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# QUALITY CONTROL PLAN

*FOR*

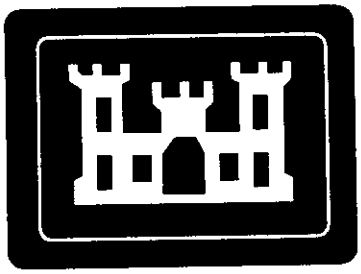
# PHASE 1 REMEDIAL INVESTIGATION OF HIGH PRIORITY AREAS OF CONCERN

*AT THE*

# THE RAVENNA ARMY AMMUNITION PLANT, RAVENNA, OHIO

FILE COPY

*PREPARED FOR*



# U.S. ARMY CORPS OF ENGINEERS NASHVILLE DISTRICT

CONTRACT No. DACA62-94-D-0029
Delivery Order 0010

**June 1996**

SAIC

95-033MS/060496

# QUALITY CONTROL PLAN

# FOR THE

# PHASE 1 REMEDIAL INVESTIGATION OF HIGH PRIORITY AREAS OF CONCERN AT THE RAVENNA ARMY AMMUNITION PLANT RAVENNA, OHIO

**Contract No. DACA62-94-D-0029**
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June 4, 1996

SIGNATURE PAGE

QUALITY CONTROL PLAN

FOR THE

PHASE 1 REMEDIAL INVESTIGATION
OF HIGH PRIORITY AREAS OF CONCERN
AT THE RAVENNA ARMY AMMUNITION PLANT
RAVENNA, OHIO

Contract No. DACA62-94-D-0029
Delivery Order 0010

**Submitted by:**

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Science Applications International Corporation

6/4/96
Date

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Nashville District

Date

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Date

## TABLE OF CONTENTS

## ACRONYMS

| | |
|---|---|
| AOCs | Areas of Concern |
| CRF | Central Record Facility |
| DCQC | Daily Chemical Quality Control |
| DCQCR | Daily Chemical Quality Control Report |
| CARs | Corrective Action Report |
| FSHP | Facility Safety and Health Plan |
| FTP | Field Technical Procedure |
| NCRs | Nonconformance Reports |
| OEPA | Ohio Environmental Protection Agency |
| RVAAP | Ravenna Army ammunition Plant |
| RI | Remedial Investigation |
| SAP | Sampling and Analysis Plan |
| USACE | United States Army corps of Engineers |
| QA | Quality Assurance |
| QAAP | Quality Assurance Administrative Procedure |
| QAPP | Quality Assurance Project Plan |
| QC | Quality Control |

## 1. PROJECT SCOPE

The scope of this project is to perform a Phase 1 Remedial Investigation (RI) of High Priority Areas of Concern (AOCs) at the Ravenna Army Ammunition Plant (RVAAP), Ravenna, Ohio. The Phase 1 RI will include preparing work plan addenda to the Facility-wide Sampling and Analysis Plan (SAP) and Facility Safety and Health Plan (FSHP), performing the Phase 1 RI field investigation, and preparing an RI report. The field investigation will include: collecting surface soil and sediment samples; installing soil borings and sampling trenches and collecting subsurface soil samples; performing geophysical and land surveys; installing well points and monitoring wells and collecting groundwater samples; and laboratory analysis. The results of the field investigation will be evaluated and documented in an RI report.

## 2. PROJECT TEAM

The project team will consist of SAIC personnel and subcontractors under direction of the United States Army Corps of Engineers (USACE), Nashville District. The project team organization is shown on Figure 2-1.

## 3. CUSTOMER INVOLVEMENT

The ultimate customer for this project is the RVAAP, the United States Army Armament, Munitions, and Chemical, Environmental Quality Directorate, and the United States Army Industrial Operations Command. The Commander's Representative (Mr. John Cicero) at RVAAP and a representative (Mr. Bob Whelove) from the United States Army Industrial Operations Command are involved in each phase of the project through communication with the USACE, attendance at project meetings and teleconferences, and review of project documentation. The USACE and SAIC will coordinate all project field activities with the Commander's Representative.

## 4. DELIVERABLE QUALITY ASSURANCE

Project deliverables will be quality controlled through an SAIC internal technical review process and an external peer review process. Following is a list of the required project deliverables:

- Draft SAP Addendum
- Final SAP Addendum
- Draft Site Safety and Health Plan Addendum
- Final Site Safety and Health Plan Addendum
- Monthly Progress Reports during field activities
- Draft RI Report
- Final RI Report
- Meeting Minutes

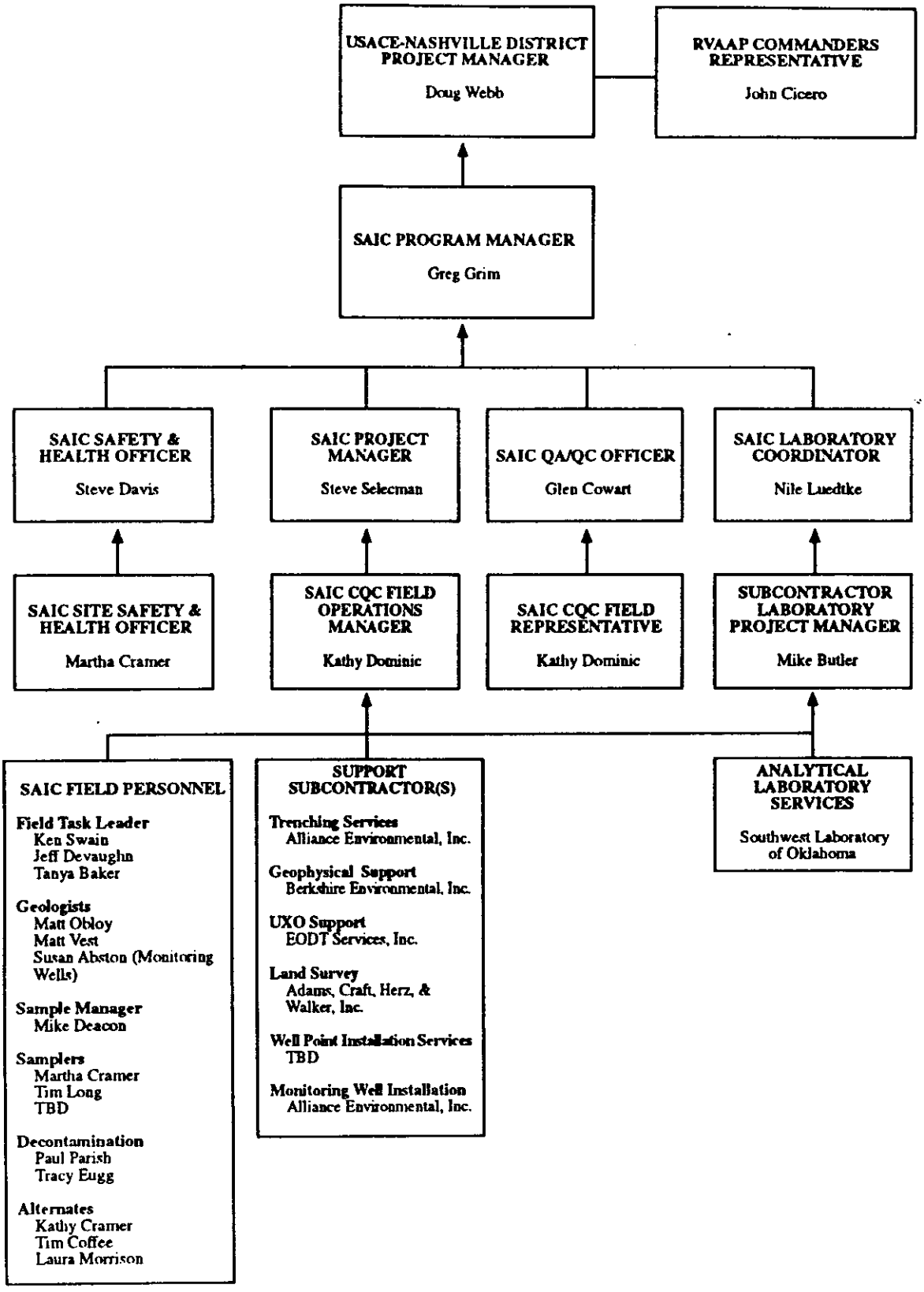


**Figure 2-1. SAIC Project Organization Chart for the Phase I RI of High Priority AOCs at RVAAP.**

### 4.1 Internal Technical Review

SAIC will perform an internal technical and editorial review of each project deliverable following the SAIC *Quality Assurance Administrative Procedure (QAAP) 3.1 Document Review* (Appendix A) prior to issuance for external peer review. The reviews will be completed by qualified reviewers and documented by record entry into SAIC's Central Record Facility (CRF).

### 4.2 Peer Technical Review

Peer technical reviews will be performed on all draft deliverables prior to issuance as final documents. It is anticipated that peer technical reviews, at a minimum, will be performed by the USACE, the Ohio Environmental Protection Agency (OEPA), the RVAAP, and the United States Army Industrial Operations Command. After incorporation of peer review comments into each deliverable, a comment resolution document will be issued to all reviewing parties documenting revisions made to deliverables in response to comments.

### 4.3 Deliverable Review Schedule

Internal technical reviews will be performed immediately prior to issuance of each project deliverable. Peer reviews will be conducted immediately after the issuance of each draft deliverable, and comment resolution documents will be issued, where appropriate, in conjunction with each final deliverable.

## 5. FIELD INVESTIGATION QUALITY ASSURANCE

Field investigation activities will be quality controlled by performing project-specific training, conducting readiness reviews, issuing field change orders, implementing the Daily Chemical Quality Control (DCQC) procedure, issuing nonconformance reports (NCRs) and corrective action reports (CARs), conducting field surveillance, and documenting field quality controls in the RI report.

