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CP3-QA-1003 FRev. 2A	**TITLE**: Management and Self-Assessment	Page 1 of 15

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REVISION/CHANGE LOG

Revision/Change Letter	Description of Changes	Pages Affected	Date of Revision/Change
FR0	Blue Sheeted procedure.	All	10/20/17
FR1	Full revision to remove Contractor Performance Assurance Approval of Management and Self-Assessments and blue sheet.	All	12/13/17
FR2	Revision to remove 5.5 related to readiness reviews and use reference DOE O 425.1D; clarify that effectiveness reviews are assessments that require a trained and qualified assessor; and address CA-001471, AI-0001953, to clarify the definition of Responsible Manager and include the minimum distribution list.	All	1/8/2019
FR2A	Revision per AI-0002291, to add statement for an external review by an Independent Assessor as it relates to the organizations' annual assessment plan.	7	03/26/19

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1.0 PURPOSE AND SCOPE

1.1 Purpose

This procedure defines the Paducah site Deactivation and Remediation (D&R) Contractor process for conducting management and self-assessments. This procedure incorporates the criteria contained within CP2-QA-1000, *Quality Assurance Program Description for the Paducah Gaseous Diffusion Plant, Paducah Kentucky,* and applicable portions of ASME NQA-1-2008 (with Addenda through 2009), *Quality Assurance Requirements for Nuclear Facility Applications*.

Management assessments are conducted by, or on behalf of, the organization manager or an invited independent organization with management involvement. Self-assessments are conducted by the implementing organization and performed by the personnel doing the work.

1.2 Scope and Application

This procedure applies to management assessments and/or self-assessments performed on any organization, system, process, and/or facility managed by the Paducah site D&R Contractor. It covers planning, performing, notification, reporting, documenting, and dispositioning the results of management assessments and self-assessments. Self-assessments germane to the Safeguards and Security organization (for example, protective force operations) will be performed in accordance with CP4-SS-PFSA, *Safeguards & Security Self-Assessment Program*. Management assessments may also apply to the work performed by the Paducah site D&R Contractor subcontractors.

Managers conduct management assessments as documented evaluations of how effectively policies, programs, management systems, and processes are implemented. Direct participation by managers is essential to the success of the management assessment process.

Self-assessments may be performed at the request of a manager or supervisor for the review of a limited area within a function, such as the implementation of the work package process, or the review of a particular function, or the review of a particular project training and qualification process. An assessment team leader is **NOT** required for a requested or self-performed self-assessment.

Self-assessments may also be performed by an individual, whenever appropriate to evaluate or review an activity or limited area within their own work function(s).

2.0 REFERENCES

2.1 Use References

- CP2-QA-1000, *Quality Assurance Program Description for the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP3-HS-2009, *Stop/Suspend Work*
- CP3-QA-1001, *Graded Approach*
- CP3-QA-2005, *Nonconformance Control*
- CP3-QA-3001, *Issues Management*
- CP3-QA-3002, *Operating Experience/Lessons Learned* (OE/LL)

2.2 Source References

- CP2-QA-3000, *Contractor Performance Assurance Program Description at the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP4-SS-PFSA, *Safeguards & Security Self-Assessment Program*
- ASME NQA-1-2008 (with Addenda through 2009), *Quality Assurance Requirements for Nuclear Facility Applications*
- Department of Energy (DOE) Order (O) 414.1D, Chg. 1, *Quality Assurance*, Criterion 3-Management/Quality Improvement, Criterion 9-Assessment/Management Assessment
- DOE O 226.1B, *Contractor Requirement Document* Att. 1, Implementation of DOE Oversight Policy
- DOE EM-QA-001, Rev. 1, *EM Quality Assurance Program (QAP)*
- 10 CFR § 830, Subpart A, *Quality Assurance Requirements*, Criterion 3-Management/Quality Improvement, Criterion 9-Assessment/Management Assessment.

