

Appendix C

<p>NUCLEAR WASTE MANAGEMENT PROCEDURE</p> <p>Sandia National Laboratories</p>	<h1 style="margin: 0;">Procurement Review</h1>	<p>Form Number: NP 4-1-1</p> <p>Page 1 of 2</p>																														
<p>1. Activity/Item/Service:</p>																																
<p style="text-align: center;">_____</p> <p style="text-align: center;">(Describe, or reference attachments to this form)</p> <p>Quality Level: <input type="checkbox"/> QL-1 <input type="checkbox"/> QL-2 (from previously completed Form SP 1-1-1)</p> <p>Method of Purchase (choose one from drop-down box): <u> Select one... </u></p> <p>Supplier Name and Address: _____</p>																																
<p>2. Supplier Selection Evaluation Method(s):</p>																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">1. An evaluation of the Supplier's history for providing an identical or similar product that performs satisfactorily in actual use.</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center; padding: 5px;">YES</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center; padding: 5px;">NO</td> </tr> <tr> <td style="padding: 5px;">2. An evaluation of the Supplier's current QA documentation, supported by any documented qualitative and quantitative information.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">NO</td> </tr> <tr> <td style="padding: 5px;">3. An evaluation of the Supplier's technical and QA capability based on an evaluation of the Supplier's facilities, personnel and Quality Program implementation.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">NO</td> </tr> </table>			1. An evaluation of the Supplier's history for providing an identical or similar product that performs satisfactorily in actual use.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	2. An evaluation of the Supplier's current QA documentation, supported by any documented qualitative and quantitative information.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	3. An evaluation of the Supplier's technical and QA capability based on an evaluation of the Supplier's facilities, personnel and Quality Program implementation.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO															
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<p>3. Supplier Performance:</p>																																
<p><input type="checkbox"/> I have evaluated the Supplier's performance history in providing the quality needed for the items/services and have determined that it is adequate. Suppliers with a WIPP performance history will require that a printout of the latest Quality Levels for WIPP Activities Database for that supplier be attached as evidence of the evaluation performed. (Located on the WIPP on-line documents website).</p>																																
<p>4. Quality and Technical Requirements: (Document any unique quality requirements/specifications needed for the item/service to meet its intended use. Unique requirements must be entered in the block below, or attached to this form and clearly referenced in the block)</p>																																
<p>Item(s) Purchase:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">1. Item(s) being purchased by part number or catalog number. If yes, identify part(s) number/catalog number as quality or technical requirements.</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center; padding: 5px;">YES</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center; padding: 5px;">NO</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td colspan="4"></td> </tr> <tr> <td style="padding: 5px;">2. Item(s) being purchased to technical requirements document (e.g., drawing, specification, code or standard). If yes, identify technical document or applicable section(s) of document.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">NO</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td colspan="4"></td> </tr> <tr> <td style="padding: 5px;">3. Item(s) being purchased to QA requirements document (e.g., SNL WIPP QA Program, QA procedure). If yes, identify applicable portion(s) of SNL WIPP QA Program or applicable procedures.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">NO</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td colspan="4"></td> </tr> </table>			1. Item(s) being purchased by part number or catalog number. If yes, identify part(s) number/catalog number as quality or technical requirements.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____					2. Item(s) being purchased to technical requirements document (e.g., drawing, specification, code or standard). If yes, identify technical document or applicable section(s) of document.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____					3. Item(s) being purchased to QA requirements document (e.g., SNL WIPP QA Program, QA procedure). If yes, identify applicable portion(s) of SNL WIPP QA Program or applicable procedures.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____				
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