**EPA REGION 8 QUALITY MANAGEMENT PLAN CROSSWALK**

**CIO 2105-S-01 (QA/S-1)**

This crosswalk is used to review the Quality Management Plans (QMPs) that are submitted to the Region 8 Quality Assurance Branch for review under the EPA Quality Policy and Procedure Order 2105 (current version) and/or ASQ/ANSI E4-2014 (current version), *Quality Management* S*ystems for Environmental Information and Technology Programs*. Items from this checklist are discussed in detail in the *EPA Quality Management Plan Standard CIO 2105-S-01* (QA/S-1)and *EPA Environmental Information Quality Policy SIO 2105* (current versions). Consult these resources for more information on the items below.

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| **QMP Prepared For:**  *(Check appropriate box below)* | | **Entity** *(grantee, contract, EPA AO, EPA Program, other):* | **Contract, Grant, or IA number):** |  |
| **☐** | **GRANTEE** | **Organization:** |  |
|  | **CONTRACTOR** | **Document Title:** | **Organization Point of Contact:**  (Name and Title) |  |
|  | **Interagency Agreement (IA)** | **Document Version and Date:** | **Organization Contact Info:** (Email and phone number) |  |
|  | **Other** | **Review Type/Status:**  **New or Revised QMP**  **Annual Review** | **QMP Preparer:**  (Name and contact info) |  |
|  | | **EPA QA\_ID #:** | **QMP Active Period:** |  |
| **EPA Project Officer:** (Name and contact information) | |  | **Date Received for Review:** | 1st R8 EPA QAB Received Revision X, Dated DD/MM/YYYY: DD/MM/YYYY  2nd R8 EPA QAB Received Revision X, Dated DD/MM/YYYY: DD/MM/YYYY |
| **Other EPA contact and phone number:** | |  | **Date Review Completed:** | 1st QA Review Revision X, Dated DD/MM/YYYY: DD/MM/YYYY  2nd QA Review Revision X, Dated DD/MM/YYYY: DD/MM/YYYY |
| **EPA QA Branch Reviewer:**  (Name and contact information) | | 1st Reviewer:  2nd Reviewer: |  |  |
| **EPA QA Branch** Approving Official: (Name and contact information) | | Approving Official: Quality Assurance Branch Manager and Regional QA Manager (RQAM), EPA Region 8 Laboratory Services and Applied Sciences Division – [**ENTER NAME**] | **QMP Approval Date:** |  |