3.0 COMMITMENTS

None

4.0 RESPONSIBILITIES

Responsibilities may be outlined in Section **6.0**. The position titles used to identify responsible individuals in this procedure are understood to include designees.

5.0 GENERAL INFORMATION

5.1 The focus and intent of any particular assessment is to review, evaluate, and assess the status, adequacy, and effectiveness of an organization's own programs, processes, and/or procedures. This is particularly intended to identify proficiencies or deficiencies in processes, practices, behaviors, roles, responsibilities, and organizational expectations that may impede performance improvement, or any needs to improve status, efficiency and/or effectiveness.

5.2 **If** an operation or process is identified that jeopardizes safety, health, the environment or has life-threatening implications, **then** immediately work shall be stopped in accordance with CP3-HS-2009, *Stop/Suspend Work*.

5.3 Nonconforming items, services, procedures, or processes shall be documented and evaluated for significance and reporting in accordance with CP3-QA-2005, *Nonconformance Control*.

5.4 Findings, observations and process improvements shall be documented in accordance with CP3-QA-3001, *Issues Management*.

5.5 Management assessments are the responsibility of line organizations and are **NOT** to be delegated to independent oversight organizations such as Quality or Safety, although their support may be requested to organize and develop assessment strategies and checklists and provide assessor training.

5.6 For assessments used to perform effectiveness reviews; the assessment must be led by or include a trained and qualified assessor, not necessarily a lead assessor, and be performed using Appendix D of CP3-QA-3001, *Issues Management*.

6.0 INSTRUCTIONS

NOTE:

Management assessments are separate and distinct from independent assessments. They promote a proactive system for the early detection and correction of potential problems, and provide management at all organizational levels with an accurate and current awareness of their organization's performance and compliance with requirements. Any findings, observations, and process improvements resulting from a management assessment are to be documented in accordance with Section **6.4** and CP3-QA-3001, *Issues Management,* or CP3-QA-2005, *Nonconformance Control*. Management assessments meet the Integrated Safety Management (ISM) core function expectations by providing feedback and continuous improvement.

Self-assessments are less formal than management assessments. It is recommended that a self-assessment follow the management assessment process, although it is not strictly required. Allowable deviations are: an Assessment Team Lead is **NOT** required, a formal assessment plan is **NOT** required, and a formal entrance meeting and exit meeting are **NOT** required. Any findings, observations, and process improvements resulting from a self-assessment are to be documented in accordance with Section **6.4** and CP3-QA-3001, *Issues Management,* or CP3-QA-2005, *Nonconformance Control*.

6.1 Scheduling Assessments

NOTE:

The frequency and scope of Management and Self-Assessments are based on the safety significance of the program or process. Program Managers, Project Managers, and the Waste Certification Official (WCO) shall work with the Contractor Performance Assurance Program (CPAP) Manager to develop an assessment schedule based on risk and consequence factors within their area of responsibility.

Risk and consequence factors are determined using CP3-QA-1001, *Graded Approach* as necessary.

One or more management assessments shall be conducted annually by the Paducah site D&R Contractor to assess the adequacy and effective implementation of the Quality program. These management assessments in coordination with any applicable independent audits or assessments meet the requirement in CP2-QA-1000, *Quality Assurance Program Description for the Paducah Gaseous Diffusion Plant, Paducah Kentucky* (QAPD) to review and validate the overall implementation and effectiveness of the QAPD on an annual basis.

Responsible Program, Project Manager or WCO

6.1.1 Develop a list of management and self-assessments necessary to assess the status, adequacy, and effectiveness of the organization's own programs, processes, and/or procedures. The list must include assessments necessary to meet periodic (for example, annual or triennial) program assessment requirements.

