records source) R

SAIC personnel are responsible for:

4.4.1 managing records in accordance with this procedure;

4.4.2 assigning an accession number, Program and Project Designators, keywords, and the retention period to each record submitted to a Division Records Center for processing;

4.4.3 forwarding records to the appropriate Division Records Center;

4.4.4 identifying which records are company private or sensitive; and

4.4.5 notifying CRF of any contractual requirements to maintain hard copies of records longer than 3 years. R

4.5 CENTRAL RECORDS FACILITY (CRF) COORDINATOR

The CRF Coordinator is responsible for:

4.5.1 processing SAIC records submitted in accordance with this procedure;

4.5.2 oversight of all functions of the CRF;

4.5.3 ensuring that CRF personnel have appropriate training;

4.5.4 ensuring implementation of actions delineated in this procedure;

4.5.5 receiving, verifying, and maintaining records from each Division Records Center;

4.5.6 ensuring that records are indexed into the CRF database;

4.5.7 storing and retrieving records;

4.5.8 scanning or downloading records into the document imaging and indexing system; and

4.5.9 providing records management assistance to SAIC personnel.

4.6 DIVISION RECORDS COORDINATOR

Each Division Records Coordinator is responsible for:

4.6.1 receiving records to be indexed and stored from his/her division;

4.6.2 verifying records received for quality;

R

4.6.3 verifying that each record has complete indexing information, including accession number;

4.6.4 logging each record to be sent to the CRF on the Daily Records Log Sheet;

4.6.5 transmitting records received, together with a daily records log sheet, to the CRF on a schedule appropriate to the records volume, typically at least monthly;

4.6.6 evaluating and directing records in accordance with the guidelines of this procedure; and

4.6.7 indicating which records are company private or sensitive.

5.0 GENERAL

5.1 Under no circumstances are samples (e.g., environmental or construction) of any kind or any form (solid, liquid, or gaseous) to be submitted to the CRF. Only paper records or certain electronic forms of records may be submitted.

5.2 Under no circumstances are contaminated (chemical, radiological or biological) records to be submitted to the CRF.

5.3 This procedure will be supplemented by and used in conjunction with internal CRF detailed procedures or operating instructions, as necessary.

5.4 Records generated by SAIC relating to individual employees, such as personnel records are not typically input to CRF, and business sensitive or company private records will be maintained in accordance with the Privacy Act of 1974 (Public Law 93-579, 88 Stat. 1896) as amended.

5.5 No classified information (e.g., Unclassified Controlled Nuclear Information (UCNI) Confidential Restricted Data, Secret, Top Secret, For Official Use Only [FOUO]) will be accepted or processed by the CRF. Business sensitive, proprietary documents may be submitted; however, access to this information will be restricted. The contract or project Security Plan should provide requirements for classified documents. See the Project Security Officer for guidance and direction on classified document issues.

5.6 The Daily Records Log Sheet includes at least the following information:

5.6.1 accession number for each record;

5.6.2 short description of each record;

5.6.3 Program and Project Designators for each record; and

5.6.4 date and signature of the Division Records Coordinator.

5.7 SAIC personnel should consult the CRF Indexing Guide, which contains an example Daily Records Log Sheet as well as the Program/Project Designators, keywords, accepted acronyms and abbreviations, and additional information on records

R

management. The Indexing Guide is posted on the Business Unit Knowledge Center on ISSAIC.

5.8 Compact Disks (CDs) may be submitted with the understanding that the CRF Warehouse is not equipped to protect data on the CDs. CRF is able to download Acrobat Reader format documents (PDFs) from the CDs to the CRF database. CDs should not be submitted in lieu of hard copy deliverables unless the files on the CD are in PDF, word or excel format. JPEGs files must be converted to PDF to submit. CRF will not accept databases or other files requiring specialized software, such as CAD (Computer Aided Design). R

5.9 CRF serves a distinct and separate purpose from "Project Files" and should not be confused. A project file is not Central Records. (See definition in Section 3.2).

6.0 PROCEDURE

A detailed flowchart of the CRF process, including records submittal, is provided as Attachment I.