### 5.1 Project-Specific Training

Project-specific training will be conducted prior to initiating field work. At a minimum, each field team member will be trained by reading assignment of all applicable work plans and procedures. Project staff credentials and experience will also be evaluated and documented. Each project team member will participate in a pre-entry briefing prior to initiating work. Project-specific training will follow SAIC's *QAAP 2.1 Indoctrination and Training* (Appendix B).

## 5.2 Readiness Review

Prior to mobilization of field activities, SAIC will conduct a readiness review according to SAIC's *QAAP 2.2 Readiness Review* (Appendix C). The readiness review will examine the project to ensure that all necessary provisions (i.e., work plans, training, site logistics, supplies, equipment, subcontracts, etc.) are in place to conduct the work in a quality fashion. The readiness review will be conducted by an SAIC Quality Assurance (QA) Officer independent of the project team and attended by the SAIC Program Manager, Contracts Representative, Subcontracts Manager, Health and Safety Officer, Project Manager, and Field Operations Manager. The SAIC Program Manager and QA Officer must approve project readiness prior to mobilization.

## 5.3 Field Change Orders

Field change orders will be completed in the field to document project changes and/or deviations from work plans and procedures in accordance with SAIC's *Field Technical Procedure (FTP) - 1220 Field Change Request* (Appendix D). This procedure requires that any deviations from the work plans or procedures must be approved by the USACE prior to initiating the deviation.

## 5.4 Daily Chemical Quality Control

The DCQC procedure presented in Section 8 of the facility-wide SAP will be implemented to ensure quality control during all field activities. A Daily Chemical Quality Control Report (DCQCR) will be completed each day by the DQCC representative during field activities and submitted to the USACE documenting quality control activities.

## 5.5 Nonconformances/Corrective Actions

NCRs and CARs will be issued during field activities when issues/situations are identified that are potentially adverse to quality to ensure that quality-related issues are resolved in an effective and timely manner during field operations. Section 10 of the facility-wide SAP presents the procedures for NCRs and CARs.

## 5.6 Field Surveillances

SAIC plans to conduct one field surveillance for each media (i.e., surface soil, sediment, subsurface soil, and groundwater) sampled during the Phase 1 RI. The field surveillance will be conducted during the early stages of field activities by a SAIC QA representative independent of the project team. The field surveillance will be conducted in accordance with SAIC's *QAAP 18.3 Surveillance* (Appendix E).

## 5.7 Quality Assurance Assessment

A QA assessment will be developed at the end of field activities documenting all quality control results and will be included as an appendix to the RI report.

# 6. ANALYTICAL QUALITY ASSURANCE

Analytical QA will be achieved through implementing the Facility-wide Quality Assurance Project Plan (QAPP) and the Phase 1 RI QAPP Addendum. Provisions for analytical QA are additionally provided under the guidance of the Phase 1 RI subcontractor laboratory's QAPP.

## 6.1 Quality Assurance Project Plan

The Facility-wide SAP presents the basic QA and quality control (QC) criteria and protocols for generating, managing, and evaluating analytical data for investigations performed at RVAAP. The Facility-wide QAPP describes specific protocols for sampling, sample handling and storage, chain of custody, laboratory analysis, and data verification and validation. The Facility-wide QAPP must be used in conjunction with the Phase 1 RI QAPP Addendum, which stipulates the project-specific requirements for conducting the RI.

## 6.2 Subcontractor Quality Assurance Project Plan

Southwest Laboratory of Oklahoma, Inc. has been retained under subcontract to perform the laboratory analyses for the Phase 1 RI. Southwest Laboratory is validated by the USACE Missouri River District Hazardous, Toxic, and Radioactive Waste Mandatory center of Excellence, Omaha, Nebraska. Southwest Laboratory will perform the required Phase 1 RI analyses in accordance with the *Quality Assurance Manual for Southwest Laboratory of Oklahoma, Inc.*, May 1995 issuance. A copy of the Quality Assurance Manual has been submitted to the USACE and OEPA for review and consideration in conjunction with the Phase 1 RI QAPP Addendum.

## 6.3 Analytical Data Assessment

The analytical results will be presented in the RI report in both interpretive fashion and summary form. The analytical data summary will be accompanied by an analytical data assessment that presents an evaluation and summary of the analytical data quality.

# Appendix A

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# SCIENCE APPLICATIONS INTERNATIONAL CORPORATION
# QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE

| Title: Document Review | | | |
|---|---|---|---|
| **Procedure No: QAAP 3.1** | **Revision: 2** | **Date: 2/3/92** | **Page 1 of 9** |
| **Group Manager:** Barry Sam | **Date:** 1/28/92 | **QA/QC Officer:** Thomas Insley | **Date:** 1/28/92 |

R2

## 1.0 PURPOSE

The purpose of this procedure is to establish responsibilities and methods for the review of documents related to Science Applications International Corporation (SAIC). R2

## 2.0 SCOPE

This procedure applies to the review of documents prepared by or for SAIC. R2

## 3.0 REFERENCES AND DEFINITIONS

### 3.1 REFERENCES

3.1.1 U.S. Department of Energy (DOE) Order 5700.6C, Quality Assurance.

3.1.2 The American Society of Mechanical Engineers (ASME) NQA-1-1989, Quality Assurance Program Requirements for Nuclear Facilities.

3.1.3 American Society for Quality Control (ASQC) E-4-19xx Quality Assurance Program Requirements for Environmental Programs.

3.1.4 Science Applications International Corporation Quality Systems Manual (SAIC QSM). R2

3.1.5 Science Applications International Corporation Quality Assurance Program Plan (SAIC QAPP).

3.1.6 Science Applications International Corporation Quality Assurance Administrative Procedure (SAIC QAAP) 17.1, Records Management.

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 Design Verification - Review of a design document to verify its technical adequacy by personnel who have not participated in the work being reviewed. Design verification methods include in-depth, critical reviews of a document's technical adequacy, alternate calculations, and qualification tests.

3.2.4 Document Review Record (DRR) - A record of review comments and their resolutions. An optional form providing for required information and approval is provided in Attachment I.

3.2.5 Editorial Review - Review to address grammatical and or typographical errors as well as document consistency. An editorial review is required for all contract deliverables. R2

3.2.6 Mandatory Comment - A comment that identifies a significant conflict with or deviation from policy, technical requirements, or scientific fact.

3.2.7 Peer Review - The review of a document to verify its technical adequacy by recognized and certified experts who are independent of the work being reviewed. A peer review is required when the technical adequacy of a document cannot be established by conventional methods or when required by contract. R2

3.2.8 Technical Review - A documented review performed by qualified reviewers of the work described to determine whether a document is consistent with applicable requirements. A technical review is required for all contract deliverables.

## 4.0 RESPONSIBILITIES

### 4.1 SAIC CORPORATE OFFICER IN CHARGE

The SAIC Corporate Officer in Charge is responsible for the oversight of Document Review activities.

### 4.2 GROUP MANAGER

R2

The Group Manager is responsible for approving this procedure.

### 4.3 PROGRAM or PROJECT MANAGER

The Program or Project Manager is responsible for:

4.3.1 identifying the need for the review of documents and ensuring that the reviews are completed; and

4.3.2 implementing document review procedures, including QAAP 3.1, Document Review.

### 4.4 TASK LEADER

The Task Leader is responsible for:

4.4.1 concurring with the assignment of reviewers; and

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

R2

### 4.5 QUALITY ASSURANCE/QUALITY CONTROL (QA/QC) OFFICER

The QA/QC Officer is responsible for:

R2

4.5.1 approving this procedure; and

4.5.2 conducting periodic audits, surveillances, or management assessments of document reviews to ascertain their effectiveness.

4.6 DOCUMENT PREPARERS

The document preparers are responsible for:

4.6.1 preparing, as assigned, documents subject to review;

4.6.2 transmitting documents requiring review to assigned reviewers; R2

4.6.3 maintaining and tracking document review status;

4.6.4 developing a proposed resolution in response to the mandatory review comments;

4.6.5 transmitting review comment responses to reviewers; and R2

4.6.6 obtaining required approval or concurrence on reviewed documents.

4.7 REVIEWERS

The reviewers are responsible for:

4.7.1 reviewing assigned documents per relevant acceptance criteria and documenting comments on the Document Review Record (DRR) or other suitable format, as appropriate; and

4.7.2 accepting or rejecting the document preparer's proposed resolution of mandatory comments and so indicating on the DRR or other suitable format, as appropriate.