6.1.2 Review the following sources and requirements for the development of the assessment list:

- The Contract or Task Order
- Project schedules and associated work tasks or activities
- Results of previous assessments (management, independent and self)
- Implemented corrective actions and effectiveness reviews
- Occurrences and other issues or events reportable to DOE
- Lessons Learned
- Adverse trends
- Assessments required by external agencies, such as Nevada National Security Site (NNSS)
- Performance problems, diminishing performance, and negative external assessment results

6.1.3 Work with CPAP Manager to develop an assessment schedule based on the risk and consequence of the assessment scope including the following as a minimum:

- Manager responsible for the assessment (Responsible Manager)
- Subject area to be assessed
- Type of assessment (management or self)
- Scheduled completion date of the assessment

6.1.4 Provide the assessment schedule to the CPAP Manager for incorporation into a comprehensive assessment schedule.

<u>CPAP Manager or Internal Assessment Lead</u>

6.1.5 Develop the comprehensive assessment schedule, including scheduled surveillances, Independent assessments or surveillances, management and self-assessments as applicable, based upon a review of the ongoing and planned activities, and the associated risks and consequences, with input from the responsible Program and Project Managers and WCO.

6.1.6 Maintain **and** arrange or re-arrange the assessment schedule to reflect, but **NOT** be limited to, the following:

- Combining scheduled assessment activities with other assessments being conducted in the same area
- Assessments may be cancelled or rescheduled based on such factors as changes in priorities, other assessments directed by functional organizations or external oversight groups, or the need to address newly identified problem areas
- Additional assessments may be identified and performed once the original schedule is finalized

- Cancellation or rescheduling of assessments required by the Contract or Task Order policies or procedures must have written approval of the CPAP Manager (approval may be granted by e-mail, if required)
- Cancellation or rescheduling of assessments required by NNSS policies or procedures implementing NNSS requirements must be coordinated by the CPAP Manager and have written approval of the WCO (approval may be granted by e-mail, if required)
- Provide for concurrence with the draft Fiscal Year Assessment Plan to an external Independent Assessor to evaluate the adequacy of the organization's Assessment plan in scope, frequency, and independence with a focus on the utilization of safety, risk, and consequence factors within each functional area. Chg A

6.1.7 Update the assessment schedule at least once per quarter to reflect the assessments performed and completion dates.

6.1.8 Publish the assessment schedule in shared folder or location.

6.1.9 Maintain approved templates for self and management assessment plan, checklist **and** report in shared folder or location.

6.2 Planning an Assessment

Responsible Manager

NOTE:

Where the Responsible Manager is also the Assessment Team Lead or the Assessor, the Manager can adjust, as necessary, the format, notifications, briefings, approvals, etc. discussed in this procedure.

6.2.1 Select assessment type.

6.2.2 Identify scope of the assessment.

6.2.3 Contact CPAP Personnel at FRNP-CPAP@pad.pppo.gov to obtain the applicable assessment number.

CPAP Personnel

6.2.4 Confirm assessment scope, assign assessment number, **and** provide appropriate templates for assessment plan, checklist and report.

Responsible Manager

6.2.5 Determine general criteria to be assessed along with any specific criteria to be assessed.

6.2.6 **If NOT** already established, **then** for assessments that are effectiveness reviews, determine effectiveness success criteria.

6.2.7 **When** conducting effectiveness review assessments **and** in conjunction with this procedure, follow the effectiveness review requirements of CP3-QA-3001, *Issues Management.*

6.2.8 Based on assessment type, select Assessment Team Lead having experience and technical expertise in the area being evaluated.

6.2.9 Determine assessment team make-up and qualification requirements based on scope, depth, degree of rigor to be achieved and type of assessment.

6.2.10 Brief Assessment Team Lead on assessment expectations **and** provide routine monitoring and coaching of assessment quality.

Assessment Team Lead/Assessor

NOTE:

Templates are obtained by contacting the CPAP Group, or on the intranet under Health & Safety, Contractor Performance, Assessments, Assessments Templates.

6.2.11 Agree on assessment scope and timeframe with the Responsible Manager.

6.2.12 Review prior assessments to determine whether attributes or questions, information, or results may be used for the planned assessment.

