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**SANDIA NATIONAL LABORATORIES
QUALITY ASSURANCE PROGRAM
for the
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT**

QAP 18-3

SELF-ASSESSMENTS

Revision 0

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CHANGE HISTORY

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1.0 Purpose and Scope

This procedure prescribes requirements for the scheduling, preparing, performing, and reporting of Office of Science & Technology and International (OSTI) Self-Assessments (SA). This procedure applies to self-assessments performed by personnel within the Sandia National Laboratories OSTI Program.

The OSTI Self-Assessment program is intended to promote a self-critical culture by proactively identifying and correcting conditions adverse to quality.

Acronyms and definitions for terms used in this procedure may be found in the OSTI Glossary

2.0 Implementation Actions

2.1 Scheduling Self-Assessments

The purpose of self-assessments is to evaluate work to provide guidance or redirection as necessary to ensure effective implementation of QA Program requirements and to promote continuous improvement. Self-Assessments for the OSTI Program should be scheduled periodically to review specific work activities. The QA Lead shall assign a unique designator to each SA and maintain status in the Audit and Surveillance Log.

2.2 Preparation for a Self-Assessment

The SA initiator (Responsible Manager (RM), Principal Investigator (PI), or QA Lead) is responsible for determining the need for a self-assessment. The initiator then submits a request to the QA Lead providing the purpose, scope and objectives of the assessment. The QA Lead, with concurrence from the RM or PI, then determines the specific date for performing the activity, identifies who will lead the self-assessment (SA Lead), and provides the unique assessment designator to the SA Lead. The SA Lead is responsible for determining the SA Team (the SA Lead can be the only team member), scheduling pre-assessment meetings, and gathering appropriate documents that are pertinent to the work area in preparation for the assessment.

2.3 Performing Self-Assessments

Self-Assessments shall be performed using the following major methods, as appropriate, to determine if the established criteria or standards have been met:

- Review documentation related to the work area being assessed
- Interview personnel
- Observe on-going work activities

Self-Assessment team members are responsible for documenting conditions adverse to quality, or opportunities for improvement, and processing them in accordance to QAP 16-1, Corrective Action.

2.4 Reporting Self-Assessments

The Assessment Team Lead is responsible for preparing the assessment report, obtaining approval for its release, and distributing the report to an appropriate distribution. The report should contain the following information:

Introduction

- QA Designator (QA:QA or QA:NQ)
- SA Title (work being assessed)
- SA Number
- Date of assessment
- Names of the Responsible Manager/Principal Investigator
- Table of Contents

Body

- Self-Assessment Team
- Description of the work being assessed
- Purpose, Scope and Objectives
- Best Work Practices (if any)
- Conditions Adverse to Quality (if any)
- Lessons Learned (if any)
- Requirements
- Self-Assessment Details
- Summary and conclusion

A Cover Page Template is provided in Appendix A.

3.0 Records

The following QA records, generated as a result of this procedure, shall be prepared and submitted to OCRWM and a copy to the SNL Records Center in accordance with QAP 17-1 (Records):

QA Record

- Self-Assessment Report

4.0 Appendices

Appendix A: Self-Assessment Cover Page Template

Appendix A
OSTI Self-Assessment Cover Page Template

SA-YY-XX
Page x of y
QA: QA or NQ

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SA-YY-XX

SELF-ASSESSMENT TITLE

Effective Date: _____

Author: _____
Self-Assessment Lead

Date: _____

Approval: _____
Responsible Manager

Date: _____