5.0 GENERAL

5.1 DOCUMENT PREPARATION, REVIEW, AND APPROVAL R2

The following requirements shall apply to all contract deliverables:

5.1.1 documents developed by SAIC shall be prepared, reviewed, approved, or concurred with, in accordance with applicable QAAPs, DOE Orders, and other instructions requiring such preparation, review, approval, or concurrence; and

5.1.2 documents developed by a subcontractor or supplier shall be reviewed, approved, or concurred with in accordance with procurement documents requiring such preparation, review, approval, or concurrence. | R2

## 6.0 PROCEDURE

### 6.1 INITIATING DOCUMENT REVIEW

Upon completion of an SAIC document requiring review, the preparer shall determine the type or types of reviews required and assign the document to reviewer(s). Reviewers shall neither have participated in preparing the document in question nor have been supervised by those directly involved in preparing the document. Reviewers shall have technical competence equivalent to that required to prepare the document. | R2

### 6.2 DOCUMENT REVIEW PROCESS

6.2.1 The reviewer shall document comments on a Document Review Record (DRR) or other suitable format, as appropriate. The DRR shall identify the responsible person to whom comments must be returned and when they must be returned. | R2

6.2.2 If the document requires either a peer review or design verification, a Reviewer Qualification Statement (Attachment II) shall be required. The assigned reviewer shall complete the statement and obtain the responsible Task Leader's approval before beginning the review. After the review is completed, the reviewer shall attach the Reviewer Qualification Statement to the DRR. (Attachment II is optional for technical and editorial reviews.) | R2

6.2.3 Reviewers shall asterisk comments that qualify under Paragraph 3.2.6 as mandatory comments.

6.2.4 If no comments exist, the reviewer shall enter "No Comments" on the DRR or other suitable format, as appropriate.

6.2.5 The Reviewers shall transmit the completed DRR(s) to the document preparer. | R2

6.3 COMMENT RESOLUTION

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

6.3.2 The document preparer shall submit the proposed resolution of comments to the reviewer. R2

6.3.3 The reviewer shall indicate 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 shall not be initialled and the DRR shall be returned to the document preparer, accompanied with the rationale for rejection. R2

6.3.5 If comments cannot be resolved to the satisfaction of the reviewer and preparers, the reviewer shall notify the cognizant Task Leader. If the cognizant Task Leader is unable to resolve the comments, the matter shall be 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 shall revise the document, as necessary. If a major revision is required to resolve comments, the revised draft shall be reviewed again in accordance with this QAAP. R2

6.3.7 After verifying resolution of comments, the document preparer shall obtain required approval of or concurrence with the document in accordance with Subsection 5.2.

7.0 RECORDS

Documentation generated as a result of this procedure shall be collected and maintained in accordance with requirements specified in QAAP 17.1, Records Management. As a minimum, the DRR(s) or other suitable format, as appropriate, and Reviewer Qualification Statement (if required) shall be considered records.

## 8.0 ATTACHMENTS

8.1 Attachment I - Document Review Record

8.2 Attachment II - Reviewer Qualification Statement

NOTE: Reproducible copies of the attachments are contained in the Forms section of this QAAP Manual.

Attachment I

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 ☐ PEER ☐ DESIGN VERIFICATION

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

| PAGE OR SECT./ PARA. | REVIEWER COMMENTS | PREPARER RESPONSE | REVIEWER ACCEPT/ REJECT |
|---|---|---|---|
| | | | |

| REVIEWED BY | RESPONSE BY |
|---|---|
| _____ _____ | _____ _____ |
| Signature Date | Signature Date |

## Attachment II

SHEET 1 of

R2

### SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

### REVIEWER QUALIFICATION STATEMENT

1) Reviewer name: _____ Date: _____

2) Address: _____

3) Telephone: _____ Position/Title: _____

4) Document to be reviewed: _____

5) Independence assessment:

_____

_____

_____

6) Education and experience:
Education: _____

Related experience, scientific publications, and professional licenses: _____

_____

_____

_____

_____

_____

_____

_____

Membership in related professional organizations: _____

_____

_____

_____

_____

7) Resume attached: ☐ Yes ☐ No

8) Reviewer signature: _____ Date: _____

9) Task Leader: _____ Date: _____

# Appendix B

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# SCIENCE APPLICATIONS INTERNATIONAL CORPORATION
# QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE

R2

**Title: Indoctrination and Training**

| Procedure No: QAAP 2.1 | Revision: 2 | Date: 2/3/92 | Page 1 of 10 |
|---|---|---|---|

R2

| Group Manager: | Date: | QA/QC Officer: | Date: |
|---|---|---|---|
| L Sampson | 1/22/92 | L Thomas Insley | 1/22/92 |

## 1.0 PURPOSE

The purpose of this procedure is to establish specific responsibilities and activities for indoctrination and training of personnel performing services for Science Applications International Corporation (SAIC). R2

## 2.0 SCOPE

This procedure applies to personnel who work for SAIC. R2

## 3.0 REFERENCES AND DEFINITIONS

### 3.1 REFERENCES

3.1.1 U.S. Department of Energy (DOE) Order 5700.6C, Quality Assurance.

3.1.2 The American Society of Mechanical Engineers (ASME) NQA-1-1989, Quality Assurance Program Requirements for Nuclear Facilities.

3.1.3 American Society for Quality Control (ASQC) E-4-19xx Quality Assurance Program Requirements for Environmental Programs.

3.1.4 Science Applications International Corporation Quality Systems Manual (SAIC QSM). R2

3.1.5 Science Applications International Corporation Quality Assurance Program Plan (SAIC QAPP).

3.1.6 Department of Energy (DOE) Order 3410.1B, Training.

3.1.7 Training Resources and Data Exchange (TRADE), Training Programs Inventory, Vols. I-VI, Oak Ridge Associated Universities.

3.1.8 Science Applications International Corporation Quality Assurance Administrative Procedure (SAIC QAAP) 17.1, Records Management. R2

3.1.9 Science Applications International Corporation Quality Assurance Administrative Procedure (SAIC QAAP) 17.2, Central Records Facility. R2

3.2 DEFINITIONS

3.2.1 Certification - The act of determining, verifying, and attesting in writing to the qualifications of personnel in accordance with specified requirements for positions requiring such certification. R2

3.2.2 Mentor - Person assigned to a new employee in the same area of technical/operational responsibility to provide support and answer questions during the indoctrination period. R2

3.2.3 Non-permanent Personnel - Persons whose job assignment is expected to be less than three months.

3.2.4 Reading Assignment - Procedures or instructional material assigned by the Task Leader for indoctrination purposes to be read and understood by SAIC personnel. R2

3.2.5 Training Database - An automated index of Training Assignment Records (Attachment I) and Training Records (Attachment II) that document the completion of appropriate training by SAIC personnel. R2

4.0 RESPONSIBILITIES

4.1 SAIC CORPORATE OFFICER IN CHARGE

The SAIC Corporate Officer in Charge is responsible for oversight of Indoctrination and Training activities.

4.2 GROUP MANAGER R2

The Group Manager is responsible for approving this procedure.

4.3 PROGRAM OR PROJECT MANAGER

The Program or Project Manager is responsible for the implementation of required indoctrination and training program(s). R2

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

The QA/QC Officer or designee is responsible for: R2

4.4.1 approving this procedure;

4.4.2 developing and implementing specific indoctrination and training programs in coordination with the responsible Task Leader; R2

4.4.3 conducting periodic assessments of the effectiveness of the indoctrination and training program; and R2

4.4.4 designating by memorandum a Training Coordinator. R2

4.5 TASK LEADER(S)

The Task Leader(s) is responsible for:

4.5.1 assessing qualifications and determining skill needs of their personnel;

4.5.2 forwarding training records for personnel in their area of responsibility to the Central Records Facility and the Training Coordinator; R2

4.5.3 providing classroom and on-the-job training instructors on subject matter within the Task Leader's area of responsibility; and

4.5.4 preparing the Training Assignment Record by assigning a mentor to each new employee, making reading assignments for indoctrination purposes, and ensuring that personnel in their area of responsibility complete the Training Assignment Record.

4.6 EMPLOYEES

Employees will document their understanding of the knowledge, skills, and abilities they require to perform assigned tasks by completing and signing the Training Assignment Record. R2

4.7 INSTRUCTOR(S) R2

Instructors are responsible for:

4.7.1 developing indoctrination and training materials in coordination with the responsible Task Leader;

4.7.2 conducting classroom instruction and on-the-job training; and R2

4.7.3 recording the completion of classroom or on-the-job training on the Training Record. R2

4.8 TRAINING COORDINATOR

The Training Coordinator is responsible for:

4.8.1 entering all training information in the training database; R2

4.8.2 maintaining a computer log of training information; and

4.8.3 maintaining Training Records and Training Assignment Records.

5.0 GENERAL

5.1 INDOCTRINATION AND TRAINING

5.1.1 Individuals shall receive indoctrination and training as appropriate to ensure a thorough understanding of applicable contract and regulatory requirements. R2

5.1.2 Indoctrination and training shall be required upon initial implementation of this procedure and whenever personnel are initially assigned to a task.

5.1.3 Indoctrination and training shall be required whenever changes in the job assignment warrant it.

5.1.4 Indoctrination and training will be provided to:

a) achieve initial proficiency;
b) maintain proficiency; and
c) accommodate changes in technology, methods, or job responsibility.

5.1.5 The extent of indoctrination and training shall be commensurate with:

a) the scope, complexity, and nature of the work to be performed; and
b) the education, experience, and proficiency of the person.

5.1.6 All assigned training shall be completed within thirty (30) days of the assignment date. The assignment date shall be assigned by the Task Leader. R2

5.2 INDOCTRINATION AND TRAINING SUBJECT MATTER

5.2.1 It is the responsibility of the Task Leader to ensure that personnel have indoctrination and training in the following subjects as they relate to the individual's assigned responsibilities:

a) general criteria, including any applicable codes, standards, and regulations, and the purpose, scope, and implementation of quality-related manuals, instructions, and procedures; R2
b) applicable QA program elements;
c) job responsibilities and authority; and
d) applicable Health and Safety training. R2

5.3 MINIMUM INDOCTRINATION AND TRAINING REQUIREMENTS

5.3.1 Individuals assigned to perform quality-related activities must, at a minimum, be familiar with the following documents:

a) applicable U. S. Department of Energy Orders, codes, national consensus standards, U.S. Environmental Protection Agency documents, and federal regulations commensurate with their scope of work and responsibilities; R2
b) QA procedures appropriate to the scope of work for which they have responsibility; and
c) other job-specific documents, as may be identified by their Task Leader on the Training Assignment Record. R2

5.3.2 Non-permanent personnel will receive indoctrination and training appropriate to their specific tasks and commensurate with assigned responsibilities.