6.2.13 Solicit assessors, if required, for the assessment type being performed.

6.2.14 Base selection of assessors upon experience related to work scope and familiarity with the activities being assessed.

NOTE:

If approved by the Responsible Manager, **then** the Assessment Team Lead may utilize an alternative method of communicating pertinent information to the team, function, or project being assessed when an Assessment Plan is **NOT** feasible.

6.2.15 Develop assessment plan if needed, (management assessments require a plan) to include purpose, scope, planned assessment dates, team members, resources required and any other pertinent information that should be communicated to the team and the function or project being assessed.

6.2.16 Complete assessment checklist to include each attribute or question [Line of Inquiry (LOI)] and the related source of that LOI in order to perform the assessment.

6.2.17 **If** there is no documented driver [for example, a governing procedure, regulatory requirement, Operating Experience/Lessons Learned (OE/LL) record, etc.], **then** state the source is "Management Expectation" or similar wording.

6.2.18 Research should include the following, as applicable to the assessment scope and objectives:

- Governing procedures
- Regulatory requirements
- OE/LL database
- Previously recorded assessments for input pertaining to the purpose and scope of the assessment to be performed
- Previous corrective action plans (CAPs), CAP actions
- Trend reports

- Quality and/or regulatory assessments, audits, surveillances, inspections
- Support from personnel who are technically capable in the area being assessed
- Attributes/questions with the amount of detail and rigor that is reflective of the scope of the assessment

6.2.19 Obtain Responsible Manager's signature for the assessment plan.

6.2.20 Provide the assessment plan and checklist to appropriate management of the assessed organization.

Responsible Manager

6.2.21 Sign for acceptance of the assessment plan, if applicable.

CPAP Manager or Internal Assessment Lead

6.2.22 Provide assessment numbers as requested, may assign numbers to scheduled assessments prior to request from Responsible Manager.

6.3 Performing Assessments

Assessment Team Leader or Assessor

6.3.1 Include the following in pre-assessment activities:

A. Schedule entrance and exit meetings, if needed.

B. Notify management of the assessed function or project that the assessment will commence on the scheduled date.

C. Include in entrance meeting information the assessment scope, goal, methodology selected, team members and assigned tasks.

D. Make arrangements for personnel, meeting locations and scheduling.

6.3.2 Use one or a combination of the following evaluation methodologies:

A. For Observation - Provide direct observation of work (both physical and/or process), when practical and available.

B. For Document Reviews - Provide objective evidence to substantiate compliance with applicable requirements, this technique should be combined with interviews, work observation and/or field observation to complete the performance picture.

C. For Interviews - Provide the means of verifying results of work observation, document review and/or field observation.

6.3.3 **When** conducting assessments, perform the following:

A. Coordinate **and** conduct entrance meeting, if needed (required for management assessments).

B. Collect objective evidence within the limits imposed by the purpose and scope to address each assessment LOI.

C. Document results on the assessment checklist, **and** provide a clear and concise description of what was identified.

D. Utilize, as necessary, persons recognized as knowledgeable of the program, process or procedures to help determine the status of the LOI being assessed.

NOTE:

It is possible an LOI could be fully met and a non-related finding or observation is identified during the assessment. The LOI would be marked Satisfactory (SAT) and the finding or observation would be documented in accordance with CP3-QA-3001, *Issues Management,* or CP3-QA-2005, *Nonconformance Control*.

At a minimum all Findings, Observations, and Process Improvements are to be documented in accordance with CP3-QA-3001, *Issues Management,* or CP3-QA-2005, *Nonconformance Control*.

E. Assign one implementation result to each LOI on the checklist as follows:

- Satisfactory (SAT)/Acceptable – Fully meets related LOI; Observations, needed Process Improvements, and Proficiencies should also be noted.
- Unsatisfactory (UNSAT)/Finding or Observation – Does **NOT** meet related LOI (Finding) or if **NOT** corrected will **NOT** meet related LOI (Observation) and non-LOI related Findings and Observations should also be noted.
- Not Applicable (N/A) – If LOI was found to be **NOT** applicable to the function, process, program, etc. the LOI is pertinent to, or the LOI was **NOT** reviewed.

