

Appendix C

<p style="text-align: center;"><b>NUCLEAR WASTE MANAGEMENT PROGRAM</b></p> <p>Sandia National Laboratories</p>	<h2 style="margin: 0;">Maintenance of Lead Auditor</h2>	<p style="text-align: center;"><b>Form Number: NP 18-1-3</b></p> <p style="text-align: center;"><b>Page 1 of 1</b></p>
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Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Previous Qualification Date \_\_\_\_\_

**List below participation in assessment activities (audits and surveillances)**

Activity Assessed/SNL Organization/Contract	Audit/Surveillance Number	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List below participation in other Quality Assurance Program Activities (Procedure Author, Perform QA Review, etc)**

Activity	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Participation in Lead Auditor/Auditor Training**

Name of Trainer/Company	Title of Training	Date
_____	_____	_____

Approval signature below authorizes extension of qualification for one year.

Approval: \_\_\_\_\_  
 Signature, SNL WIPP Assessment Task Lead \_\_\_\_\_ Date \_\_\_\_\_