6.1 RECORDS IDENTIFICATION

6.1.1 Each person (records source) identifies documentation to become records of work performed.

6.1.2 Record material includes, but is not limited to:

a) SAIC- generated documentation such as deliverables, drawings, calculations, letters, internal memoranda pertinent to a project, technical products supporting a deliverable (e.g., calculations), logbooks, document review records, training records, or other quality records resulting from procedure implementation (e.g., inspection reports, client assessments, readiness review checklists, surveillance and audit reports, corrective action documentation).
b) Client or other external organization documentation such as letters, faxes, e-mail (determined to be substantive by the records source), comments, notices, or other forms of transmittal of direction pertinent to a contract.

6.2 RECORDS SUBMITTAL

6.2.1 SAIC Personnel submit identified records to the Division Records Center and will be certain that records:

a) are complete;
b) contain the accession number in the upper right hand corner of the first page;
c) are "highlighted" with yellow, green, and/or blue colors, only; other colors tend to cause problems with legibility when copying or imaging; and
d) contain, at a minimum, accession number, document date, Program and Project Designators; originator, addressee, and subject/title.

R

6.2.2 When submitting records to the Division Records Center, SAIC personnel provide adequate indexing information by one of the following methods:

a) when standard information (such as originator, addressee, date and subject/title) is not on the cover page of the record being submitted, complete the Records Indexing/Transmittal Form (full size form provided immediately following this procedure);
b) the EZ Records Indexing Post-it® (Attachment II) may be used for records which contain the originator, addressee, date and subject/title on the face of the record; or
c) Daily Records Log Sheet as described in paragraph 5.6.

6.2.3 SAIC personnel may submit nonpermanent materials for bulk storage (see definition 3.2.2) in a single carton. Carton size is not to exceed 12 inches wide by 10 inches high by 15 inches long. Each carton for bulk storage is assigned a single accession number. The contents are defined on a Records Indexing/Transmittal Form with the following information:

R

a) accession number;
b) retention period (3 years maximum);
c) Program Designator;
d) Project Designator;
e) subject/title (i.e., project numbers, project names, task numbers, etc., if applicable); and
f) keywords, if applicable.

6.2.4 SAIC personnel may submit CDs to CRF. A list of Acrobat Reader format documents (portable document format) PDF, word or excel documents on the CDs must be provided to CRF either attached to the cover letter or to a Records Indexing/Transmittal Form. CRF will not accept databases.

6.2.5 The Division Records Coordinator submits the Daily Records Log Sheet and all records to the CRF at a minimum of monthly, determined based on the volume of records and with the approval of the CRF Coordinator. The Division Records Coordinator also verifies that:

a) record quality is suitable for reproduction and scanning; and
b) indexing information is provided as stated in paragraph 6.2.1d.

6.3 RECORDS PROCESSING

6.3.1 The CRF receives records from participating divisions accompanied by the Daily Records Log Sheet.

6.3.2 The CRF Coordinator or designee verifies the information on the log sheet, signs and dates the log sheet, returns the original to the Division Records Coordinator, and maintains a copy.

6.3.3 The CRF Coordinator or designee may reject a record for indexing if the quality is poor, attachments are missing, or there is incomplete indexing information. The CRF Coordinator or designee returns any unacceptable records to the Division Records Coordinator or Record Source with a completed Record Rejection Form. A Full size form is provided immediately following this procedure.

6.3.4 The Division Records Coordinator or Record Source makes corrections noted on the Record Rejection Form and returns the corrected record to the CRF Coordinator or designee.

6.3.5 Lifetime records are scanned to the CRF database using the document imaging and indexing system, and each record is indexed with the following information, as a minimum:

a) accession number;
b) number of pages;
c) charge number, if applicable;
d) document date;
e) retention period (lifetime);
f) document number;
g) tracking number, if applicable;
h) Program Designator; R
i) Project Designator;
j) originator;
k) originator's organization;
l) addressee;
m) addressee's organization;
n) subject / title;
o) record type; and
p) keywords, if applicable.

6.3.6 Indexing and imaging are verified by CRF staff.

6.4 RECORDS STORAGE

6.4.1 After records have been processed, they are filed sequentially by accession number in the CRF, until transfer to the CRF Warehouse.

6.4.2 File tabs are used to indicate the division number, year, month, day, and number of items contained in a folder (e.g., 321.20081115.001-321.20081115.004).

6.4.3 Materials submitted for bulk storage will have the transmittal form verified and the box marked with the accession number.

