Assessment and Surveillance Process
PPPO-2533131
Revision 2
October 2014
## Revision change log

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<td>Mar. 2010</td>
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Assessment and Surveillance Process

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10/3/14
10/4/14
10/15/14
10/15/14
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1.0 Purpose

This procedure specifies a uniform method for scheduling, conducting, and reporting assessments and surveillances. The U.S. Department of Energy (DOE) Portsmouth/Paducah Project Office (PPPO) and its contractors’ systems and in-field work practices are evaluated for compliance with environmental, health, safety, and quality requirements as defined in federal and state regulations, applicable DOE orders, contract requirements, and implementing procedures.

2.0 Applicability

This procedure applies to the PPPO; its Operations Group in Lexington, Kentucky; and its Operations Oversight Group offices in Piketon, Ohio and Paducah, Kentucky. This procedure does not address Facility Representative inspections, which are documented in PPPO-1063, Facility Representative Program Plan. This procedure does not address other oversight activities as discussed in PPPO-M-226.1-2, Oversight Program Plan. This procedure does not address readiness activities for operational start or re-start as defined in PPPO-M-425.1-1, Startup and Restart of Portsmouth/Paducah Project Office Program Work. This procedure does not include security and safeguard assessments/surveillances, which are addressed by PPPO Self Assessment Security Procedure 1.2 and PPPO Resolving Self Assessment and Surveillance Findings 1.3.

3.0 References and Definitions

3.1 References

- DOE O 226.1B, Implementation of Department of Energy Oversight Policy
- DOE O 413.3B, Program and Project Management for the Acquisition of Capital Assets, U.S. Department of Energy
- DOE O 414.1D Admin Chg 1 Quality Assurance
- DOE G 414.1-1B Management and Independent Assessments Guide
- EM-QA-001, Revision 1, Environmental Management Quality Assurance Program.
- PPPO-M-413.1-2, Rev. 2 Portsmouth/Paducah Project Office Management Plan, or current revision
- PPPO-M-414.1-1, Revision 1, U.S. Department of Energy Portsmouth/Paducah Project Office Corrective Action Program, or current revision
3.2. Definitions

- **Assessment**: A review, evaluation, inspection, test, or check, to determine and document whether items, processes, systems, or services meet specified requirements and perform effectively. PPPO assessments are conducted consistent with the NQA-1\(^1\) definition of an audit: “A planned and documented activity performed to determine by investigation, examination, or evaluation of objective evidence the adequacy of and compliance with established procedures, instructions, drawings, and other applicable documents, and the effectiveness of implementation. An audit should not be confused with surveillance or inspection activities performed for the sole purpose of process control or product acceptance.”

- **Assessment Attributes**: Checklist questions, lines of inquiry (LOIs), Criteria Review and Approach Documents (CRADs) based upon applicable quality assurance and technical procedures, regulatory requirements, and contractual requirements.

- **Audit**: See definition of Assessment.

- **Condition Adverse to Quality (CAQ)**: An all-inclusive term used in reference to any of the following:
  - problems
  - failures
  - malfunctions
  - deficiencies
  - defective items
  - nonconformances

  These may be reported as Findings, Observations, Significant Condition Adverse to Quality (see definition), or other similar terms.

- **Corrective Action**: An action undertaken to eliminate the cause(s) of a CAQ in order to prevent the repetition of the deficiency. Corrective actions are then incorporated into the corrective action plan.

- **Corrective Action Plan (CAP)**: A plan to identify actions to be taken to correct CAQs identified in a review, assessment, surveillance, oversight activity, or investigation and to prevent recurrence. The CAP shall include completion dates for all actions identified in the corrective action.

- **Evidence**: The documentation used to determine or demonstrate a CAQ.

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\(^1\) Throughout this procedure, NQA-1 refers to American National Standards Institute/American Society of Mechanical Engineers Nuclear Quality Assurance (NQA)-1-2008 through 2009 Addenda.
• **Finding**: An individual item that does not meet requirements based upon objective evidence. This may be a description of the CAQ or statement of fact related to a condition, a practice, or a performance.

• **Independent Assessment**: An assessment, as defined by 10 CFR 830 Subpart A, NQA-1, DOE O 414.1D Admin Chg 1, conducted by individuals within the organization or company but independent from the work or process being evaluated, or by individuals from an external organization or company.

• **Integrated Project Team (IPT)**: An IPT is a group of professionals representing diverse disciplines with the knowledge, skills, and abilities necessary to support the successful execution of project baselines. An IPT should be qualified and sufficiently staffed to successfully manage projects, and members should have the proper level of authority to make decisions, with responsibility and accountability for their actions.

• **Management (Self) Assessment**: An assessment, as defined by 10 CFR 830 Subpart A, NQA-1, DOE O 414.1D Admin Chg 1, to identify the management systems, processes, and programs that affect performance and to generate improvements. The emphasis of management assessment is on issues that affect performance, strategic planning, personnel qualification and training, staffing and skills mix, communication, cost control, organization interfaces, and mission objectives.

