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CP3-QA-1003 Rev. 32 SCD 6-14-17	TITLE: Management and Self-Assessment	Page 1 of 14
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REVISION/CHANGE LOG

Revision/Change Letter	Description of Changes	Pages Affected	Date of Revision/Change
0	Initial Release	All	10/20/2014
1	Process revision to include scope of work for waste shipped to NNSS and make changes to reflect newest version of the FPDP QAPD.	All	2/10/2016
1A	Process change to include explicit instructions for Functional Area Managers to identify requirements for planning, approving, and implementing annual and triennial program reviews. (II-FY16-1055-07) Include General Information referencing electronic system for electronic assessment management and clarify terms for attribute results in the new system.	3,4,5,6,9, 10	07/26/2016
2	We are updating the document to address Issues Management AI-0000738, to include updating the format, clarify the requirements for a self-assessment and management assessment. The procedure did not clearly delineate the differences and requirements associated with each type of assessment.	All	6/14/2017

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1.0 PURPOSE AND SCOPE

1.1 Purpose

This procedure defines the Paducah Gaseous Diffusion Plant (PGDP) 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 and applicable portions of ASME NQA-1-2008 (with Addenda through 2009).

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 PGDP 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, Protective Force Self-Assessment Program. Management assessments may also apply to the work performed by PGDP 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-OP-1119, Readiness Review Program
- 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
- CP4-SS-PFSA, Protective Force Self-Assessment Program
- CP5-QA-0002, FPDP Electronic Assessment Management User Guide

2.2 Source References

- CP2-QA-1000, Quality Assurance Program Description for the FPDP
- CP2-QA-3000, Contractor Performance Assurance Program Description
- ASME NQA-1-2008 (with Addenda through 2009), Quality Assurance Requirements for Nuclear Facility Applications
- Department of Energy (DOE) 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 O 425.1D, Verification Of Readiness To Start Up Or Restart Nuclear Facilities
- 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 stop work 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 and observations shall be documented in accordance with CP3-QA-3001, Issues Management.

5.5 Management assessments may be used as part of a Readiness Review or Readiness Assessment in accordance with CP2-OP-1119, Readiness Review Program.

5.6 For MA used as part of a Readiness Review or Readiness Assessment, team members must meet the qualification and training requirements specified in DOE O 425.1D, Attachment 1. This includes, 1) Technical knowledge of the area assigned for evaluation, including experience working in the technical area; 2) Knowledge of performance-based assessment processes and methods; and 3) Knowledge of facility, activity, or operation-specific information. In addition, the team leader must determine and document the qualifications of the team members and freedom from a conflict of interest in the areas they are assigned to review.

5.7 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.

5.8 **If** using the electronic assessment management system to plan, conduct, and approve assessments; then signatures, forms, schedule development, and notifications are performed electronically as these functionalities are part of the system's designed workflow.

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 and observations resulting from a Management Assessment are to be documented in accordance with Section 6.4 and CP3-QA-3001 or CP3-QA-2005. 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 and observations resulting from a Self-Assessment are to be documented in accordance with Section 6.4 and CP3-QA-3001 or CP3-QA-2005.

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 Project Managers and WCO shall work with the Contractor Performance Assurance Program (CPAP) Manager to develop an assessment schedule based on risk and consequence factors with 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 PGDP D&R Contractor to assess the adequacy and effective implementation of the Quality program. These Management Assessments in coordination with any applicable Independent Audits/Assessments meet the requirement in the Quality Assurance Program Description (QAPD) to review and validate the overall implementation and effectiveness of the QAPD on an annual basis.

<u>Responsible Program/Project Manager/WCO</u>

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 Task Order
- Project schedules and associated work tasks/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
- 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 management assessment schedule.

<u>Contractor Performance Assurance Program Manager</u>

6.1.5 Develop the comprehensive assessment schedule, scheduled surveillances, including 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/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 Task Order policies/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/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)

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/location.

6.1.9 Maintain approved templates for self and management assessment plan, checklist on the PGDP D&R Contractor Intranet page under Tools/Assessment/Assignment Templates.

6.2 Planning an Assessment

Responsible Functional 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 the Contractor Performance Assurance Program Internal Assessment Lead to obtain the applicable assessment number.

Contractor Performance Assurance Program/Internal Assessment Lead

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

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

6.2.8 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 Contractor Performance Assurance Program Group or from the PGDP D&R Contractor Intranet page under Tools/Assessments/Assessment Templates.

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

6.2.10 Review prior assessments to determine if attributes/questions, information, or results may be used for the planned assessment.