6.4.4 The CRF Coordinator or designee arranges for bulk material and lifetime records to be transported to the CRF Warehouse periodically.

6.5 RECORD RETENTION

6.5.1 Lifetime records are maintained indefinitely as optical images in the electronic records management system. The hard copy of lifetime records which have been scanned is maintained in off-site storage for up to three (3) years. After three years, these copies will be disposed unless there is a contractual requirement to maintain hard copy for a specific time period. It is the responsibility of the records source to notify the CRF of contractual requirements which require maintenance of hard copy for greater than three (3) years, or conversely those that are to be maintained for less than three years.

6.5.2 Bulk materials are indexed, but not scanned, and are maintained in off-site storage for up to three (3) years.

6.6 RECORDS PROTECTION

6.6.1 SAIC personnel may enter the CRF or CRF Warehouse only if accompanied by an authorized employee.

6.6.2 All sensitive records (e.g., company private, proprietary, business sensitive) are scanned with a Proprietary Information Only cover sheet. R

6.6.3 All sensitive records remain in the CRF or CRF Warehouse at all times and may only be viewed by the originator or someone specifically designated by the originator.

6.6.4 Record images and indexing information are backed up daily to a dedicated tape backup. The CRF database is further protected by archive to DVD (digital versatile disk).

6.7 RECORDS RETRIEVAL

6.7.1 Records may be retrieved directly via the CRF weblink which is accessible to employees connected by SAIC NET through the Business Unit Knowledge Center. R

6.7.2 SAIC personnel may also retrieve a copy of a record by submitting a Records Request Form to the CRF. A full size form is provided immediately following this procedure. Telephone, facsimile, or e-mail requests may also be submitted.

6.7.3 The CRF will either transmit a copy of the record to the requestor or will make the record available for review at the CRF.

6.7.4 SAIC Personnel may retrieve bulk storage materials by submitting a Records Request Form to the CRF. The CRF Coordinator or designee will arrange for bulk materials to be transported from the CRF Warehouse to the CRF, then to the requestor.

6.7.5 SAIC Personnel may remove bulk storage boxes / files after completing the CRF Records Request Form (full size form is provided following this procedure) indicating who is removing the bulk storage. A signature and date of the removal is required when bulk storage is removed, except when the request is made by e-mail.

6.7.6 The CRF Coordinator or designee will note the bulk storage removal in the CRF database.

7.0 RECORDS

Documentation generated as a result of this procedure will be collected and maintained in accordance with requirements specified in this procedure.

