Appendix G

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	**Limited-Scope Surveillance Report**	**Form Number: NP 18-1-4** **Page 1 of 1**

1.

Surveillance No.: _____ Date of Surveillance: _____

Auditor: _____

Area/Activity Examined: _____

2.

Surveillance Results:

3.

Findings: ☐ NO ☐ YES (initiate CAR in accordance with NP 16-1, unless it was CDS as documented below)

Brief Description of Deviation:
(include requirement violated)

Car No.: _____

Corrected During the Surveillance (CDS) (describe remedial action taken):

4.

Authentication:

_____ Date: _____
Printed Name of Auditor Signature

_____ Date: _____
Printed Name SNL WIPP Assessment Task Lead Signature