6.2.11 Solicit Assessors, if required, for the Assessment type being performed.

6.2.12 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.

6.2.13 Develop Assessment Plan if needed, (MA 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.

6.2.14 Complete Assessment Checklist to include each attribute/question [Line of Inquiry (LOI)] and the related source of that LOI in order to perform the assessment.

6.2.15 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.

6.2.16 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

6.2.17 Obtain Responsible Manager’s signature for the Assessment Plan.

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

Responsible Functional Manager

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

CPAP Manager/Internal Assessment Lead

6.2.20 Provide assessment numbers as requested, may assign numbers to scheduled assessments prior to request from responsible manager.

6.3 Performing Assessments

Assessment Team Leader/Assessor

6.3.1 Pre-assessment activities should include the following:

A. Schedule entrance meeting, if needed.

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

C. Include in kickoff 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 Conducting Assessment

A. Coordinate and conduct entrance meeting, if needed (required for MA).

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.

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

- Satisfactory (SAT)/Acceptable – Fully meets related LOI; needed Process Improvements, and Proficiencies should be noted also. Acceptable replaces Satisfactory in the electronic assessment management system.

NOTE:

It is possible that a LOI could be fully met and a non-related finding/observation is identified during the assessment. The LOI would be marked SAT and the finding/observation would be documented in accordance with CP3-QA-3001 or CP3-QA-2005.

- Unsatisfactory (UNSAT)/Finding/Observation – Does NOT meet related LOI (Finding) or if NOT corrected will NOT meet related LOI (Observation). At a minimum all Findings and Observations are to be documented in accordance with CP3-QA-3001 or CP3-QA-2005. Finding/Observation replaces Unsatisfactory in the electronic assessment management system.

- 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.

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 any UNSAT results, then document Findings/Observations in accordance with CP3-QA-3001 or CP3-QA-2005.

K. If the UNSAT result is documented in accordance with CP3-QA-3001 and for identified Observations, then include the Corrective Actions and Preventive Actions (CAPA) number generated from the Reliance Issues Management System (ISM) in the result section of the applicable LOI.

L. If the UNSAT result is documented in accordance with CP3-QA-2005, then add the NCR number to the result section of the LOI.

M. When the assessment is completed, conduct an exit meeting with the manager of the assessed organization to discuss assessment results.

6.4 Assessment Reporting

<u>Assessment Team Leader/Assessor</u>

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/or 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/appendix the assessment number, attachment/appendix number, page number, and attachment/appendix title.

6.5 Review and Approval

Assessment Team Leader/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/Assessor

6.6.1 Ensure that any UNSAT results are documented as Findings and ensure that Findings and Observations are documented in accordance with CP3-QA-3001 or CP3-QA-2005 with applicable cross-references listed in the assessment report.

6.6.2 Ensure that any process improvements are documented in accordance with CP3-QA-3001 with applicable cross-references listed in the assessment report.

Responsible Functional Manager/Assessment Team Leader (if assigned)

6.6.3 Ensure that the completed assessment report is submitted to the CPAP Manager for approval and distribution.

Contractor Performance Assurance Group

6.6.4 Distribute the approved assessment report to the following:

- Responsible Director of the assessed organization;

- Responsible Functional Manager;
- WCO, if NNSS Waste Certification Program related
- Nondestructive Assay (NDA) Program Manager, if NDA program related

Responsible Functional Manager

6.6.5 Distribute the assessment report to the following:

- Related stakeholders;
- Personnel who have been assigned actions within the report; and
- Others as determined applicable.

7.0 RECORDS

7.1 Records Generated

The following records may be generated by this procedure:

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

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

CFR – Code of Federal Regulations

CPAP – Contractor Performance Assurance Program

D&R – Deactivation and Remediation

HSS&Q – Health, Safety, Support and Quality

LOI – Line of Inquiry

LL – Lessons Learned

ISM – Integrated Safety Management

N/A – Not Applicable

NDA – Nondestructive Assay

NNSS – Nevada National Security Site

O - Order

OE – Operating Experience

PGDP – Paducah Gaseous Diffusion Plant

QAP – Quality Assurance Program

QAPD – Quality Assurance Program Description

SAT – Satisfactory

UNSAT – Unsatisfactory

WCO – Waste Certification Official

DEFINITIONS

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

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.

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

Appendix A – Acronyms/Definitions (continued)

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.

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 – 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, quantitative or qualitative, pertaining to the quality of an item or activity based on the observation, measurement, or tests which 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 – An 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.

RESPONSIBLE MANAGER – A manager who has been assigned the role, responsibility, authority, and accountability for performance within a functional area or project.

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