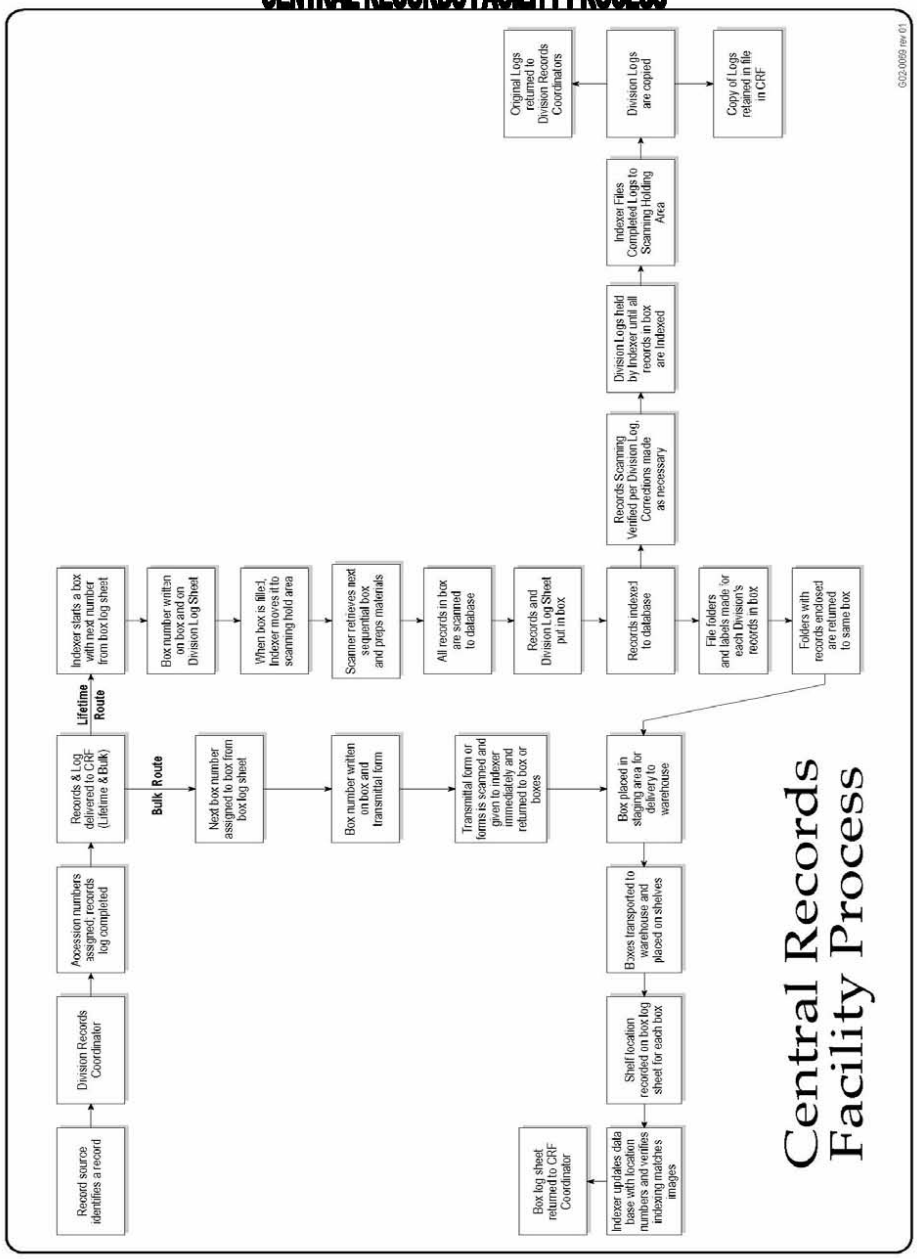
8.0 ATTACHMENTS

8.1 Attachment I - Central Records Facility Process.

8.2 Attachment II - EZ Records Indexing Form.

R

ATTACHMENT I
CENTRAL RECORDS FACILITY PROCESS



ATTACHMENT II

EZ RECORDS INDEXING FORM

EZ RECORDS INDEXING

Program:_____

Project: _____

No. Pages: _____

Keywords: _____

_____

Comments: _____

☐ **Deliverable**

_____

RECORDS INDEXING / TRANSMITTAL FORM

COMPLETE ONLY THOSE SECTIONS OF THIS FORM THAT PROVIDE INDEXING INFORMATION WHICH IS NOT SHOWN ON THE DOCUMENT'S COVER PAGE.

ACCESSION # _____ **NO. OF PAGES** _____

CHARGE # _____ **DOCUMENT DATE** _____

RETENTION PERIOD: ☐ **LIFETIME** ☐ **BULK** _____ **YRS** (BOXES ONLY – 3 YRS. MAX.)

DOCUMENT # _____ **TRACKIING #** _____ R

***PROGRAM DESIGNATOR** _____

***PROJECT DESIGNATOR** _____

ORIGINATOR _____

ORIGINATOR ORGANIZATION _____

ADDRESSEE _____

ADDRESSEE ORGANIZATION _____

SUBJECT/TITLE _____

_____

_____

_____

RECORD TYPE ☐ **MEMO** ☐ **LETTER** ☐ **FAX** ☐ **REPORT** ☐ **PROCEDURE**
☐ **PROPOSAL** ☐ **PLAN** ☐ **REVIEW** ☐ **TRAINING**
☐ **BULK STORAGE** ☐ **OTHER** _____

***KEYWORDS** _____

COMMENTS _____

_____

☐ **DELIVERABLE**

*REFER TO INDEXING GUIDE

RECORDS REJECTION FORM

DATE: _____

TO: _____

FROM: _____

SUBJECT: Record Rejection of Accession Number

The above mentioned record is not acceptable for further processing for the reason(s) indicated below:

- ☐ Missing Accession Number.
- ☐ Duplicate Accession Number.
- ☐ Incomplete (pages or attachments missing).
- ☐ Incomplete data available for indexing.
- ☐ Record quality is poor and will not provide an adequate image.
- ☐ Other (specify): _____

_____

_____

Please take the appropriate corrective action and return the record to the Central Records Coordinator by: _____.