• **May, Should, and Shall**: Terms used in this procedure to convey permission, recommendation, and requirement, respectively. (Should include the requirement to justify why the requirement would not be followed.)

• **Observation**: The recognition of a weakness that, if left uncorrected, could result in a condition adverse to quality.

• **Proficiency**: The recognition of a strength or industry best practice in an operation, practice, procedure, facility or, area that in the judgment of the assessors is worthy of note.

• **Responsible Organization Lead**: The senior federal employee held responsible and accountable for successfully developing, safely executing, and effectively managing the DOE projects and functions.

• **Significant Condition Adverse to Quality (SCAQ)**: A condition adverse to quality which, if left uncorrected, could have a serious effect on safety, the environment, or program/project operability.

• **Stop Work**: A contractor is directed to stop or pause work verbally, in part or in whole, if at any time the contractor’s acts or failure to act may cause substantial harm or presents an imminent danger to the environment or health
and safety of employees or the public. A formal Stop Work must be issued in writing from the assigned Contracting Officer.

- **Surveillance:** An assessment technique that uses observation or monitoring to provide confidence that ongoing processes and activities are adequately and effectively performed. For PPPO, a surveillance is a stand-alone evaluation, but is not limited to process control or product acceptance as defined in NQA-1.

### 4.0 Responsibilities

#### 4.1. PPPO Manager

- Plan and direct PPPO staff efforts and actions.
- Identify issues that require the development of new or modified policies and procedures.
- Maintain knowledge of site and contractor activities to make informed decisions about hazards, risks, and resource allocation.

#### 4.2. PPPO Deputy Manager

- Ensure implementation of the assessment program in accordance with the approved Quality Assurance Program Plan, PPPO-M-414.1-6F, *Quality Assurance Program Plan*, or current revision.
- Direct specific oversight in response to identified problems or emerging issues, per PPPO-M-226.1-1, *Oversight Program Plan*.
- Approve the annual assessment/surveillance schedule and subsequent updates.

#### 4.3. Nuclear Safety Oversight Lead

- Assume responsibilities from the PPPO Manager and Deputy Manager, as delegated.
- Provide technical assistance to the Responsible Organization Lead, as requested.

#### 4.4. QA Lead

- Assume responsibilities from the PPPO Manager and Deputy Manager, as delegated.
- Ensure the development and maintenance of an effective QA program.
- Provide QA assistance to the Responsible Organization Lead, as requested.
- Approve and implement the annual Assessment/Surveillance schedule.
- Ensure PPPO personnel assigned to perform assessments are competent and properly trained and qualified.
• Review and concur on assessment/surveillance notification letters to contractors.
• Review and concur on assessment plans.
• Review and concur on assessment/surveillance reports.

4.5. **Responsible Organization Lead**

- Ensure the development, implementation, and maintenance of an effective assessment program to evaluate compliance with requirements as defined in applicable federal and state regulations, applicable DOE orders, contract requirements, and implementing processes and procedures.
- Identify needed assessments and surveillances and review with PPPO IPT members and support contractors.
- Approve and transmit assessment/surveillance notification to contractor.
- Select personnel to lead the Assessment/Surveillance Teams. Verify these individuals are independent of the activities being assessed when they are performing independent assessments.
- Recommend and provide qualified staff members to perform as assessment team members and support.
- Coordinate personnel interfaces and access, as required, for assessment performance.
- Review and approve assessment plans.
- Review assessment/surveillance reports.
- Transmit assessment/surveillance results to PPPO Management and the affected organization, as appropriate.
- Use the results of assessments/surveillances to make informed decisions about the acceptability of risks and to improve the effectiveness and efficiency of programs and site operations.

4.6. **Assessment Team Leader (ATL)/Surveillance Team Leader (STL)**

- Prepare an assessment notification, if appropriate, to the assigned assessed organization for receipt approximately two weeks prior to the beginning of the assessment. Contact the appropriate management or supervision of the area or activity to be covered to discuss the scope and duration of the assessment, as needed.
- Prepare an assessment/surveillance plan, as needed.
- Select personnel for the assessment/surveillance team and verify that team members are properly qualified and trained. For independent assessments, the personnel shall be independent of all activities being assessed.
- Coordinate with any assessment/surveillance observers.
• Approve the assessment/surveillance assessment attributes.
• Conduct the pre- and post- assessment/surveillance meetings, as necessary.
• Coordinate the resolution of emergent issues and provide guidance to the assessment team as necessary during the conduct of the assessment.
• Prepare the assessment/surveillance report and transmit it to the Responsible Organization Lead.
• Collect assessment/surveillance evidence records and forward to QA.