F. Identify areas which may serve as examples to or provide OE/LL for current and future projects.

G. Report OE/LL in accordance with CP3-QA-3002, *Operating Experience/Lessons Learned (OE/LL)*.

H. Keep management apprised of the status of assessment efforts and results on a daily basis or periodicity agreed upon for the assessment.

I. Immediately notify management of conditions requiring prompt corrective action.

J. **If** UNSAT or SAT results in a Finding, Observation, or Process Improvement, **then** document in accordance with CP3-QA-3001, *Issues Management,* **and** include the Corrective Actions and Preventive Actions (CAPA) number generated from the Reliance Issues Management System in the result section of the applicable LOI.

K. **If** UNSAT or SAT result is documented in accordance with CP3-QA-2005, *Nonconformance Control*, **then** add the NCR number to the result section of the LOI.

L. **When** the assessment is completed, conduct an exit meeting with the participants and manager of the assessed organization to discuss assessment results.

6.4 Assessment Reporting

Assessment Team Leader or Assessor

NOTE:
Attachments to the report should provide any supporting information relevant to the assessment.

6.4.1 Develop assessment report to include the following information:

- Provide dates of when the assessment was performed, date of the exit meeting, and an executive summary.
- The results section of the report should summarize the assessment results and correlate with the purpose and scope: highlight findings, observations, process improvements, and proficiencies; include conclusions substantiated by facts, results should address effectiveness of program implementation, processes and procedures.
- Identify by name and position those personnel who were contacted during the assessment.

6.4.2 Identify the team members (such as, leader, assessor, and technical specialist).

6.4.3 Document CAPA number(s) for findings, observations, and process improvements in the assessment report, as applicable.

6.4.4 **If** the LOI results in a nonconformance, **then** document the NCR number in the assessment report.

6.4.5 Include in each attachment or appendix the assessment number, attachment or appendix number, page number, and attachment or appendix title.

6.5 Review and Approval

Assessment Team Leader or Assessor

6.5.1 Review the assessment report with the assessment team members, if applicable, to ensure accuracy and completeness; make any corrections, as necessary.

6.5.2 Finalize **and** sign the report.

6.5.3 Obtain Responsible Manager's signature on the report.

6.6 Documentation

Assessment Team Leader or Assessor

6.6.1 Ensure any UNSAT results are documented as findings or observations.

6.6.2 Ensure findings, observations, and process improvements are documented in accordance with CP3-QA-3001, *Issues Management,* or CP3-QA-2005, *Nonconformance Control,* with applicable cross-references listed in the assessment report.

Responsible Manager or Assessment Team Leader (if assigned)

6.6.3 Ensure the completed assessment report is distributed at a minimum to the following:

- Responsible Director of the assessed organization
- Responsible Manager of assessed organization
- Contractor Performance Assurance Program Personnel at FRNP-CPAP@pad.pppo.gov
- WCO, if NNSS Waste Certification Program related
- Nondestructive Assay (NDA) Program Manager, if NDA program related
- Related stakeholders
- Personnel who have been assigned actions within the report
- Others as determined applicable

7.0 RECORDS

7.1 Records Generated

7.1.1 The following records may be generated by this procedure:

- Assessment Plan
- Assessment Report
- Assessment Checklist
- Alternative Assessment Documents
- Attachments to plans, reports, and checklists.

7.1.2 Forms are to be completed in accordance with CP3-OP-0024, *Forms Control*.

7.2 Records Disposition

The records are to be prepared, approved, and maintained in accordance with CP3-RD-0010, *Records Management Process*, and supporting procedures.