CRF RECORDS REQUEST FORM

PROVIDE AS MUCH INFORMATION AS POSSIBLE IN THIS SECTION.

REQUESTOR _____ DIVISION _____ PHONE # _____

CHARGE NUMBER TO BE USED FOR REQUEST _____

ACCESSION # _____ NO. OF PAGES _____

CHARGE # _____ DOCUMENT DATE _____

BOX # _____ ☐ LIFETIME ☐ BULK _____ YRS (BOXES ONLY – 3 YRS. MAX.)

DOCUMENT # _____ TRACKING # _____ | R

PROGRAM DESIGNATOR _____

PROJECT DESIGNATOR _____

ORIGINATOR _____

ORIGINATOR ORGANIZATION _____

ADDRESSEE _____

ADDRESSEE ORGANIZATION _____

SUBJECT/TITLE _____

_____

KEYWORDS _____

FOR BULK REMOVAL ONLY

PERMANENTLY REMOVED ☐ TEMPORARILY REMOVED ☐

REQUESTOR _____ DATE _____

RETURNED TO CRF ON _____ BY _____
DATE REQUESTOR

CRF USE ONLY

DATE _____ TIME SPENT _____ BY: _____

REMOVED FROM WAREHOUSE BY: _____ DATE _____

NOTED IN DATABASE BY: _____

RETURNED FROM WAREHOUSE BY: _____ DATE _____

NOTED IN DATABASE BY: _____ DATE _____

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

CONTROLLED DOCUMENTS

The following document is controlled by the Science Applications International Corporation (SAIC), Quality Assurance/Quality Control Officer. If you print this document, this page must be attached to the front of the document and you must fill in the information required below. The hard copy should be signed and dated the day it is printed by the user.

CAUTION: The attached controlled document was printed from the SAIC Quality Assurance Web Site, which resides on the SAIC ISSAIC home page, and is valid until the revision number changes. The user is responsible for checking that the revision number of the printed document matches the revision number of the controlled document on the SAIC Quality Assurance Web Site for as long as this printed copy is in use.

Manual Name: **Quality Assurance Program and Quality Assurance Administrative Procedures**

Document Number: QAAP 18.4

Revision Number: 4

Date Printed: _____

Person Checking the Revision Number: _____

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE			
Title: Client Assessments			
Procedure No: QAAP 18.4	**Revision: 4**	**Date: 6/16/2008**	**Page: 1 of 6**
Business Unit General Manager: Manny Walsh **Date:** 6/19/08		**QA/QC Officer:** C.D. Cowart **Date:** 6/12/2008	

1.0 PURPOSE

The purpose of this procedure is to establish a process for documenting client assessments of Science Applications International Corporation (SAIC) performance. The client assessment process is intended to help ensure that SAIC meets (or exceeds) client expectations, to catch problems in time to make corrections, and to identify areas of performance excellence.

2.0 SCOPE

This procedure applies to all programs/projects within the Business Unit.

3.0 REFERENCES AND DEFINITIONS

3.1 REFERENCES

3.1.1 See Common References at the front of the QAAP Manual.

3.1.2 Science Applications International Corporation Quality Assurance Administrative Procedure (SAIC QAAP) 15.1, Control of Nonconforming Items and Services.

3.2 DEFINITIONS

3.2.1 Client Assessment - An evaluation by a client of SAIC's performance on a contract, or any portion of a contract, e.g., a project, task order, delivery order, work release, or other name for a scope of work.

3.2.2 Client Assessment Form - The actual form completed during the client assessment process, which is used to document the results.

3.2.3 Client Assessment File - The collection of completed client assessment forms (originals or copies), maintained by the Client Assessment Coordinator.

3.2.4 Responsible Manager – for this procedure, a generic term used for the manager responsible for a scope of work; covers a variety of terms such as Program Manager, Delivery Order Manager, Task Order Manager, Work Release Manager, etc.

4.0 RESPONSIBILITIES

4.1 See the common responsibilities at the front of the QAAP Manual.

R

4.2 BUSINESS UNIT GENERAL MANAGER

The Business Unit General Manager is responsible for :

4.2.1 oversight of the client assessment process; and

4.2.2 conducting client assessment, when requested.

