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

QAP 2-1

QUALIFICATION AND TRAINING

Revision 1

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CHANGE HISTORY

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0	This is the initial version of this document.	05/11/2004
1	Administrative changes resulting from audit OQA FS-04-07	05/20/2004

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1.0 Purpose and Scope

This procedure prescribes the process to be followed to ensure individuals working to the Sandia National Laboratories (SNL) Office of Science & Technology and International (OSTI) Quality Assurance (QA) Program, are qualified and/or trained to perform their assigned tasks.

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

2.0 Implementation Actions

Each OSTI manager is responsible for ensuring individuals under his/her supervision are properly qualified and trained to perform assigned tasks. This responsibility includes determining and documenting job-specific technical qualification requirements and training expectations for each individual. Training to OSTI QA programmatic requirements is the responsibility of the OSTI QA Lead.

Each individual working within the OSTI Program shall be responsible for using applicable procedures when performing work.

2.1 Qualification of Individuals

OSTI managers shall ensure that each individual working for them is qualified to perform the duties of their assigned job/position. To begin the qualification process, the responsible manager initiates a Qualification and Training Form, (see Appendix A).

2.1.1 Job Description

The Responsible Manager shall evaluate the position to which the individual will be assigned, and determine the minimum skills, knowledge, and proficiencies required for that position.

2.1.2 Specific Training Required for the Position

The Responsible Manager shall identify any unique job-specific training requirements that must be completed by the SNL employee or SNL sub-contractor employee. This job-specific training shall be based on relevant OSTI Test Plans, Analysis Plans, QA procedures, regulatory requirements, or scientific and technical procedures.

2.1.3 Employee Qualifications

The Responsible Manager shall document the employee qualifications to hold the position by listing job-relevant education and experience from SNL Human Resources (HR) Organization or the sub-contractor's HR Organization. The manager shall ensure that the individual has met or exceeded minimum requirements including the necessary education, experience, and training. For SNL employees, the Responsible Manager shall verify this information through the SNL Human Resources Organization.

The Responsible Manager may determine to evaluate previous qualification documentation against current requirements of the new position for an employee who has been qualified to support a similar position under the OSTI QA Program.

The OSTI Responsible Manager shall submit the completed form QAP 2-1-1 to the SNL Records Center.

2.2 Training

2.2.1 Initial Training

OSTI managers shall ensure that individuals new to OSTI work receive initial training consisting of the following:

- A summary of job responsibilities;
- An overview of the OSTI QA Program, focusing on procedures applicable to their assigned job;
- Identification of applicable codes, standards, regulations, and other implementing documents applicable to the job.

OSTI training may be completed by attending classroom training, receiving one-on-one instruction, or by reading the assigned procedure and completing Form QAP 2-1-1 (read and sign).

Additional training identified by the responsible manager as necessary to perform a specific job, shall be documented by the manager on QAP 2-1-1. Examples of additional training include:

- Project-specific technical training.
- Knowledge of the content of project/activity related analysis plans, test plans, or procedures.

The individual's manager determines the content and method of training most appropriate for each individual. The Manager verifies completion of the assigned Initial Training by completion of Form QAP 2-1-1.

External Reviewers are individuals external to the OSTI Program who provide short-term support for specific document reviews. These are the only individuals not required to receive OSTI QA Program training defined above prior to beginning work on OSTI activities. External Reviewers shall, as a minimum, read QAP 6-1 Document Review Process and complete Form QAP 2-1-1 prior to starting work. The OSTI manager or Principal Investigator (P1) responsible for the External Reviewer shall determine the need for additional training, and assign this to the External Reviewer by completing Form QAP 2-1-1.

2.2.2 OSTI QA Training

Individuals performing work for the OSTI Program, with the exception of External Reviewers, shall receive OSTI QA Program Training on an annual basis. Training shall be provided by the QA organization, and include an overview of QA requirements and procedures. Training may be completed by:

- Attending a classroom session,
- Receiving one-on-one training,
- Reading the assigned procedure and completing Form QAP 2-1-1 (read and sign).

2.2.3 New or Revised Procedure Training

When training is required for a new or revised procedure, the Responsible Manager shall ensure individuals working for him/her are trained on new or revised procedures applicable to their scope of work. This may be accomplished through personal instruction, classroom training, or other appropriate means. This training shall be documented on a Form QAP 2-1-2, and the form shall be submitted to OCRWM and a copy to the SNL Records Center.

2.2.4 Documentation of Training

Form QAP 2-1-2 is used to document training. Upon completion of the training, the instructor submits Form QAP 2-1-2 to OCRWM and a copy to the SNL Records Center. Form QAP 2-1-2 is used to document Annual OSTI QA Program training, and is used to document continuing education, on-the-job training, and other job related training.

2.2.5 Annual Assessment of Qualification and Training

On an annual basis, the OSTI QA Lead provides OSTI managers with a list a staff in their departments for review. Managers then take action to update any staff member's qualification and training form if significant changes (job scope, advanced degree earned, etc.) have occurred.