Appendix A – Acronyms/Definitions

ACRONYMS

CAP – Corrective Action Plan

CAPA – Corrective Action and Preventive Actions

CFR – Code of Federal Regulations

CPAP – Contractor Performance Assurance Program

D&R – Deactivation and Remediation

LOI – Line of Inquiry

LL – Lessons Learned

NDA – Nondestructive Assay

NNSS – Nevada National Security Site

O – Order

OE – Operating Experience

QAPD – Quality Assurance Program Description

SAT – Satisfactory

UNSAT – Unsatisfactory

WCO – Waste Certification Official

DEFINITIONS

Assessment – A review, evaluation, inspection, test, check, surveillance, or audit to determine and document whether items, processes, systems, or services meet specified requirements and perform effectively.

Assessment Team Leader – An individual who by education, experience, and other credentials has been selected to organize, perform, and direct an assessment; and report assessment results.

Assessor – An individual who by education, experience, and other credentials has been selected to perform an assessment.

Attribute – A process or activity that needs to be evaluated to ensure the Assessment Plan is satisfied.

Checklist – A document containing a series of statements and/or questions (for example, characteristics) used to gain sufficient information to evaluate processes based on defined performance criteria. Checklists are used as guidance and may be expanded or condensed during an assessment as circumstances warrant.

Appendix A – Acronyms/Definitions (continued)

Condition Adverse to Quality (CAQ) – An all-inclusive term used in reference to any of the following: failures, malfunctions, deficiencies, defective items, and nonconformances. [Definition from ASME NQA-1-2008 (and addenda through 2009)]

Corrective Action – Measures taken to rectify conditions adverse to quality and, where necessary, to preclude repetition.

Document Reviews – Technique used during an Assessment during which documents are evaluated to provide objective evidence to substantiate compliance with applicable requirements.

Finding – A direct violation of or nonconformance to an existing requirement. A series of related or "like" findings or observations may be symptoms of an underlying systemic problem; therefore, a single issue should be developed that consolidates and cites the individual findings or observations as evidence of a system breakdown.

Issue – Generic term for problems, deficiencies, findings, observations, concerns, alerts, occurrences, potential noncompliance, and other events/conditions identified in the scope of this procedure requiring evaluation for corrective action.

Line of Inquiry (LOI) – Criteria, attribute/question to be assessed and included on the assessment checklist.

Management Assessment – A periodic introspective self-analysis, conducted by management, to evaluate management systems, processes, and programs ensuring the organization's work is properly focused on achieving desired results.

Nonconformance – A deficiency in characteristic, documentation, or procedure that renders the quality of an item or activity unacceptable or indeterminate.

Objective Evidence – Any documented statement of fact, other information, or record, either quantitative or qualitative, pertaining to the quality of an item or activity, based on observations, measurements, or tests that can be verified.

Observation – An assessment conclusion identifying a condition that is **NOT** a deviation to a written requirement; however not corrected would become a deviation.

Process Improvement – A best management practice implementation, streamlined method of accomplishment, cost or resource saving measure, elimination of redundant activities, or other action that will result in positive impact on a process or service.

Proficiency – Proficiency may be either an exemplary practice or an area of performance excellence identified during an assessment activity. It is not just doing what should be done. Proficiencies are not entered into issues management. Proficiencies should be considered for submittal as "good practices" in the Lessons Learned (LL) system.

Requirement – Performance expectation derived from DOE orders, federal and state laws, applicable policies and procedures, and subcontractor contract and procedural requirements.

Appendix A – Acronyms/Definitions (continued)

Responsible Manager – A manager who has been assigned the responsibility for an assessment or assigned the role, responsibility, authority, and accountability for performance within a functional area, project, or program. The Responsible Manager also may be the Functional Area Manager.

Self-Assessment – A type of assessment used for the review of a limited area within a function.

Significant Condition Adverse To Quality (SCAQ) – A significant condition adverse to quality is one that, if uncorrected, could have serious effect on safety, the environment, or operability.