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| ***Documents Submitted for QMP Review* (QA Reviewer must complete)*:***   1. **QA Document(s) submitted for review:**  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **QA Document** | **Document Date** | **Document Stand-alone** | **Document with QMP** | | **QMP** | **DD/MM/YYYY** | **Yes  / No** | **Yes  / No** | | **Attachments**  **SOP(s), figures, tables, etc.** |  |  |  |  1. **WP/SOW/TO/PP/RP Date: DD/MM/YYYY**   **WP/SOW/TO/RP Performance Period: DD/MM/YYYY**   1. **QA document consistent with the:**   **WP/SOW/PPA for grants? Yes  No  NA**  **SOW for contracts? Yes  No  NA**  **SOW for IAs? Yes  No  NA**   1. **Funding Mechanism: IA  / contract  / grant  / court order  / Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / NA**   **Funding Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Notes for Document Submittals:**   1. A QMP written by a Grantee, EPA, or Federal Partner must include for review:    1. Work Plan (WP) / Statement of Work or Scope of Work (SOW) / Program Plan (PP) / Research Proposal (RP) and funding mechanism 2. A QMP written by Contractor must include for review:    1. Copy of Task Order Work Assignment/SOW    2. Reference to electronic copy of the contractor’s approved QMP    3. Copy of Contract SOW    4. Copy of EPA Court Order, if applicable 3. All attachments (SOPs, figures, tables, etc.) must be submitted with a QA document that contains all QMP required elements. 4. Cited directives and regulations provided within this document are for clarity and convenience (i.e., EPA QA/S-1 section number or CIO 2105 section number). Please ensure that directives(s), regulation(s), requirement(s), and language are adhered to when updating the QMP and crosswalk.    1. [Link to Agency-wide EPA Quality directives and documents](https://www.epa.gov/quality/agency-wide-quality-program-documents)    2. [Link to Region 8 Quality directives and documents](https://www.epa.gov/quality/managing-quality-environmental-data-epa-region-8) 5. This is a controlled document. Do not modify the Region 8 EPA QMP Standard Crosswalk format or document type (e.g., pdf, xlsx). |
| **Instructions to the QMP Preparer when addressing EPA’s comments:**   * All items listed in the EPA QMP Standard (QA/S-1) for non-EPA organizations must be included in the QMP (this crosswalk only includes elements for non-EPA organizations). If an item is not relevant or applicable, an explanation must be provided in the QMP and the Comments column of this crosswalk. * Processes may either be described or referenced in the QMP; however, all references should be readily accessible within the organization and provided in or as attachments to the QMP. * Within the Comments column of this crosswalk, “**EPA Notes**” are notes, recommendations, or observations that may improve the QMP; they are not directives and do not require compliance. “**EPA Comments**” require the author to address for compliance with the EPA QMP Standard (QA/S-1). * In addition to addressing concerns in the Summary of Comments (below), the organization must also respond to the issues identified in the Comment column under “Organization Response & Date.” An authorized EPA QA reviewer will respond to the revision(s) under “EPA Resolved (date).” * When completing the crosswalk, please update the Organization’s QMP Section column to reference the precise location(s) in the QMP that addresses the specific element in the QMP Crosswalk.   **Summary of Comments:** | |