4.3 OPERATION and DIVISION MANAGERS

Operation and Division Managers are responsible for:

4.3.1 In coordination with the Program and Project Managers determining which contracts need a client assessment, when to do it, and at what frequency.

4.3.2 Conducting client assessments, when requested.

4.3.3 Assuring that remedial actions identified in client assessments are completed.

4.4 PROGRAM and PROJECT MANAGERS

The Program and Project Managers are responsible for:

4.4.1 Recommending to the Operation/Division Managers which contracts need a client assessment and a proposed best time to do it.

4.4.2 Conducting client assessments as assigned.

4.4.3 Assuring that client assessments are documented, copies are distributed and a copy is submitted to the organization's records system.

4.4.4 Facilitating completion of any remedial actions.

4.5 CLIENT ASSESSMENT COORDINATOR

The Client Assessment Coordinator is responsible for:

4.5.1 Maintaining the client assessment file.

4.5.2 Reporting client assessment activity on a monthly basis.

5.0 GENERAL

5.1 Client assessments are typically identified and scheduled during the Quality/ Safety/ Risk (QSR) meetings conducted by the Operation

R

R

Managers.

5.2 Typically, client assessments are conducted by a level of management one level or higher above the manager responsible for the scope of work to be assessed.

6.0 PROCEDURE

6.1 SCHEDULING CLIENT ASSESSMENTS

6.1.1 Each Operation Manager identifies contracts/projects to receive a client assessment as a part of the QSR process.

6.1.2 The projects are identified on the Client Assessment schedule associated with the QSR forms, along with a proposed month to complete the assessment and a manager to perform it.

R

6.2 CONDUCTING CLIENT ASSESSMENTS

6.2.1 The client assessment should be documented by an in-person interview with a client representative(s) who has the authority and knowledge to evaluate SAIC's performance. If an in-person interview is not possible, the interview is conducted by telephone.

6.2.2 In the course of performing the client assessment, the SAIC Manager completes a client assessment form as outlined in the instructions (Attachment I). Should additional space be required, separate sheet(s) of paper may be attached to the client assessment form. A full size copy of the client assessment form is provided immediately following this procedure.

6.2.3 The client assessment form is completed in its entirety.

6.3 PROCESSING COMPLETED CLIENT ASSESSMENT FORMS

6.3.1 Completed client assessment forms are distributed by the individual who completes the client assessment to:

a) Client Assessment Coordinator

b) Business Unit, Operation, and Division Managers

c) Responsible Contracts Representative

d) Responsible Program / Project Managers

e) The organization's records system.

R

6.3.2 Distribution is indicated on the Client Assessment form (or other attached media, e.g., a memo) by name.

6.3.3 The Client Assessment Coordinator updates the client assessment file.

6.3.4 If remedial actions are identified, the responsible manager should forward closure information to the Client Assessment Coordinator upon completion.

6.3.5 Specific performance deficiencies cited during the interpretation phase of the client assessment process may be subject to the issuance of an NCR (Reference 3.1.2), if deemed appropriate by the SAIC Manager conducting the assessment.

6.4 REPORTING

The Client Assessment Coordinator issues a monthly summary, which lists client assessment activity.

7.0 RECORDS

Client assessment forms generated as a result of this procedure are submitted to the identified records systems in accordance with Section 17 of the Business Unit QAP.

R

8.0 ATTACHMENTS

8.1 Attachment I - Instructions for completion of the Client Assessment Form

ATTACHMENT I

Instructions for Completion of the Client Assessment Form

The Client Assessment Form is used to document the client's perception of the quality of and level of satisfaction with SAIC's performance. The SAIC manager conducting the interview with the client completes the form by asking these questions of a client representative authorized to evaluate our performance.

COMPLETE THIS FORM USING BLACK INK, ONLY

Date:	The date the assessment is completed with the client.
Program/Project Manager:	The names of the respective SAIC Program and Project Managers for this program/ project, as appropriate.
Client Contact:	The person who is being interviewed.
Contract Name:	The name by which the contract is typically known.
Contract Number:	The unique number assigned in the SAIC contracts system to the program/project.
Program/Project Title:	The program/project designators as found in the Central Records Facility (CRF) Indexing Guide and/or as assigned by Contracts.
Assessment Completed By:	The name of the SAIC person who performed the assessment with the client.