4.7. Assessment/Surveillance Team (IPT Members, Subject Matter Experts, and/or Facility Representatives)
• Prepare assessment/surveillance assessment attributes.
• Conduct assigned portions of the assessment/surveillance.
• Assist in completion of report preparation.
• Attend assessment/surveillance-related meetings.
• Ensure the assessment/surveillance is conducted in an objective, unbiased manner.
• Recommend a Stop Work to the ATL/STL if a SCAQ is discovered, and the appropriate organization does not stop work, and the contractor’s acts, or failure to act, may cause substantial harm or imminent danger to the environment or health and safety of employees or the public. A formal Stop Work must be issued in writing from the assigned Contracting Officer.

4.8. Assessment Coordinator (AC)
• Prepare, review, update, and revise the master assessment schedule, as approved by the PPPO Deputy Manager and QA Lead.
• Participate in assessments as requested.
• Coordinate efforts to support internal and external assessments. This includes assembling background information, coordinating site visits, identifying technical support requirements, and providing site interface to establish respective points of contact.
• Oversee maintenance of the assessment/surveillance files.
• Provide approved quarterly assessment schedule to DOE Headquarters.

5.0 Requirements

5.1. Integrated Assessment/Surveillance Schedule
5.1.1. Development of Assessment/Surveillance Schedule
   5.1.1.1. Obtain the previous fiscal year integrated
assessment/surveillance schedule and identify assessment(s) that occur on a recurring basis, such as those required by federal regulations and/or DOE orders.

5.1.2. Obtain the required and requested assessments/surveys for the next fiscal year from Responsible Organization Leads and DOE Headquarters.

5.1.3. Record the planned assessments and surveillances on fiscal year Integrated Assessment/Surveillance Schedule (See Attachment 1).

5.1.4. Submit the schedule to appropriate PPPO management for concurrence. The QA Lead and PPPO Deputy Manager shall approve the schedule.

5.2. Assessments Planning and Performance

5.2.1. Assessment Planning

5.2.1.1. The Responsible Organizational Lead, with input from the QA Lead, shall determine the scope of the assessment and assign an ATL and team members.

Note: The ATL should be a Certified NQA-1 Lead Auditor. If the ATL is not a Certified NQA-1 Lead Auditor, a Certified NQA-1 Lead Auditor shall be assigned to the assessment team to assist the ATL.

5.2.1.2. The ATL, with the concurrence of the Responsible Organizational Lead, shall select personnel for the assessment team and verify that team members are properly qualified, trained, and for independent assessments, are independent of the activity being assessed.

Note: Assessors shall be trained in accordance with NQA-1, Requirement 2, Section 304. If a Subject Matter Expert (SME) is assigned to the team, the SME should have a trained assessor assigned to assist the SME.
5.2.1.3. The ATL should develop an assessment plan (see Attachment 2 for an example of a simple Assessment Plan). The assessment plan may be a simple one page document or a fully detailed plan.

5.2.1.4. The assessment team should develop assessment attributes. Attributes will be based upon applicable quality assurance and technical procedures, regulatory requirements, and contractual requirements, as specified in the assessment scope. Attachment 3 contains an example Assessment Checklist form.

5.2.1.5. A unique number shall be assigned for the assessment by the PPPO Management Tracking System (MTS) database or by QA personnel.

5.2.1.6. The ATL should prepare, as appropriate, an assessment notification addressed to the key individual of the facility/organization to be assessed.

5.2.1.7. Approximately two weeks prior to the start of the assessment, the assessment plan and notification, if any, should be forwarded to the Responsible Organization Lead and the PPPO QA Lead for review, concurrence, approval, and transmittal, as appropriate.

5.2.1.8. The assessment shall minimize the impact on assessed facility/organization operations by accommodating the assessed organizations’ schedule requests to the extent practicable.

5.2.1.9. The ATL shall provide effective pre-assessment communication to the team members (e.g., conference calls, emails, pre-assessment meetings, etc.).

5.2.1.10. The ATL may conduct a pre-assessment meeting with appropriate personnel within the assessed facility/organization.

5.2.1.11. Information from the assessed organization necessary to complete the assessment should be requested by the ATL sufficiently in advance of the assessment to allow team members to review the documents prior to interviews and site visits.

5.2.1.12. The ATL may request information concerning previous assessments and results from QA personnel in the assessed organization.
5.2.1.13. The ATL (with support from the AC) shall coordinate between the assessed facility/organization and the assessment team to ensure all safety requirements are properly communicated to team members, that team members have required safety equipment (e.g., safety glasses, steel-toed boots, hard hats, etc.), and obtain the required area access and clearances.

5.2.2. Assessment Performance

5.2.2.1. The ATL shall verify that the responsible facility/organization management has been notified, if necessary, that an assessment has been scheduled.

5.2.2.2. At the start of the assessment, if appropriate, the ATL should conduct an opening ("kick-off") meeting with the assessment team and assessed facility/organization’s representatives. Attendance of the meetings should be documented and included in the assessment file. Attachment 6 has an example Assessment Attendance form.