5.4 INDOCTRINATION AND TRAINING METHODS

5.4.1 Indoctrination and training will be accomplished by one or more of the followjng, as appropriate:

a) classroom instruction;
b) on-the-job training;
c) reading assignments associated with individual job responsibility; and
d) mentoring. R2

6.0 PROCEDURE

6.1 INDOCTRINATION AND TRAINING BY CLASSROOM INSTRUCTION

6.1.1 Employees shall complete indoctrination and training courses identified by the responsible Task Leader.

6.1.2 Prior to each indoctrination and training course, the responsible Task Leader or QA/QC Officer will distribute written notification of the course, class location, class schedule, and who must attend. R2

6.1.3 All classroom training will be knowledge/information based unless performance based training is specifically required. R2

6.1.4 For formal classroom training the following will be retained as a Record: R2

a) course outline;
b) student materials;
c) master copy of visual aids; and
d) master copy of the post-training exam with key.

6.1.5 Employees shall sign a Training Record (Attachment II) upon completion of each indoctrination and training class which they attend. R2

6.1.6 When the Training Record is used, unused lines shall be lined out by the instructor with a diagonal line. R2

6.1.7 The instructor shall sign and date the Training Record and forward it to the Task Leader and the Training Coordinator, who shall process it as a record in accordance with Section 7.0. R2

6.2 ON-THE-JOB TRAINING R2

6.2.1 Employees shall complete on-the-job training identified by the responsible Task Leader.

6.2.2 Employees shall sign an inter-office memorandum documenting completion of the on-the-job training to be copied to the Training Coordinator, Task Leader, and Central Records Facility. R2

6.3 INDOCTRINATION AND TRAINING BY READING ASSIGNMENT

6.3.1 Employees may be assigned documents, procedures, etc., by the responsible Task Leader to read for indoctrination and training purposes.

6.3.2 The employee is required to sign and date the Training Assignment Record attesting to the fact that the assignment has been read and is fully understood. This record is forwarded to the Task Leader and Training Coordinator who shall process it as a record in accordance with Section 7.0. R2

6.4 INDOCTRINATION AND TRAINING BY MENTORING R2

The Task Leader will assign a mentor to new SAIC employees.

6.5 STORAGE OF TRAINING RECORDS

6.5.1 Training Records will be kept as records and indexed in the Training Database by the Training Coordinator. R2

6.5.2 Training Records will be referenced in the Training Database by the applicable procedure number, the course title, the instructor, the date of training, and the accession number.

6.6 ADDITIONAL INDOCTRINATION AND TRAINING R2

The need for additional indoctrination and/or training shall be evaluated whenever an employee is assigned to a new position or the employee's responsibilities change.

7.0 RECORDS R2

Documentation generated as a result of this procedure shall be collected and maintained in accordance with the requirements specified in QAAP 17.1, Records Management. R2

8.0 ATTACHMENTS

8.1 Attachment I - Training Assignment Record

8.2 Attachment II - Training Record

**Attachment I**

## TRAINING ASSIGNMENT RECORD

DATE: _____

PROGRAM DESIGNATOR: _____ PROJECT DESIGNATOR: _____

TO: _____ (EMPLOYEE)

FROM: _____ (TASK LEADER)

1. Based on an assessment of your job assignment, _____ has been assigned as your mentor.

2. Based on an assessment of your job assignment you should attend the SAIC QA Orientation and _____ classroom instruction.

3. Based on an assessment of your job assignment, you are responsible for reading and becoming familiar with the following documents:

R2

| | |
|---|---|
| _____ | SAIC QAPP |
| _____ | SAIC QAAPs (All) |
| _____ | SAIC Technical Procedures Manual Volume 1 |
| _____ | SAIC Technical Procedures Manual Volume 2 |
| _____ | SAIC Health & Safety Manual |
| _____ | _____ |
| _____ | _____ |

4. Based on an assessment of your job assignment, you are responsible for the following on-the-job training:

_____

_____

I, _____ certify that I have completed the above training assignments.

_____

Employee Signature Date

cc: Central Records Facility / Training Coordinator

**Attachment II**

## TRAINING RECORD

COURSE TITLE: _____

PROCEDURE NO.: _____ LENGTH OF COURSE: _____

INSTRUCTOR: _____ DATE OF TRAINING: _____

| EMPLOYEE NUMBER | NAME (PRINT) | SIGNATURE | ORGANIZATION / DIVISION |
|---|---|---|---|
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PROGRAM DESIGNATOR: _____ PROJECT DESIGNATOR: _____

PAGE _____ OF _____

R2

# Appendix C

# SCIENCE APPLICATIONS INTERNATIONAL CORPORATION
# QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE

CONTROLLED COPY NO. 221 THIS IS A RED STAMP

**Title: Readiness Review**

| Procedure No: QAAP 2.2 | Revision: 1 | Date: 12/22/95 | Page 1 of 4 |
|---|---|---|---|

| Group Manager: | Date: | QA/QC Officer: | Date: |
|---|---|---|---|
| [signature] | 12/22/95 | C. D. Covert | 12/22/95 |

## 1.0 PURPOSE

The purpose of this procedure is to establish specific responsibilities and activities for performing a Readiness Review for field services conducted by Science Applications International Corporation (SAIC). R

## 2.0 SCOPE

This procedure applies to field activities performed by SAIC and its subcontractors. (See definition 3.2.1). R

## 3.0 REFERENCES AND DEFINITIONS

### 3.1 REFERENCES AND RELATED READING R

See common references at the front of the QAAP Manual.

### 3.2 DEFINITIONS

3.2.1 Field Activities - Primarily includes environmental sampling activities performed on client sites. May also include other activities which affect the physical characteristics of a client site, such as construction or remediation. Typically not included (for purposes of this procedure) are activities such as literature surveys, and other non-intrusive activities such as visual assessments of facilities or audits, appraisals, etc.

3.2.2 Readiness Review - Meeting prior to commencement of field activities at which affected key personnel verify these activities are ready to begin.

3.2.3 Readiness Review Notice - A memorandum that provides the Readiness Review scope and purpose (identifying areas and items to be reviewed) and the date, time, location, and other logistical information for the review meeting.

3.2.4 Readiness Review Checklist- A list of prerequisites, requirements, and other information that forms the basis for the Readiness Review and provides evidence for determining readiness.

## 4.0 RESPONSIBILITIES

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

4.2 PROGRAM MANAGER

In addition to the common responsibilities, the Program Manager or designee is responsible for:

4.2.1 ensuring the Readiness Review meeting occurs; and

4.2.2 providing approval for start of field work.

4.3 PROJECT MANAGER

In addition to the common responsibilities, the Project Manager or designee is responsible for:

4.3.1 preparing and issuing a Readiness Review Notice;

4.3.2 preparing any additional Readiness Review Checklist(s);

4.3.3 completing the Readiness Review Checklist(s); and

4.3.4 ensuring that all items on the Readiness Review Checklist(s) are complete and assuring that open action items are completed.

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

In addition to the common responsibilities, the QA/QC Officer or designee is responsible for:

4.4.1 leading the Readiness Review meeting;

4.4.2 documenting open action items; and

4.4.3 providing approval for the start of field work.

R

## 5.0 GENERAL

5.1 Prior to commencement of field activities, a Readiness Review will be conducted. This will be at the beginning of a field effort, but may also occur at the beginning of a new phase of a project, or when deemed appropriate due to a change in scope. R

5.2 It is recommended that the Project Manager give a brief summary of the project scope before the readiness review begins.

## 6.0 PROCEDURE

### 6.1 READINESS REVIEW NOTICE

The Project Manager prepares a Readiness Review Notice and submits it to all affected personnel, including, but not limited to: the QA/QC Officer; Program Manager; Contracts Manager; Subcontracts Manager; Health and Safety Officer; Regulatory Compliance Officer, and key field team members, as appropriate. An example Readiness Review Notice is provided as a full size form immediately following this procedure. R
Note: It is recommended that notification be given 5 working days in advance of the Readiness Review.

### 6.2 READINESS REVIEW CHECKLIST

6.2.1 The QA/QC Officer uses the Readiness Review Checklist to guide the readiness review meeting. A full size form is provided immediately following this procedure. R

6.2.2 The Project Manager or designee prepares any additional required checklists pertaining to the Task. All specialized checklists will be attached to the Readiness Review Checklist.

6.2.3 Prior to the Readiness Review meeting the Project Manager will collect all information required for the meeting. R

### 6.3 COMPLETION OF THE READINESS REVIEW CHECKLIST

6.3.1 The QA/QC Officer completes the Readiness Review Checklist(s) during the readiness review meeting based on objective evidence supporting readiness. R

6.3.2 If open items remain, the QA/QC Officer or designee documents the open items and the Project Manager assigns responsibility and makes commitments to close the open items.

6.3.3 The Project Manager or designee tracks open items and provides a documented closure for each open item to the QA/QC Officer. Open items may be closed individually or in a group(s).

6.3.4 The QA/QC Officer submits the Readiness Review Checklist(s) and documentation of action items to the Central Records Facility.

6.3.5 The Project Manager or designee submits the Readiness Review Notice, and closure evidence to the Central Records Facility (CRF).

## 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.

## 8.0 ATTACHMENTS

None

## SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

## READINESS REVIEW PLAN/NOTICE

DATE: _____

TO: Distribution

FROM: _____, Project Manager

SUBJECT: Readiness Review Meeting

Program Designator:_____ Project Designator:_____

A Readiness Review Meeting is scheduled for _____/_____,
Date Time

in room number _____ phone number _____ to complete the

Readiness Review Checkl ist(s) for Task _____.

Contract _____.