Performance Items one through ten should be rated by the client with "Excellent" (10), "Very Good" (9), "Good" (8), "Satisfactory" (7), or "Unsatisfactory (6 and under)" and the corresponding letter(s) is inserted in the box. Some clients may elect to assign a numerical score to each item, which is also acceptable. Comments should be encouraged and included. Additional sheets of paper may be utilized if more room is required. Questions not answered should be justified with a brief explanation.

Questions eleven and twelve are intended to solicit a brief statement by the client. If no response, please make a notation.

Question thirteen requires a response. If the client elects not to answer, justification should be noted. (The client may be informed that 8 to 10 are considered by SAIC to be the acceptable range, 6 to 7 may prompt additional

management inquiry, and below 6 may prompt additional Corporate Level investigation.)

REMEDIAL ACTIONS REQUIRED. The Action, Responsible Person and Due Date (planned completion date) are completed. Actions remain "open" until the bottom section of the form is completed.

When the REMEDIAL ACTIONS TAKEN are finished, this section is completed. This can be done at the time the assessment is documented, otherwise, they are completed and returned to the Client Assessment Coordinator upon completion.

This form is forwarded to the appropriate records system. Each form is also copied to the Client Assessment Coordinator, and others as noted in section 6.3 of QAAP 18.4.

Client Assessment of SAIC's Performance

Date:		**Contract Number and Name:**	
SAIC Prog. / Proj. Mgr:		**Prog./Proj. Title:**	
Client Contact:		**Assessment Completed By:**	

Performance Item	***Rating**	**Comments**
*E=Excellent VG=Very Good G=Good S=Satisfactory U=Unsatisfactory		
1. Technical Quality of Work		
2. Staff Quality (do we have the right people on the task?)		
3. Communication and Responsiveness to Needs		
4. Technical and/or Project Innovations		
5. Deliverable Timeliness		
6. Value Added and Customer Service		
7. Cost Control and Effectiveness		
8. Administrative (Contracts, Purchasing, Accounts Receivable)		
9. Project and Project Management		
10. Environmental Compliance and Health & Safety		
11. What interactions have you experienced with SAIC that have been particularly noteworthy?		
12. Is there any attribute of SAIC's performance that could be improved?		
13. How would you rate SAIC's performance, on a scale of 1-10 (with 10 being the most positive rating)?		

REMEDIAL ACTIONS REQUIRED

	Action	Responsible Person	Due Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMEDIAL ACTIONS TAKEN

		Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PRELIMINARY DRAFT QUALITY CONTROL PLAN
REVISION OF FACILITY-WIDE ENVIRONMENTAL DOCUMENTS
RAVENNA ARMY AMMUNITION PLANT, RAVENNA, OHIO
COMMENT RESPONSE TABLE
REV. 1, 14-JULY-2010

Comment Number	Page or Sheet	New Page or Sheet	Comment	Recommendation	Response
USACE Louisville District (Kathy Krantz)					
A-1	Page 4-1 Chapter 4.0	App A added, TOC updated, pg 2-3, pg 4-1, pg 5-1	Section 4.0 references several internal SAIC procedures that should be attached to this document to include QAAP 15.1, QAAP 16.1, QAAP 17.1, QAPP 3.1 and QAAP 18.4. As stakeholders, we do not know what the procedures entail to be able to assess their adequacy. .		Agree. The SAIC QAAPs will be included as a new Appendix A to the QCP. The table of contents has been revised to include the new Appendix A and the following introductory sentence has been added to Chap. 4.0: "The SAIC QAAPs referenced below will be followed during execution of the project to implement the QA Program. Copies of the QAAPs are contained in Appendix A." In addition, the following references to Appendix A have been added: Page 2-3, Sect. 2.2.3, 2nd paragraph: "The ITRs will be conducted in accordance with SAIC QAAP 3.1, "Document Review" (Appendix A) as shown in Figure 2-2. Page 5-1, Chap. 5.0, 1st paragraph, 2nd sentence: "Client assessments will be performed by the SAIC PM in accordance with SAIC Procedure QAAP 18.4: "Client Assessments" (Appendix A).