5.2.2.3. Each ATL shall ensure the assessment is conducted in an objective, unbiased manner, and shall prohibit any assessor actions that could constitute the appearance of a conflict of interest.

5.2.2.4. Assessments may include personnel interviews, document and record reviews, observations of operations, or any other activities deemed necessary by the assessors to meet the objectives of the assessment plan. CAQs identified during the assessment shall be investigated or evaluated, as necessary, to determine if they are isolated conditions or represent a SCAQ.

5.2.2.5. Assessed personnel shall be given the opportunity to correct any CAQs that can be corrected during the assessment period. CAQs and Proficiencies shall be documented and included as part of the assessment report. Those items that have been resolved during the assessment (isolated CAQs) should be verified prior to the end of the assessment, and the resolution should be addressed in the assessment report. Items affecting the quality of the program of the assessed organization that have been self-identified should be evaluated as part of the assessment.

5.2.2.6. Objective evidence shall be examined to the detail necessary to determine whether quality assurance and technical program requirements are adequately documented, are being implemented, and the associated work processes are effective.
5.2.2.7. A SCAQ that, in the assessor’s judgment, requires prompt corrective action will be reported immediately to ATL. If the ATL agrees that the SCAQ requires prompt action, the ATL shall notify the management of the assessed facility/organization and the Responsible Organization Lead.

5.2.2.8. If a SCAQ is identified, the ATL shall contact the Responsible Organization Lead to evaluate the need to issue a Stop Work Order through the assigned Contracting Officer.

5.2.2.9. The ATL should meet daily with the team to gather details of the assessment results as they occur and to summarize the assessment results.

5.2.2.10. The ATL should communicate daily with the management of the assessed organization during the course of the assessment to provide feedback relative to assessment results and progress.

5.2.2.11. At the conclusion of the assessment, the ATL should conduct a closing meeting (“close out”) with the assessment team and the organization that was assessed. Attendance to the meeting should be documented and included in the assessment file.

5.2.3. Assessment Report

5.2.3.1. The assessment team members should submit all completed checklists (i.e., CRADs, LOIs, questions, etc.) to the ATL as soon as possible, but no later than one calendar week after completion of the assessment.

5.2.3.2. CAQs should be written to include a reference to the applicable requirement that was not met. The assessment team may identify the CAQs as findings, observations, and SCAQs in the completed checklists at this time or may make this identification in the draft report to the Responsible Organization Lead.

5.2.3.3. The ATL shall assemble the assessment checklists from each team member within two weeks after the completion of the assessment and transmit them to the assessed organization for factual accuracy review. The factual accuracy review should be requested to be completed within a maximum of one week after receiving the checklists.

5.2.3.4. The ATL shall resolve any discrepancies identified during the factual accuracy review and finalize the checklists.
5.2.3.5. The ATL should prepare a draft assessment report, including classification of the identified CAQs as findings, observations, or SCAQs if not previously done. The ATL should provide the draft report to the team and the QA Lead for review and comment.

5.2.3.6. The assessment report should include, as applicable:

- Executive Summary including a listing of all CAQs and Proficiencies
- Scope of the Assessment
- Assessment Background
- Technical Review
- Conclusions
- Assessment Checklist
- Assessors Background
- Assessors Area(s) of Responsibility
- Pre-Assessment and Post Assessment Attendance Sheets

NOTE: Disputes (e.g., dissenting opinions) between assessed and assessing individuals or organizations concerning CAQs should be resolved at the lowest possible organizational level. If informal discussions successfully resolve the dispute, the resolution should be documented in a mutually agreeable way. If the dispute cannot be resolved in informal discussions, it should be elevated to the minimum extent necessary to reach resolution through the organizational hierarchy. If agreement cannot be reached, persons who disagree may document a dissenting opinion in a supplement to the report.

5.2.3.7. The ATL shall document in the assessment report any Corrective Actions from previous assessments/surveillances that were verified as closed.

5.2.3.8. The ATL (and the assigned Certified NQA-1 Lead Auditor if the ATL is not a Certified NQA-1 Auditor) shall sign the final Assessment Report.

5.2.3.9. The QA Lead shall concur on the final Assessment Report.

5.2.3.10. The ATL shall submit the final assessment report, any dissenting opinions, and any recommended actions to the Responsible Organizational Lead. This should be accomplished within 30 calendar days of the closing meeting.
5.2.3.11. The Responsible Organizational Lead, should transmit the results of the assessment to the assessed facility/organization. The Responsible Organizational Lead shall determine what additional actions are required. For a SCAQ, the Responsible Organizational Lead should request the assessed facility/organization provide an extent of condition, root cause evaluation, and action(s) to prevent recurrence as part of the response.

5.2.3.12. All original documentation, including evidence, shall be forwarded to the AC by the ATL upon closure of the assessment.

5.2.3.13. For the purposes of tracking in the Integrated Assessment/Surveillance Schedule, the assessment is considered to be complete upon submittal of the report to the Responsible Organizational Lead.