Distribution:

Program Manager: _____

QA/QC Officer: _____

Contracts Manager: _____

Subcontracts Manager: _____

Regulatory Compliance Officer: _____

Health & Safety Officer: _____

Field Operations Manager: _____

Key Field Team Members: _____

_____

_____

_____

_____

## SCIENCE APPLICATIONS INTERNATIONAL CORPORATION



**Program Designator:**_____ **Project Designator:** _____

**Project Title:**_____

**Project Manager:**_____

**Date of Readiness Review:** _____

### I. DOCUMENTATION

A. Are the appropriate documents for the project in their final approved form? (e.g., Work Plan, Field Sampling and Analysis Plan, QA Project Plan, Health and Safety Plan, Data Management Plan, Waste Management Plan, Field Procedures, Others (specify):
Yes_____ No_____ N/A_____ Comments:_____

B. Are procedures available to cover quality related activities (e.g., records management, program administration, data validation, data reporting, etc.)?
Yes_____ No_____ N/A_____ Comments:_____

C. Are copies of the approved documents (above) distributed, as appropriate, to the subcontractors, the assigned field personnel, and the analytical laboratory? (Provide copies of transmittal letters.)
Yes_____ No_____ N/A_____ Comments:_____

D. Are applicable forms available, and do they reflect current contract specifications? (e.g., Well Construction Log, Groundwater/Surface Water/Sediment Sampling Forms, Field Change Request Form, etc.)
Yes_____ No_____ N/A_____ Comments:_____

E. Will site and field logbooks have a standardized format, be issued bound, and be maintained as permanent records?
Yes_____ No_____ N/A_____ Comments:_____

F. Please attach any additional project-specific criteria pertinent to this category, as appropriate.

### II. PERSONNEL AND TRAINING

A. Does a performance based training program exist for critical field activities?
(Note: Project management determines which activities are critical and require performance based training.)
Yes_____ No_____ N/A_____ Comments:_____

B. Is there documented evidence that the assigned project personnel have been adequately trained? For example, project/ site specific H&S, QA and technical procedures; site/client specific procedures and regulations, (e.g., security); and applicable federal laws and regulations (e.g., OSHA or DOT).
Yes_____ No_____ N/A_____ Comments:_____

C. Do the subcontractor's field personnel and /or laboratory personnel have documented training on the procedures that govern their work assignments? (Attach documentation of dates and subjects of training and names of personnel attending, or documentation of audits which confirm the adequacy of training).
Yes_____ No_____ N/A_____ Comments:_____

D. Are the project training needs routinely assessed to identify and update training requirements? (e.g., has a new process been added which requires training, has an existing process changed requiring a change in the training, or has a process been deleted and no longer requires training?)
Yes_____ No_____ N/A_____ Comments:_____

E. Has all training been entered in a training matrix or database?
Yes_____ No_____ N/A_____ Comments:_____

F. Are there properly trained back-up personnel available? (Attach list of personnel.)
Yes_____ No_____ N/A_____ Comments:_____

G. Have field personnel been trained in occurrence reporting (e.g. DOE 5000.3B at DOE sites, and SAIC EC&HS procedure # 24, in general)?
Yes_____ No_____ N/A_____ Comments:_____

H. Where state or federal licenses (e.g., licensed land surveyor, professional engineer, or certified environmental contractor) are required, have sufficient personnel been assigned who have such licenses?
Yes_____ No_____ N/A_____ Comments:_____

I. Have data management personnel been assigned to interface with field data personnel?
Yes_____ No_____ N/A_____ Comments:_____

J. Has the chain of command from field operations to management been defined, documented, and communicated to all project personnel? (Attach organization chart.)
Yes_____ No_____ N/A_____ Comments:_____

K. Please attach any additional project -specific criteria pertinent to this category, as appropriate.

## III. MATERIALS AND EQUIPMENT

A. Will on-site subcontractors be ready to begin work with the appropriate equipment and personnel for the project? (Supply name and address of each company e.g., a drilling company.)
Yes_____ No_____ N/A_____ Comments:_____

B. Is back-up available for key equipment?
Yes_____ No_____ N/A_____ Comments:_____

C. Have the qualifications of subcontractor personnel been verified? (Is verification documentation in SAIC subcontracts files?)
Yes_____ No_____ N/A_____ Comments:_____

D. Have subcontractor-provided materials (e.g., well materials) been verified as meeting the specifications of the Statement of Work (SOW) and the Field Sampling and Analysis Plan? (Attach materials checklist.)
Yes_____ No_____ N/A_____ Comments:_____

E. Have provisions for QA/QC analysis of well materials (e.g., bentonite, gel and sand packs) and attendant documentation been made? (Attach certification or proposed analysis documentation.) If casing material is supplied pre-cleaned, attach/maintain copies of manufacturer's rinsate analyses.
Yes_____ No_____ N/A_____ Comments:_____

F. Have provisions been made for construction of an equipment decontamination pad? (e.g., size, location, materials.)
Yes_____ No_____ N/A_____ Comments:_____

G. Have provisions been made for control and calibration of measuring and test equipment? (Do provisions include a list of all equipment proposed for use on the project with measurement and calibration documentation for each piece, including factory instrument calibration certificates?)
Yes_____ No_____ N/A_____ Comments:_____

H. Have all necessary materials and equipment been assembled to correctly collect, identify, preserve, and transport the types and number of samples to be taken for this job? (Attach a list of the type and quantity of materials/equipment available for this project.)
Yes_____ No_____ N/A_____ Comments:_____

I. Please attach any additional project- specific criteria pertinent to this category, as appropriate.

## IV. SITE LOGISTICS

A. Have clearances been obtained for all job-site personnel? (Attach list of personnel and security clearances.)
Yes_____ No_____ N/A_____ Comments:_____

B. Have all drilling permits/clearances been granted or a schedule established for obtaining them? (Attach permits or schedules as appropriate.)
Yes_____ No_____ N/A_____ Comments:_____

C. Have permits/clearances been obtained for any radioactive materials to be sampled or handled on-site? (Attach permits or clearance documentation as appropriate.)
Yes_____ No_____ N/A_____ Comments:_____

D. Have the appropriate base commands/facilities/functions and site security been informed of the activities, the estimated duration of the project, and potential interfaces in their work areas? (Attach notification letter with distribution list.)
Yes_____ No_____ N/A_____ Comments:_____

E. Does the Waste Management Plan assure that storage and disposal of waste is in compliance with applicable regulations? Does the plan clearly define organizational responsibilities for waste storage and disposal?
Yes_____ No_____ N/A_____ Comments:_____

F. Have site-level arrangements been made for the containerization, transport, and disposal of drill cuttings, refuse, contaminated materials, decontamination fluids, etc.?
Yes_____ No_____ N/A_____ Comments:_____

G. Have arrangements been made for the location of field laboratories (phone, electricity, etc.) and storage facilities for bottles, samples, solvents, and sampling equipment?
Yes_____ No_____ N/A_____ Comments:_____

H. Has an interface been established with the appropriate upper-tier organizations to allow two-way communication of changes in policy, procedure, practice, and Lessons Learned to the site level?
Yes_____ No_____ N/A_____ Comments:_____

I. Have sampling locations been established and checked for equipment accessibility?
Yes_____ No_____ N/A_____ Comments:_____

J. Has the National Environmental Policy Act (NEPA) compliance status been checked for intrusive sampling? (Attach documentation.)
Yes_____ No_____ N/A_____ Comments:_____

K. Please attach any additional project -specific criteria pertinent to this category, as appropriate.

## V. LABORATORY LOGISTICS

A. Does the contract analytical laboratory SOW adequately reflect currently anticipated project needs? (Attach Analytical Laboratory SOW for documentation.)
Yes_____ No_____ N/A_____ Comments:_____

B. Has a contract-approved laboratory been selected, made aware of the Data Quality Objectives (DQOs), and the anticipated schedule of project activities? Have laboratory personnel been advised of any unusual requirements or circumstances? (Indicate name and address of primary laboratory. Attach letter of transmittal for Work Plan and QAPP to the Laboratory, plus a memorandum documenting the Laboratory Kickoff meeting or teleconference.)
Yes_____ No_____ N/A_____ Comments:_____
_____
_____

C. Have audits of the contract analytical laboratory been performed, and are they adequate to meet the project DQOs? (Attach documentation of or reference to audits.)
Yes_____ No_____ N/A_____ Comments:_____

D. Does the selected laboratory have a current radiological license or exemption? (Attach copy of license.)
Yes_____ No_____ N/A_____ Comments:_____

E. Has the selected laboratory been notified of when sampling will begin, the projected volume of samples, the types of samples, the on-site point of contact, and when samples should start arriving for analysis? (Attach copy of notification, Laboratory SOW or memorandum of Laboratory Kickoff meeting or teleconference.)
Yes_____ No_____ N/A_____ Comments:_____

F. Has a secondary, back-up laboratory been selected and approved in case of emergency situations? (Indicate name and address of back-up laboratory. Also, attach evaluation of response to Laboratory SOW from Purchasing.)
Yes_____ No_____ N/A_____ Comments:_____
_____
_____

G. Has notification been made to the selected sample transportation company? Have arrangements been made to ensure that appropriate chain-of-custody and quality control requirements can be achieved? (Supply name and address of transportation company.)
Yes_____ No_____ N/A_____ Comments:_____

H. Do current procedures assure that samples are properly preserved and that preservation is documented prior to shipment?
Yes_____ No_____ N/A_____ Comments:_____

I. Does a mechanism exist to ensure laboratory receipt of samples and immediate notification of any problems (e.g., holding time, temperature, breakage, preservative)?
Yes_____ No _____ N/A _____ Comments: _____

J. Please attach any additional project -specific criteria pertinent to this category, as appropriate.

## VI. HEALTH AND SAFETY

A. Does the Health and Safety Plan (HASP) address all significant on-site tasks?
Yes_____ No_____ N/A _____ Comments:_____