3.0 Records

The following QA records, generated through the implementation 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

- Form QAP 2-1-1
- Form QAP 2-1-2

4.0 Appendices

Appendix A: Qualification and Training Form QAP 2-1-1

Appendix B: Training Record Form QAP 2-1-2



Appendix A

**OSTI QUALIFICATION AND TRAINING FORM
VERIFICATION OF EDUCATION AND EXPERIENCE
(NON-FEDERAL EMPLOYEE)**
CONTAINS PRIVACY ACT INFORMATION

**Form Number:
QAP 2-1-1
Page 1 of 3**

This documents that _____ meets the SNL qualification requirements for the position of _____. A complete description of the duties and responsibilities and the minimum education and experience requirements for this position are defined in the Position Description (attached). A resume and official transcript are maintained by the Human Resources Department of the employee's company.

The individual meets the qualifications requirement(s) as defined in the Position Description summarized below.

- College Degree _____ (B.A./B.S.; M.A./M.S.; Ph.D.) in one of the following disciplines (fill in applicable discipline) _____
- _____ (number) of years of applicable experience in an acceptable field.
- Other (Specify): _____

The qualifying education and/or experience have been verified in the following manner;

EDUCATION

The verification of education indicates this employee attained the following degree(s) from the named accredited degree-granting institution(s) on the dates indicated:

Degree/Discipline	Accredited Institution	Date

This verification was completed by the following means:

- Official transcript from the accredited degree-granting institution
- Telephone call to the accredited degree-granting institution. Name and title of person and date contacted _____
- Automated telephone or Internet system
- Letter from the accredited degree-granting institution (copy attached)

Accreditation Organization	Date of Accreditation

Appendix A

**OSTI QUALIFICATION AND TRAINING FORM
 VERIFICATION OF EDUCATION AND EXPERIENCE
 (NON-FEDERAL EMPLOYEE)
 (Continued)**

**Form Number:
 QAP 2-1-1
 Page 2 of 3**

CONTAINS PRIVACY ACT INFORMATION

EXPERIENCE

The verification of experience indicates this employee gained _____ (number of) years/months for the following employer(s) as shown in the attached Detailed Experience Record.

JUSTIFICATION

_____ A justification is included since the minimum required education or experience of the individual could not be verified.

Printed Name of Individual Who Conducted Verification:	Date:
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REVIEW AND CONCURRENCE

<i>I have reviewed the above-named individual's education and experience and concur that he/she is fully qualified to perform the duties of the position identified above.</i>	
Printed Name of Functional Manager:	
Signature of Functional Manager:	Date:

- Attachment
1. Position Description
 2. Justification Statement (if applicable)
 3. Supporting evidence (if applicable)
 4. Evidence of previous verification (if applicable)

The information requested on this form is authorized by the Privacy Act of 1974 (Public Law 93-579). Collection of the information requested is authorized by the Nuclear Waste Policy Act of 1982, as amended, the Atomic Energy Act of 1954 (Public Law 83-703) and Nuclear Regulatory Commission implementing regulations at 10 CFR 60, subparts G and H.

Appendix A

OSTI QUALIFICATION AND TRAINING FORM VERIFICATION OF EDUCATION AND EXPERIENCE (NON-FEDERAL EMPLOYEE) (Continued) CONTAINS PRIVACY ACT INFORMATION	Form Number: QAP 2-1-1 Page 3 of 3
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Name:

Employer:		Position Title:		Experience Gained (Yrs/mo):
Address (City, State):		Period Occupied:		
Means of Verification*:		Date Verified:		Individual Verifying:
If by Phone Contact:	Contact Name:		Contact Title:	

Employer:		Position Title:		Experience Gained (Yrs/mo):
Address (City, State):		Period Occupied:		
Means of Verification*:		Date Verified:		Individual Verifying:
If by Phone Contact:	Contact Name:		Contact Title:	

Employer:		Position Title:		Experience Gained (Yrs/mo):
Address (City, State):		Period Occupied:		
Means of Verification*:		Date Verified:		Individual Verifying:
If by Phone Contact:	Contact Name:		Contact Title:	

Employer:		Position Title:		Experience Gained (Yrs/mo):
Address (City, State):		Period Occupied:		
Means of Verification*:		Date Verified:		Individual Verifying:
If by Phone Contact:	Contact Name:		Contact Title:	

Means: 1 = Review of objective evidence in official personnel folder
 2 = Telephone contact with former employer or service
 3 = Automated telephone service or Internet
 4 = Letter from former employer

Enter Total Experience (yr/mo)
on Last Detail Page



Appendix B

	<h1 style="margin: 0;">Training Record</h1>	Form Number: QAP 2-1-2 Page ___ of ___
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Section I

Instructor: _____

Print
Signature
Date of Training

Method of Training (Check one if QA, N/A for other types of training)

classroom
 one-on-one
 read and sign
 QA Concurrence

Print
Signature
Date

Type of Training: _____

Brief description of material covered:

Section II Roster of Attendees

Printed Name of Attendee (Last Name, First Name, Middle Initial)	Signature of Attendee	Organization
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		