5.2.3.14. QA personnel enter closure information into the MTS.

5.3. Surveillances Planning and Performance

5.3.1. Surveillance Planning

5.3.1.1. The Responsible Organization Lead, with input from the QA Lead as requested, shall determine the scope of the surveillance and appoint a STL.

5.3.1.2. A unique number shall be assigned for the surveillance by the MTS or QA personnel.

5.3.1.3. The STL may select personnel for a surveillance team, with concurrence from the Responsible Organization Lead.

5.3.1.4. The surveillance team should develop checklists (i.e., CRADs, LOIs, questions, etc.). Checklists will be based upon applicable quality assurance and technical procedures, regulatory requirements, and contractual requirements, as specified in the surveillance scope. Attachment 4 contains an example Surveillance Checklist form.

5.3.1.5. The STL may request information concerning previous assessments/surveillances and results from QA personnel in the assessed organization.

5.3.1.6. The STL with support from the AC shall coordinate between the assessed facility/organization and the assessment team to ensure all safety requirements are properly communicated to
team members, that team members have required safety equipment (e.g., safety glasses, steel-toed boots, hard hats, etc.), and obtain the required area access and clearances.

5.3.2. Surveillance Performance

5.3.2.1. The STL shall ensure the surveillance is conducted in an objective, unbiased manner, and shall prohibit any team member actions that could constitute the appearance of a conflict of interest.

5.3.2.2. Observed personnel will be given the opportunity to correct any CAQ that can be corrected during the surveillance period. CAQs and Proficiencies shall be documented. Those items that have been resolved during the surveillance (isolated CAQs) should be verified prior to the end of the surveillance, and the resolution should be addressed in the surveillance report. Those items that affect the quality of the program and/or the data identified by the site during self-assessments should be evaluated during the surveillance.

5.3.2.3. Objective evidence shall be examined to the detail necessary to determine whether quality assurance and technical program requirements are adequately documented, are being implemented, and the associated work processes are effective.

5.3.2.4. A SCAQ that, in the assessor’s judgment, requires prompt corrective action will be reported immediately to STL. If the STL agrees that the SCAQ requires prompt action, the STL shall notify the management of the assessed facility/organization and the Responsible Organization Lead.

5.3.2.5. If a SCAQ is identified, the STL shall contact the Responsible Organization Lead to evaluate the need to issue a Stop Work Order through the assigned Contracting Officer.

5.3.2.6. At the conclusion of the surveillance, the STL may conduct a closing meeting ("close out") with the surveillance team and assessed facility/organization’s management/representatives. Attendance to the meeting should be documented and included in the Surveillance Report.

5.3.2.7. QA personnel enter closure information into the MTS.
5.3.3. Surveillance Reporting

5.3.3.1. The STL shall prepare a Surveillance Report that lists all CAQs and Proficiencies observed during the Surveillance. This may just include the Surveillance Checklists.

5.3.3.2. The STL shall sign the Surveillance Report.

5.3.3.3. The STL shall submit the Surveillance Report and any recommended actions to the Responsible Organizational Lead.

NOTE: Disputes (e.g., dissenting opinions) between assessed and assessing individuals or organizations concerning CAQs should be resolved at the lowest possible organizational level. If informal discussions successfully resolve the dispute, the resolution should be documented in a mutually agreeable way. If the dispute cannot be resolved in informal discussions, it should be elevated to the minimum extent necessary to reach resolution through the organizational hierarchy. If agreement cannot be reached, persons who disagree may document a dissenting opinion.

5.3.3.4. The Responsible Organizational Lead should transmit the results of the surveillance to the assessed facility/organization. The Responsible Organizational Lead shall determine what additional actions are required. For a SCAQ, the Responsible Organizational Lead should request the assessed facility/organization provide an extent of condition, root cause evaluation, and action(s) to prevent recurrence as part of the response.

5.3.3.5. All original documentation, including evidence, shall be forwarded to the AC by the STL upon closure of the surveillance.

5.3.3.6. For the purposes of tracking in the Integrated Assessment/Surveillance Schedule, the surveillance is considered to be complete upon submittal of the report to the Responsible Organizational Lead.

5.4. Assessment/Surveillance Follow-up

5.4.1. The Responsible Organization Lead should request the assessed organization address CAQs resulting from independent assessments/surveillance in accordance with their QA Plan and implementation procedures.
5.4.2. Management assessments shall have corrective actions controlled by PPPO Corrective Action Reporting Process procedure, PPPO-M-414.1-1, *Corrective Action Program*.

5.4.3. Upon the receipt of the response from the assessed facility/organization, the Responsible Organization Lead will review, as appropriate, ensuring the response to the assessment/surveillance is appropriate, timely, resolves the CAQs, and prevents recurrence.

5.4.3.1. If the Responsible Organizational Lead determines the responses are inadequate, they shall notify the assessed facility/organization of the areas that were determined to be inadequate, request a revised action, and specify when the revised action is due.