B. Are MSDS sheets for all chemicals to be used on-site collected and will they be on-site?
Yes_____ No_____ N/A_____ Comments:_____

C. Are project field personnel up-to-date on H&S training and medical surveillance?
Yes_____ No_____ N/A_____ Comments:_____

D. Have copies of the HASP been distributed to all on-site subcontractors, and has transmittal and receipt been documented?
Yes_____ No_____ N/A_____ Comments:_____

E. Have calibration standards for H&S monitoring equipment been obtained?
Yes_____ No_____ N/A_____ Comments:_____

F. Has an appropriately qualified Site Heath and Safety Officer (SHSO) been assigned?
Yes_____ No_____ N/A_____ Comments:_____

G. Has the SHSO been trained in the use of required H&S monitoring equipment? Have other personnel required to use such equipment been trained?
Yes_____ No_____ N/A_____ Comments:_____

H. Has the SHSO verified that all H&S precautions can be implemented?
Yes_____ No_____ N/A_____ Comments:_____

I. Has the SHSO prepared the initial site-specific training and does the training at least cover emergency controls, site hazards/ potential effects, hazard controls, required PPE, site organization, HASP, emergency procedures, and emergency equipment ?
Yes_____ No_____ N/A_____ Comments:_____

J. Have the necessary types of personal protective and decontamination equipment (safety glasses, hard hats, ear plugs, gloves, clothing, respirators, boots, plastic sheeting, plastic bags, etc.) been assembled and made ready?
Yes_____ No_____ N/A_____ Comments:_____

K. Have materials and equipment (e.g., drinking water, eye wash, first aid kits, communication equipment, exposure monitoring equipment and calibration kits, etc.) been assembled to meet the requirements of the HASP?
Yes_____ No_____ N/A_____ Comments:_____

L. Have interfacing arrangements (telephone numbers, local contacts, emergency signals, etc.,) been made and tested satisfactorily?
Yes_____ No_____ N/A_____ Comments:_____

M. Has the field manager or team leader had hazardous waste supervisor training?
Yes_____ No_____ N/A_____ Comments: _____

N. If an on-site laboratory will be used, have the associated hazards been assessed, appropriate controls developed, and relevant information included in the HASP?
Yes_____ No_____ N/A_____ Comments:_____

O. Have subproject numbers been established for HAZWOPER field work (e.g., sampling, walkovers, inspections, observation of sampling, and other tasks covered by 29 CFR 1910.120), and has the Health and Safety Service Center been notified if these numbers are other than "X66"?
Yes_____ No_____ N/A_____ Comments:_____

P. Please attach any additional project-specific criteria pertinent to this category, as appropriate.

## VII. REGULATORY COMPLIANCE

A. Will the project generate hazardous or potentially hazardous waste?
Yes_____ No_____ N/A_____ Comments:_____

B. If hazardous wastes will be generated, does the contract and/ or project plans designate how to handle, characterize, treat, store, and dispose of the waste.
Yes_____ No_____ N/A_____ Comments:_____

C. If hazardous waste will be generated, will SAIC ship it or will a subcontractor be hired to ship the waste?
Yes_____ No_____ N/A_____ Comments:_____

D. Do personnel who will ship, receive, store or transport hazardous waste or hazardous materials have current DOT training? (Note: training expires every 2 years).
Yes_____ No_____ N/A_____ Comments:_____

E. If DOT regulated hazardous waste or hazardous materials will be shipped or transported, have the packages, labels, and shipping papers been verified as appropriate to the waste or materials?
Yes_____ No_____ N/A_____ Comments:_____

F. Is RCRA known to be applicable to this project?
Yes_____ No_____ N/A_____ Comments:_____

G. If RCRA is known to be applicable, are the wastes "listed" and/ or "characteristic"?
Yes_____ No_____ N/A_____ Comments:_____

H. Do project personnel understand when RCRA is applicable?
Yes_____ No_____ N/A_____ Comments:_____

I. Do arrangements have to be made for storage of hazardous waste (e.g. 90 day storage, satellite accumulation area)?
Yes_____ No_____ N/A_____ Comments:_____

J. Does the Sampling and Analysis Plan include the parameters necessary to know if wastes meet the acceptance criteria of a TSD?
Yes_____ No_____ N/A_____ Comments:_____

K. Is testing planned to assure that waste acceptance criteria can be met?
Yes_____ No_____ N/A_____ Comments:_____

L. Are applicable rules and scheduling requirements for waste removal (e.g., < 90 day) or waste characterization of affected States known?
Yes__ No_____ N/A_____ Comments:_____

M. Do staff members know who to contact if a spill occurs?
Yes_____ No_____ N/A_____ Comments:_____

N. Please attach any additional project-specific criteria pertinent to this category as appropriate.

## VIII. QUALITY ASSURANCE

A. Have all quality-related documents/ requirements been identified and precedence established (internal and external)?
Yes_____ No_____ N/A_____ Comments:_____

B. Are field and laboratory QA/QC oversight positions located to provide effective support and to monitor QA/QC implementation at all levels of data collection? (Supply names).
Yes_____ No_____ N/A_____ Comments:_____

C. Do project QA plans specify routine QA audits or surveillances of sufficient scope to cover data collection activities? Have audits or surveillances been scheduled?
Yes_____ No_____ N/A_____ Comments:_____

D. Do project documents and procedures require a document control program? (Supply the name of the Document Control Coordinator.)
Yes_____ No_____ N/A_____ Comments:_____
_____
_____

E. Do project QA plans specify a formal process to identify, report, and evaluate conditions adverse to quality?
Yes_____ No_____ N/A_____ Comments:_____

F. Are roles, responsibilities, and authorities for QA of data collection activities defined and recorded? (Attach copy of QA organization chart.)
Yes_____ No_____ N/A_____ Comments:_____

G. Have field and laboratory personnel received nonconformance report instruction?
Yes_____ No_____ N/A_____ Comments:_____

H. *Is the status of project data quality routinely assessed and reported to upper-tier organizations?*
Yes_____ No_____ N/A_____ Comments:_____

I. Please attach any additional project -specific criteria pertinent to this category, as appropriate.

Approval to proceed with field work. (Approval includes agreement by the Project Manger to complete any open action items remaining from this Readiness Review.)

_____ _____
Program Manager Date

_____ _____
QA/QC Officer Date

# Appendix D

# SCIENCE APPLICATIONS INTERNATIONAL CORPORATION
# FIELD TECHNICAL PROCEDURE

NO. 3
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**Title: Documenting and Controlling Field Changes to Approved Work Plans**

| Procedure No: FTP-1220 | Revision: 0 | Date: 02/23/96 | Page 1 of 10 |
|---|---|---|---|

| Group Manager: | Date: | QA/QC Officer: | Date: |
|---|---|---|---|
| [signature] | 2/23/96 | C. D. Coward | 02/22/96 |

## 1.0 PURPOSE

The purpose of this procedure is to establish a method for documenting and controlling field changes to approved work plans.

## 2.0 SCOPE

This procedure applies to SAIC personnel and subcontractors involved in field efforts which are governed by an approved work plan. This procedure should be used and specified within the work plan when no other programmatic procedure for the completion of field changes exists.

## 3.0 REFERENCES, RELATED READING, AND DEFINITIONS

### 3.1 REFERENCES

None.

### 3.2 DEFINITIONS

3.2.1 Field Change: For the purposes of this procedure, a field change is a planned deviation from a procedure or requirement established in the approved workplan. Examples of typical field changes include the following:

a) A change in the number of samples to be collected.

b) A change in sample depth, location, or interval.

c) A change in method of sample collection.

d) A clarification to conflicting or confusing workplan or procedural requirements.

e) The discovery of unanticipated hazards or changes in site hazards, hazard monitoring, or hazard controls.

3.2.2 Field Change Request (FCR): A form used to request and document signature approval of the field change.

3.2.3 Field Change Control Log: A log used to track the status of requested field changes.

3.2.4 Field Logbook: The site logbook, typically maintained by the Field Team Leader, which summarily documents all project field activities.

## 4.0 RESPONSIBILITIES

### 4.1 FIELD TEAM MEMBERS

Field Team Members are responsible for:

4.1.1 identifying items which may require field change; and

4.1.2 correctly implementing changed procedures.

### 4.2 FIELD TEAM LEADER

The Field Team Leader is responsible for:

4.2.1 identifying items which may require field change;

4.2.2 properly completing the FCR form prior to submittal for approval;

4.2.3 notifying the SAIC Project Manager of the FCR;

4.2.4 completing and maintaining the field change control log;

4.2.5 maintaining updated copies of FCRs with the field change control log; and

4.2.6 notifying affected field personnel of approved FCRs.

4.3 PROJECT MANAGER

The Project Manager is responsible for:

4.3.1 obtaining concurrence from the client that field changes may be made in accordance with this procedure;

4.3.2 reviewing FCRs prior to submittal to the client and coordinating with the project team and Program Manager;

4.3.3 Assuring that project Data Quality Objectives are not compromised;

4.3.4 determining the effect of the FCR on the program/project objectives and budget;

4.3.5 obtaining verbal approval for the FCR (at the discretion of the SAIC Project Manager, the Field Team Leader may obtain this approval);

4.3.6 submitting the FCR form to the client Project Manager for signature approval (at the discretion of the SAIC Project Manager, Field Team Leader may submit the FCR form for signature approval);

4.3.7 advising the client's Project Manager of the anticipated effects of the FCR;

4.3.8 ensuring that this procedure is followed; and

4.3.9 maintaining a record copy of all FCRs.

4.4 PROGRAM MANAGER

The Program Manager is responsible for:

4.4.1 assisting the Project Manager with determining the field change process acceptable to the client; and

4.4.2 providing input as to the acceptability of changes requested by the field team.