5.4.3.2. If the Responsible Organizational Lead determines the corrective actions are adequate, they should notify the assessed facility/organization of the acceptability of the response.

5.4.4. Any extension of the due date for the response must be approved by the Responsible Organizational Lead.

**NOTE:** Corrective actions should be developed and approved to meet any specified requirements for submittal of a CAP. The CAP should be submitted in a timely fashion (i.e., within specified time requirements or within 30 days of receipt of the report).

5.5. **Lead Auditor/Auditor Certification**

5.5.1. Personnel assigned as a team member shall be trained in the requirements of this procedure and be knowledgeable of the activity observed. Certification as an Assessor is not required.

5.5.2. Personnel assigned as a NQA-1 Auditor should be certified using the guidance of NQA-1, Requirement 2, Section 304.

5.5.3. Personnel assigned as an NQA-1 Lead Auditor should be certified using the guidance of NQA-1 Part I, Requirement 2, Section 303 and Non-Mandatory Subpart 3.1, Appendix 2A-3 requirements. For PPPO personnel, this certification shall be documented using the form in Attachment 5. For contract oversight personnel, the contractor shall identify the applicable certification official and have the concurrence of the PPPO QA Lead.

5.5.4. Annually, Certified NQA-1 Lead Auditor shall be evaluated for proficiency and have their proficiency approved by the contractor certification official and concurred by the PPPO QA Lead. Certified NQA-1 Lead Auditor shall maintain proficiency by:
5.5.4.1. Participation in at least two assessments, of which at least one assessment, the person performed as team lead.

5.5.4.2. Approval of documented training and/or study as described in NQA-1 Part I, Requirement 2, Section 303.5.

5.5.5. If a Certified NQA-1 Lead Auditor has not maintained their proficiency for a period of two years or more, the Certified NQA-1 Lead Auditor must recertify as a Lead Auditor per NQA-1 Part I, Requirement 2, Section 303.6.

6.0 Records

6.1. The following records are generated by this procedure and are retained in the MTS, in accordance with applicable retention schedules:

6.1.1. Assessment plan.

6.1.2. Complete Assessment and Surveillance checklists.

6.1.3. Assessment report with associated evidence to support the identified CAQs and dissenting opinions.

6.1.4. Surveillance report with associated evidence to support the identified CAQs and dissenting opinions.

7.0 Attachments

7.1. Attachment 1: Example Assessment/Surveillance Schedule Format

7.2. Attachment 2: Example Assessment Plan Report

7.3. Attachment 3: Example Assessment Checklist

7.4. Attachment 4: Example Surveillance Checklist

7.5. Attachment 5: Example Lead Auditor/Auditor Certification Form

7.6. Attachment 6: Example Attendance Form
## ATTACHMENT 1
### ASSESSMENT/SURVEILLANCE SCHEDULE FORMAT (Example)

#### PPPO Assessment Schedule - MTS

**CORE**

<table>
<thead>
<tr>
<th>Review</th>
<th>Title</th>
<th>Current Sch Date</th>
<th>End Date</th>
<th>Site</th>
<th>Contractor</th>
<th>Performing Agency</th>
<th>TeamLead</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PADU-10-IR-023</td>
<td>Integrated Safety Management System/Environmental Management System Phase I &amp; II Verification Review</td>
<td>11/30/2009-12/1/2009</td>
<td>PADU</td>
<td>SST</td>
<td>DOE PPPO</td>
<td>Hill</td>
<td>REPORT PENDING</td>
<td>A draft report was submitted to SST 12/22/2006. Final accuracy comments were received 12/25/2009. Comments were clarified/editoial and did not change the report. Final report is in process of transmiittal.</td>
<td></td>
</tr>
<tr>
<td>PORT-10-IR-100</td>
<td>Annual ISMS Verification Review</td>
<td></td>
<td>PORT</td>
<td>LPI</td>
<td>DOE PPPO</td>
<td></td>
<td>SCHEDULED</td>
<td>Scheduled for Fourth Quarter FY 2010</td>
<td></td>
</tr>
<tr>
<td>PORT-10-IR-103</td>
<td>Phase I ISMS Review</td>
<td></td>
<td>PORT</td>
<td>LPI</td>
<td>DOE PPPO</td>
<td></td>
<td>SCHEDULED</td>
<td>Scheduled for Fourth Quarter FY 2010</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment**

<table>
<thead>
<tr>
<th>Review</th>
<th>Title</th>
<th>Current Sch Date</th>
<th>End Date</th>
<th>Site</th>
<th>Contractor</th>
<th>Performing Agency</th>
<th>TeamLead</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PADU-10-IA-044</td>
<td>ORO Safeguards and Security Survey</td>
<td></td>
<td>PADU</td>
<td>SST</td>
<td>Other</td>
<td></td>
<td>SCHEDULED</td>
<td>Scheduled for Third Quarter FY 2010. Exact date TBD.</td>
<td></td>
</tr>
<tr>
<td>PADU-10-IA-045</td>
<td>Phase I ISMS Review (New Contractor)</td>
<td></td>
<td>PADU</td>
<td>PRS</td>
<td>DOE PPPO</td>
<td>Hill</td>
<td>SCHEDULED</td>
<td>Depends on contract transition. Scheduled for 4th Quarter FY 2010. Exact date TBD.</td>
<td></td>
</tr>
<tr>
<td>PADU-10-IA-046</td>
<td>Cyber Security Continuous Monitoring</td>
<td></td>
<td>PADU</td>
<td>PRS</td>
<td>DOE PPPO</td>
<td>Woods</td>
<td>SCHEDULED</td>
<td>Scheduled for Third Quarter FY 2010. Exact date TBD.</td>
<td></td>
</tr>
<tr>
<td>PADU-10-IA-047</td>
<td>Phase II ISMS Review (New Contractor)</td>
<td></td>
<td>PADU</td>
<td>SST</td>
<td>Hill</td>
<td></td>
<td>SCHEDULED</td>
<td>Scheduled for Third Quarter FY 2010. Exact date TBD.</td>
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<tr>
<td>PADU-10-IA-048</td>
<td>Cyber Security Continuous Monitoring</td>
<td></td>
<td>PADU</td>
<td>SST</td>
<td>DOE PPPO</td>
<td>Woods</td>
<td>SCHEDULED</td>
<td>Scheduled for Third Quarter FY 2010. Exact date TBD.</td>
<td></td>
</tr>
<tr>
<td>PADU-10-IA-059</td>
<td>Operational Readiness Review - DUFA</td>
<td></td>
<td>PADU</td>
<td>UOS</td>
<td>Hill</td>
<td></td>
<td>SCHEDULED</td>
<td>Scheduled for First Quarter FY 2010. Exact date TBD.</td>
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</tbody>
</table>

*Wednesday, February 24, 2010*
# ATTACHMENT 1 (CONTINUED)

## ASSESSMENT/SURVEILLANCE SCHEDULE FORMAT (Example)

<table>
<thead>
<tr>
<th>Assessment</th>
</tr>
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<tbody>
<tr>
<td><strong>Number</strong></td>
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<tr>
<td>------------</td>
</tr>
<tr>
<td>PADU-16-IA-030</td>
</tr>
<tr>
<td>PADU-16-IA-032</td>
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<tr>
<td>PADU-16-IA-033</td>
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<tr>
<td>PADU-16-IA-054</td>
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<tr>
<td>PADU-16-IA-059</td>
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<tr>
<td>PADU-16-MA-027</td>
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<tr>
<td>PADU-16-MA-031</td>
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<tr>
<td>PORT-16-IA-042</td>
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</tbody>
</table>
ATTACHMENT 2
ASSESSMENT PLAN REPORT (EXAMPLE)

U.S. Department of Energy
Portsmouth/Paducah Project Office

Assessment Plan Report

Assessment/Surveillance Number

Date

Title
Organization
PBS Number
WBS Number
Performed by
Purpose

Basis

Checklist Used
People contacted

Results Summary

The use and level of detail of an assessment plan will vary depending on what is being assessed, and whether the assessment is a management or independent assessment. Plans are used to scope and plan individual assessments, and should include input not only from the assessed organizations but also from their customers. A documented assessment plan not only allows expectations to be communicated to the assessed organization, but also allows the assessment team to focus its activities more effectively. The scope of the assessment should be defined in terms related to the assessed organization’s mission and goals so the focus and value of the assessment will be clearly understood. The level of detail included in the assessment plan should be commensurate with the protocols of both the assessed and assessing organizations.

The assessment plan should include the following items:

- team members and their qualifications and biographies;
- description of the assessment scope and performance criteria (assessment attributes);
- dates of the assessment;
- schedule of assessment meetings-pre-assessment, daily, and post-assessment;
- list of documents to be provided to the assessment team upon arrival;
- requests for office space, phone lines, computers, and other administrative support as required;
- requests for site-specific training, dosimetry, and access requirements; and request for points-of-contact for each functional area.
## ATTACHMENT 3
### ASSESSMENT CHECKLIST (Example)

<table>
<thead>
<tr>
<th>Requirements/Standard</th>
<th>A</th>
<th>F</th>
<th>O</th>
<th>P</th>
<th>Comments/Observations</th>
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**Additional Comments:**

(Include list of documents reviewed and personnel interviewed by title.)