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

The QA/QC Officer is responsible for:

4.5.1 approving this procedure;

4.5.2 concurring with field changes when requested; and

4.5.3 verifying that this procedure is being implemented.

4.6 GROUP MANAGER

The Group Manager is responsible for approving this procedure.

4.7 CONTRACTS MANAGER

The Contracts Manager, or designee, is responsible for:

4.7.1 assisting the Project Manager with obtaining agreement from the client as to how field changes will be proposed, approved and controlled; and

4.7.2 assisting the Project Manager to assure that changes are not out of scope.

4.8 HEALTH AND SAFETY (H&S) OFFICERS

The Health and Safety Officer responsibilities are divided as follows:

4.8.1 The Site H&S Officer (SHSO) is responsible for participating in the preparation of any FCR which may affect health or safety, and for providing on-site training for the change made by the FCR.

4.8.2 The SAIC Health and Safety Officer (Group H&S Manager) is responsible for reviewing and approving FCRs which request or document changes in the H&S Plan, or which may affect the health or safety of the field team.

5.0 GENERAL

5.1 This procedure is intended to be used on field projects where a program process (e.g., client directed) for documenting, approving, and controlling changes to approved work plans is not in place.

5.2 The Program Manager, Project Manager, and/or Contracts Manager determines if a client process is required. If not, this procedure is specified in the project Work Plan.

5.3 The Program Manager or Project Manager in coordination with the SAIC Contracts Manager, determines how the client wants to process field changes and if this procedure is acceptable.

5.4 Verbal or signature approval for a FCR must be obtained from the client before the FCR is implemented.

5.5 A deviation from the requirements (cost, scope, milestone or method) of a project work plan or procedure, without an approved FCR or prior to approval of a FCR, constitutes a nonconformance and should be documented in a nonconformance report (NCR).

5.6 The Project Manager may designate a Field Change Coordinator, when necessary.

## 6.0 PROCEDURE

### 6.1 FCR Processing

6.1.1 The Field Team Leader completes a FCR form (Attachment I) in accordance with paragraph 6.2 below and notifies the Project Manager.

6.1.2 The Field Team Leader initiates an entry in the Field Change Control Log (Attachment II) by inserting the assigned FCR number, the date initiated, the status, the procedure number or work plan section (s) affected, and the name of the person requesting the changes.

6.1.3 The original FCR or a copy is sent to the Project Manager and either the original or a copy is kept with the Field Change Control Log. The handling of original and copies is at the discretion of the Field Team Leader and Project Manager.

6.1.4 The Project Manager discusses the FCR with appropriate members of the project team ( QA/QC Officer, Program Manager, Contracts Manager, H&S Officer, field team members, etc.) and makes any corrections needed.

6.1.5 If the FCR includes a change in the project H&S Plan or has a potential effect on the health or safety of the field team, the H&S Officer must approve the FCR.

6.1.6 The Project Manager or designee then notifies the client Project Manager and if required, other client staff such as the QA representative or Health and Safety representative, of the scope, justification and impacts of the request. The FCR form is then sent to the client Project Manager for approval.

**Note:** To expedite the process, the changes may be implemented after verbal client approval is obtained and documented. Verbal approval is documented by the Field Team Leader in the field logbook and in the Field Change Control Log.

6.1.7 If the client Project Manager and others (if required) approve the FCR (and no other approval is necessary), the change is signed as approved, and sent to the Field Team Leader. A record copy is retained by the Project Manager.

6.1.8 After the FCR form is signed by the client, the form (original or copy) is inserted in the Field Change Control Log in place of the FCR noted in 6.1.3 above. The "Status" and "Date FCR Approved" columns are updated in the Field Change Control Log to indicate that the field change is complete.

6.1.9 At the first opportunity, the Field Team Leader notifies all affected personnel of the field change. This notification is documented in the field logbook. If the FCR affects health or safety, the SHSO includes notification of the changes in one or more site safety briefings.

6.2 <u>COMPLETION OF THE FCR FORM</u>

6.2.1 FCR NO.- An FCR number is assigned to the change request. Numbers are project coded and sequential.

6.2.2 Date Initiated- The date change was first requested is entered in this field.

6.2.3 Project- The name of the affected project.

6.2.4 Contract Number- The contract number under which the project operates.

6.2.5 Requestor Identification- Print the name of the person requesting the change, organization, phone number, and title. The requestor then signs in the signature block.

6.2.6 Baseline Identification- Check each affected baseline, i.e., does the change affect the cost of the project, is there an increase or decrease in scope, is an established milestone (due date) affected, or is one or more of the methods (procedures) used to conduct the work affected.

6.2.7 Affected Document- The exact title, revision number, section number, etc. of the affected work plan or procedure is entered in this field.

6.2.8 Description of Change- This field includes sufficient information for the reviewer to determine exactly how the affected work plan or procedure will be changed.

6.2.9 Justification- Include all reasons for the change request. These may include reduction in cost, minimization of health and safety risks, etc.

6.2.10 Impact of Not Implementing Request- Often, the reciprocal of the justification may be entered in this field. In some cases this statement may justify the change.

6.2.11 Participants Affected by Implementing Request- Include all participants affected. These may include the field personnel implementing the change, the data managers, data users, subcontractors etc.

6.2.12 Cost Estimate- The Field Team Leader or Project Manager includes an estimate of the cost effects based on implementing the request. The person providing the cost estimate signs in this block and prints the appropriate phone number and date.

6.2.13 Previous FCR Affected- Check the appropriate box. If the yes box is checked, indicate the number(s) of the previous FCR(s) in the space provided to the right.

## 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

8.1 Attachment I- Field Change Request (FCR) form

8.2 Attachment II- Field Change Control Log form

## Attachment I
## Field Change Request (FCR) Form

### Field Change Request (FCR)

FCR NO._____ DATE INITIATED_____

PROJECT_____

CONTRACT NO._____

REQUESTOR IDENTIFICATION

NAME_____ ORGANIZATION_____ PHONE_____
TITLE_____ SIGNATURE_____

BASELINE IDENTIFICATION

BASELINE(S) AFFECTED O Cost O Scope O Milestone O Method of Accomplishment
AFFECTED DOCUMENT (TITLE, NUMBER AND SECTION)_____
DESCRIPTION OF CHANGE:

JUSTIFICATION:

IMPACT OF NOT IMPLEMENTING REQUEST:

PARTICIPANTS AFFECTED BY IMPLEMENTING REQUEST:

COST ESTIMATE ($)_____ ESTIMATOR SIGNATURE_____
PHONE_____ DATE_____

PREVIOUS FCR AFFECTED O YES O NO; IF YES, FCR NO. _____

CLIENT PROJECT MANAGER _____ DATE_____
CLIENT QA SPECIALIST _____ DATE _____
SAIC H&S MANAGER SIGNATURE (IF APPLICABLE)_____ DATE _____

## ATTACHMENT II
## FIELD CHANGE CONTROL LOG FORM

### Field Change Control Log

Program _____ Sheet _____ of ____

Project Name_____ Contract No._____

| FCR NO. | DATE INITIATED | STATUS | SOP. NO./WORKPLAN SECTION AFFECTED | REQUESTOR | DATE FCR APPROVED |
|---|---|---|---|---|---|
| | | | | | |

# Appendix E

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# SCIENCE APPLICATIONS INTERNATIONAL CORPORATION
# QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE

**Title: Surveillances**

| Procedure No: QAAP 18.3 | Revision: 2 | Date: 2/28/95 | Page 1 of 9 | R |
|---|---|---|---|---|

| Group Manager: | Date: | QA/QC Officer: | Date: |
|---|---|---|---|
| [signature] | 2/24/95 | C. A. Conart | 02/24/95 |

## 1.0 PURPOSE

The purpose of this procedure is to establish the responsibilities and methods for planning, conducting, and documenting surveillances in accordance with the requirements of the Science Applications International Corporation (SAIC) Quality Assurance Program Plan (QAPP). R

## 2.0 SCOPE

This procedure applies to all internal and external surveillances conducted by SAIC of program, project, task or division level activities. R

## 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.

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

### 3.2 DEFINITIONS

3.2.1 Surveillance - The act of real-time monitoring, witnessing, or observing to verify whether an item or activity conforms to a specified procedure or group of procedures such as Standard Operating Procedures, QA procedures, Health and Safety procedures or other pertinent requirements.

A surveillance may address any product provided or process performed by SAIC or its suppliers.

3.2.2 Surveillance Team Leader - A person who is qualified by training and/or experience to organize, conduct, and report a surveillance; and who has sufficient understanding of the product or process under review to render an accurate assessment.

3.2.3 Technical Specialist - A person assigned to provide technical support to the surveillance team in preparing for and/or performing a surveillance when the scope, complexity, and/or special nature of the activities to be surveilled warrant additional technical expertise.

## 4.0 RESPONSIBILITIES

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

4.2 DIVISION MANAGER

Division Managers are responsible for:

4.2.1 assisting Surveillance Team Leaders with identifying and obtaining the services of technical specialists, when requested;

4.2.2 including surveillance activities in annual planning and coordinating surveillance schedules with the QA/QC Officer and Surveillance Coordinator; and

4.2.3 reviewing surveillance reports for factual accuracy, when requested.

4.3 PROGRAM, PROJECT, OR TASK MANAGER

The Program, Project or Task Manager is responsible for:

4.3.1 including surveillance activities in work planning and coordinating surveillance schedules with the QA/QC Officer and Surveillance Coordinator; and

4.3.2 reviewing surveillance reports for factual accuracy, when requested.

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

In addition to common responsibilities, the QA/QC Officer or designee is responsible for:

4.4.1 assigning surveillances;

4.4.2 ensuring that Surveillance Team Leaders and Team Members are properly indoctrinated and trained;

4.4.3 ensuring that Surveillance Team Leaders are qualified to lead surveillances;

4.4.4 approving surveillance reports;

4.4.5 evaluating and reporting significant conditions adverse to quality to the Program, Project, or Division Manager; and

4.4.6 appointing the Surveillance Coordinator.

4.5 SURVEILLANCE TEAM LEADER

The Surveillance Team Leader is responsible for:

4.5.1 organizing the surveillance team and establishing surveillance criteria;

4.5.2 conducting surveillance meetings as necessary;

4.5.3 notifying the organization to be surveilled, if applicable;

4.5.4 preparing surveillance reports;

4.5.5 initiating Nonconformance Reports (NCRs), when appropriate;

4.5.6 verifying corrective action implementation; and

4.5.7 submitting the surveillance report and objective evidence needed to support surveillance results to the Surveillance Coordinator.

4.6 SURVEILLANCE COORDINATOR

The Surveillance Coordinator is responsible for:

4.6.1 maintaining the surveillance logs;

4.6.2 assigning surveillance numbers;

4.6.3 monitoring the status of open surveillances;

4.6.4 obtaining approval by the QA/QC Officer for all completed surveillances;

4.6.5 distributing copies of approved surveillance reports to the appropriate personnel;

4.6.6 maintaining surveillance files;

4.6.7 submitting surveillance reports to the Central Records Facility (CRF); and

4.6.8 maintaining qualification files for Surveillance Team Leaders.

4.7 SURVEILLANCE TEAM MEMBERS

Surveillance Team Members are responsible for:

4.7.1 surveillance preparation activities;

4.7.2 reviewing applicable procedure(s) and associated documentation;

4.7.3 conducting the surveillance; and

4.7.4 initiating NCRs, when appropriate.

4.8 TECHNICAL SPECIALIST

The Technical Specialist is responsible for providing technical support to the surveillance team members when evaluating specific areas requiring technical expertise to help assure an accurate assessment of the product or service.

R

## 5.0 GENERAL

5.1 Surveillances are performed on a regular basis to verify that requirements (i.e., procedural, regulatory, or contractual) are being met. Program, Project, Task, and Division Managers coordinate with the QA/QC Officer to determine a schedule appropriate to the work, depending on such factors as risk, duration, and complexity. R

5.2 Surveillances may be announced or unannounced and may be based on one or more of the following conditions:

5.2.1 the importance of an activity relative to safety or environment, as well as the extent of on-going activities;

5.2.2 the identification of adverse trends in quality;

5.2.3 a request or notification from the Program, Project, Task or Division Manager that a test, laboratory activity, construction activity, sampling activity, special procedure, or inspection is ready for witnessing, verification, observation, or evaluation; and

5.2.4 a process or activity is in jeopardy due to deficiencies or nonconformance in any or all QA program elements.

5.3 A surveillance team consists of one or more persons, as deemed necessary by the Surveillance Team Leader.

5.4 Each Surveillance Team Leader is qualified by the QA/QC Officer to lead surveillances. Qualification documentation is maintained by the Surveillance Coordinator, and qualifications are re-evaluated annually by the QA/QC Officer.

5.5 Selection of personnel for a specific surveillance is based on experience and technical expertise commensurate with the scope and complexity of the activity to be surveilled. R

5.6 Surveillances are performed by personnel who are knowledgeable in but not directly responsible for the activities under surveillance. Exceptions may be made, but must be justified to the QA/QC Officer.

5.7 Assigned surveillance personnel are responsible for all aspects of the surveillance activity, including selection of attributes, conduct of the surveillance, preparation of the report and any NCRs, response evaluation, and close-out. R

5.8 *Surveillances are used for the following purposes (inclusive):* R

5.8.1 to monitor work in progress;

5.8.2 to document compliance or noncompliance with requirements and procedures;

5.8.3 to identify actual and potential deficiencies and deviations promptly;

5.8.4 to promote prompt corrective action by management responsible for performing the work;

5.8.5 to provide information to management on activities under surveillance; and

5.8.6 to verify timely implementation of required processes. R

## 6.0 PROCEDURE

### 6.1 PREPARATION

6.1.1 Surveillance Team Members prepare for a surveillance by familiarizing themselves with the following: R

a) organization to be surveilled;
b) location of the surveillance;
c) date(s) of the surveillance;
d) activities to be surveilled;
e) requirements/criteria governing the activity to be surveilled;
f) appropriate documentation from previous deficiencies or surveillances; and
g) any special circumstances that require specific consideration, such as security clearances, contacts for working space, and facility layout.

6.1.2 The Surveillance Team Leader may notify the organization to be surveilled *either verbally or in writing.*

6.1.3 The Surveillance Team Leader may choose one of three ways to document a surveillance:

a) develop and utilize a specific checklist;
b) utilize the procedures by "highlighting" a copy of the procedure; or
c) utilize the procedure and make notes in a logbook.

In all cases, the reporting information listed in paragraph 6.4.1 of this procedure must be included in the reporting format selected. R

6.2 PERFORMANCE OF THE SURVEILLANCE

6.2.1 During the surveillance, Surveillance Team Members:

a) examine and evaluate objective evidence to determine how requirements are being met;
b) record the results of observations and findings - both positive and negative - on a working copy of the checklist, procedure, or logbook;
c) maintain a list of personnel contacted;
d) bring any nonconformance noted to the attention of the person being surveilled to determine if the nonconformance is perceived or real. Any actual nonconformance judged to have a significant impact on quality, health and safety, or regulatory compliance will be elevated to project or division management, as appropriate; R
e) obtain permission and/or escort before viewing records in a file or before entering a restricted work area;
f) examine objective evidence to the extent necessary (not to be limited to the checklist or procedure) when a problem or discrepancy is discovered;
g) adequately identify samples of work (items or activities) observed so that the surveillance could be re-traced;
h) make a copy of any evidence which supports determination of a nonconformance whenever possible; and
i) record the results so that it is clear which requirement or attribute is not in compliance, when checking a document for more than one attribute or requirement.

6.2.2 Upon identification of a problem that is outside the responsibility of the organization being surveilled, the surveillance team member notifies the Surveillance Team Leader or QA/QC Officer for further action.

6.3 POST-SURVEILLANCE BRIEFING

6.3.1 The Surveillance Team Leader conducts a post-surveillance briefing with the management of the surveilled organization to present the results of the surveillance, solicit feedback, and discuss response requirements.

6.3.2 The post-surveillance briefing includes, as a minimum:

a) any NCRs noted during the surveillance;
b) any corrective actions taken during the surveillance;
c) positive aspects and/or comments or recommendations for improvements; and
d) time limitations for responding to NCRs, if applicable.

6.4 SURVEILLANCE REPORT

6.4.1 The surveillance report is prepared by the Surveillance Team Leader and contains, as a minimum:

a) surveillance number;
b) date(s) of the surveillance;
c) program, project, task or group, division, section surveilled;
d) surveillance team members names;
e) personnel contacted during the surveillance;
f) scope of the surveillance;
g) applicable requirements;
h) results;
i) NCR reference numbers, if applicable; and
j) signature blocks.

A recommended surveillance report form is provided following this procedure.

6.4.2 The surveillance report briefly and concisely describes the surveillance activities, the applicable requirements, and whether or not the items or activities surveilled were in compliance with requirements.

6.4.3 Details of any nonconformance with requirements are documented on an NCR form in accordance with QAAP 15.1 (Reference 3.1.2). NCRs are cited in and attached to the surveillance report and are reviewed for significance, tracked, and dispositioned per QAAP 15.1 (Reference 3.1.2).

6.4.4 The surveillance report is signed by the Surveillance Team Leader and forwarded to the Surveillance Coordinator. The Surveillance Coordinator assures that a surveillance number is assigned and submits the report to the QA/QC Officer for review and approval.

6.4.5 The QA/QC Officer resolves any concerns, questions, or disagreements about the surveillance report with the Surveillance Team leader. The QA/QC Officer then approves the surveillance report and returns it to the Surveillance Coordinator.

6.4.6 The Surveillance Coordinator updates the Surveillance Log and distributes copies of the surveillance report to, as a minimum:

a) organization surveilled;
b) Program, Project, Task or Division Manager;
c) affected Task Managers;
d) Surveillance Team Members; and
e) persons contacted during the surveillance.

## 7.0 RECORDS

Documents generated as a result of surveillances are collected and maintained in accordance with requirements specified in QAAP 17.1, Records Management. Surveillance records typically produced are:

7.1 Surveillance report;

7.2 NCRs; and

7.3 Objective evidence needed to support the results of the surveillance.

## 8.0 ATTACHMENTS

None.

**SCIENCE APPLICATIONS INTERNATIONAL CORPORATION**

**QUALITY ASSURANCE SURVEILLANCE REPORT**

1. Surveillance Number _____

2. Date(s) of Surveillance _____

3. Program, Project, Task, Group, Division, Section _____

_____

4. Surveillance Team Members:

_____ _____

_____ _____

5. Personnel Contacted:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

6. Scope: Describe document(s) evaluated, test(s) witnessed, and activities monitored.

_____

_____

7. Requirements: Describe or list the requirements governing the activity or item surveilled.

_____

8. Results: Describe results of testing, witnessing, and monitoring activities. A brief summary may be given here, including any immediate corrective actions taken.

_____

_____

9. Attach Nonconformance Reports (if applicable)

Prepared by : _____ _____
Surveillance Team Leader Date

Approved by: _____ _____
QA/QC Officer Date

cc:

_____ _____ _____ _____ _____
Prog/Proj Manager Task Leader(s) Surveilled Organization Team Members Other(s)