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*Note:* A means Acceptable  
F means Finding  
O means Observation  
P means Proficient

Checklist Completed By: ____________________________  
Keep a signed and dated copy for your file.
ATTACHMENT 4
SURVEILLANCE CHECKLIST (Example)

U.S. Department of Energy
Portsmouth/Paducah Project Office
Surveillance Detail Report
For Surveillance Number:
Title:

Site: Paducah □ Portsmouth □ Date of Surveillance:
Location:
Contractor Company: Surveillance Performed by:
Contractor Contact: DOE Telephone:
Contractor Telephone:
Exit Interview Conducted? Yes □ Follow up required? Yes □

Surveillance Scope:

<table>
<thead>
<tr>
<th>Standard, Requirement, or Characteristic</th>
<th>A</th>
<th>F</th>
<th>O</th>
<th>P</th>
<th>Comments (details of what you observed or reviewed)</th>
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</tbody>
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Additional Comments:
(Include list of documents reviewed and personnel interviewed by title.)

Note: A means Acceptable
F means Finding
O means Observation
P means Proficient

Signature and Date: ____________________________
Keep a signed and dated copy for your files.
## ATTACHMENT 5
LEAD AUDITOR/AUDITOR CERTIFICATION FORM (Example)

### AUDITOR/LEAD AUDITOR QUALIFICATION

<table>
<thead>
<tr>
<th>Lead Assessor / Assessor Qualification For:</th>
</tr>
</thead>
</table>

### QUALIFICATIONS

#### 1. NQA-1 CERTIFICATION

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Passed</th>
<th>Date</th>
</tr>
</thead>
</table>

#### 2a. EDUCATION (4 Pts. Max.)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>UNIVERSITY</th>
<th>DEGREE</th>
<th>DATE</th>
<th>POINTS</th>
</tr>
</thead>
</table>

#### 2b. EXPERIENCE (9 Pts. Max.)

<table>
<thead>
<tr>
<th>AREA</th>
<th>COMPANY</th>
<th>DATE</th>
</tr>
</thead>
</table>

#### 2c. PROFESSIONAL ACCOMPLISHMENT (2 Pts. Max.)

<table>
<thead>
<tr>
<th>Ex. PE (Professional Engineers License), CSP (Certified Safety Professional), etc.</th>
</tr>
</thead>
</table>

#### 2d. MANAGEMENT (2 Pts. Max.)

<table>
<thead>
<tr>
<th>JUSTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluated by: (name &amp; title) Date:</td>
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</tbody>
</table>

**TOTAL POINTS**

(Minimum of 5 points to qualify as Assessor; 10 points as Lead Assessor)

### TRAINING

<table>
<thead>
<tr>
<th>TRAINING COURSE</th>
<th>DATE</th>
</tr>
</thead>
</table>

### COMMUNICATION SKILLS

<table>
<thead>
<tr>
<th>Evaluated by: (name &amp; title) Date:</th>
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</table>
ATTACHMENT 5
LEAD AUDITOR/AUDITOR CERTIFICATION FORM (Example)

AUDITOR/LEAD AUDITOR QUALIFICATION

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ASSESSMENT</th>
<th>DATE</th>
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<tbody>
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</table>

QUALIFIED BY:

<table>
<thead>
<tr>
<th>SIGNATURE AND TITLE</th>
<th>QUALIFIED AS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Assessor</td>
<td>or Assessor</td>
<td></td>
</tr>
<tr>
<td>(Circle one)</td>
<td></td>
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</table>

ANNUAL EVALUATION

<table>
<thead>
<tr>
<th>SIGNATURE AND TITLE:</th>
<th>DATE</th>
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<tbody>
<tr>
<td></td>
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</table>

SUPPORTING DOCUMENTATION ATTACHED INCLUDES:

1. [ ]
2. [ ]
3. [ ]
4. [ ]
5. [ ]
6. [ ]
ATTACHMENT 6
ASSESSMENT ATTENDANCE FORM (Example)

Assessment Attendance Sheet

Assessment/Surveillance Number:
Assessment/Surveillance Title:

Meeting Location:

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Signature</th>
<th>Phone</th>
<th>Email</th>
<th>Date/Time</th>
<th>Check if attended Pre-assessment meeting</th>
<th>Date/Time</th>
<th>Check if attended Post-assessment meeting</th>
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</table>
ATTACHMENT 6 (CONTINUED)
ASSESSMENT ATTENDANCE FORM (Example)

Supplemental Information for Opening/Closing Meetings

The opening meeting should address the following topics:

- Introduction of each assessment team member with identification of assessed area(s);
- Introduction of assessed facility personnel and identification of facility counterparts for assessment team members;
- Introduction of key points-of-contact or assessors assigned a guide personnel (if necessary) that will be available during the assessment;
- Overview of the assessment process including the use of assessment attributes;
- Discussion of assessment logistics (e.g., facility/organization’s hours of operation, assessment daily start/stop times, whether daily debriefings will be held with assessed facility/organization representatives, estimated exit meeting time, process for obtaining documents and records); and
- Review of assessed facility administrative and safety requirements (e.g., visitor briefing requirements, access restrictions, facility safety points of contact, personal protective equipment requirements, radiological protection requirements, and emergency response procedures including identification of alarms/responses and evacuation routes).