| **Element** | **Acceptable (Yes/No/NA) (*Completed by EPA QA Reviewer)*** | **Organization's QMP Section *(Completed by QMP Author*)** | **Comments**  ***(Completed by QMP Author and EPA QA Reviewer*)** |
| --- | --- | --- | --- |
| **1. Title Page - Include the following (QA/S-1 Section 6.B.1):** | | | |
| 1. Name of the document includes “Quality Management Plan.” |  |  |  |
| 1. Date of QMP preparation. |  |  |  |
| 1. Name of the organization. |  |  |  |
| 1. Title or identification reference number of the extramural agreement if applicable. |  |  |  |
| 1. Period of performance/applicability. |  |  |  |
| 1. Version control information. |  |  |  |
| **2. Approval Page - Have the following signatures (QA/S-1 Section 6.B.2, Page 6):** | | | |
| 1. Organization’s QAM. |  |  |  |
| 1. Organization’s senior manager. |  |  |  |
| 1. Manager(s) organizationally between the QAM and senior manager. |  |  |  |
| 1. EPA Signatures include: |  |  |  |
| D1. EPA operations (COR, PO, RPM, etc.). |  |  |  |
| D2. EPA RQAM or designee. |  |  |  |
| D3. Additional EPA signature(s) as specified by the EPA organization sponsoring the work. |  |  |  |
| **3. Organization's Quality Statement - Components Include (QA/S-1 Section 6.B.3, Page 6):** | | | |
| 1. Importance of quality in its environmental information operations (EIO) is stated. |  |  |  |
| 1. The general objectives and goals of the QMP are stated. |  |  |  |
| 1. The description of management and staff responsibilities for implementing the QMP are stated. |  |  |  |
| 1. Organization’s commitment to quality management principles and practices are stated. |  |  |  |
| 1. Resource allocation for the organization’s Quality Program is described. |  |  |  |
| **4. Organizational Chart - Components Include (QA/S-1 Section 6.B.4, Page 6):** | | | |
| 1. All areas of the organization conducting EIO are clearly identified on the organization chart. |  |  |  |
| 1. The position of the QAM within the organization is clearly identified. |  |  |  |
| 1. Lines of communication and authority are displayed. |  |  |  |
| 1. The QAM and QA staff lines of reporting, including both to supervisors and to senior management, are clearly displayed. |  |  |  |
| 1. Visual independence of the QAM from EIO (QAM organizational position relative to areas of the organization conducing the EIO) is clearly displayed. |  |  |  |
| **5. Roles, Responsibilities and Authorities - Identify the following (QA/S-1 Section 6.B.5, Page 7):** | | | |
| *Quality Assurance Manager (QAM)* |  |  |  |
| 1. The organization has a QAM. |  |  |  |
| 1. The QAM's responsibilities and authority are described. |  |  |  |
| 1. The delegation of authority to the QAM for management of the Quality Program is described. |  |  |  |
| 1. The QAM's specific duties are described. |  |  |  |
| 1. If applicable, it is stated that redelegation of QAM duties is allowable. |  |  |  |
| 1. If applicable, redelegation of procedures/processes from the QAM to others within their organization, or to states, tribes, and territories, are described. |  |  |  |
| 1. The QAM's authority to conduct independent oversight of the organization’s Quality Program is stated. |  |  |  |
| 1. The QAM's independence from EIO is described. |  |  |  |
| 1. It is stated whether the QAM is full or part-time and if part-time, that the QAM will remain independent of EIO covered in the QMP. |  |  |  |
| 1. The QAM's reporting structure to senior managers is described. If the senior manager does not directly supervise the QAM, a description is included stating the processes to assure the QAM’s authority to access and discuss quality-related issues with their organization’s senior manager outside of their direct supervisory chain, as necessary. |  |  |  |
| *Operations Manager (Program Manager)* |  |  |  |
| 1. The Operations Manager(s)/Program Manager(s)/person responsible for the EIO activities is identified. |  |  |  |
| 1. The Operation Manager's responsibilities and authority are described. |  |  |  |
| 1. The Operations Manager's independence from QA activities and the QAM are described. |  |  |  |
| *Senior Manager* |  |  |  |
| 1. The senior manager's role and QA responsibilities are described. This description includes executive authority for the organization, managers, QA staff, technical staff, and others involved EIO and implementing the QMP. |  |  |  |
| **6. Technical Activities and Programs Supported by the QMP - Identify and Describe (QA/S-1 Section 6.B.6, Page 8):** | | | |
| 1. All parts of the organization (by name) to which the QMP applies are identified and this information correlates to the organizational chart. |  |  |  |
| 1. All programs conducting EIO are identified and described. |  |  |  |
| 1. All EIO/technical activities are identified and described. |  |  |  |
| 1. The process by which programs or parts of the organization integrate QA/QC procedures and QAPPs into all its EIO is described. |  |  |  |
| **7. Conformance with Policies, Procedures, Standards, and Regulations (QA/S-1 Section 6.B.7, Page 8):** | | | |
| 1. EPA policies, procedures, standards, and regulations pertinent to EIO are identified. |  |  |  |
| 1. All quality-related terms and conditions and requirements specified in extramural agreement(s), such as contracts, grant agreements, interagency agreements, and MOUs, are identified, and their implementation is described. |  |  |  |
| 1. All guidance, SOPs, templates, requirements, etc. from the EPA organization sponsoring the work are identified. |  |  |  |
| 1. All internal organization procedures, processes, and SOPs pertinent to EIO are identified. |  |  |  |
| **8. QA Field Activities (QA/S-1 Section 6.B.8, Page 8):** | | | |
| 1. Applicable field procedures for conducting EIO are described, referenced, and confirmed. |  |  |  |
| **9. Computer Hardware and Software (QA/S-1 Section 6.B.9, Page 8):** | | | |
| 1. To ensure the information produced from or collected by computers meet applicable requirements and standards, the internal processes the organization will use to satisfy the requirements in the current version of EPA Enterprise Architecture IT Standards Procedure are described or referenced. |  |  |  |
| 1. The internal processes the organization will use to satisfy the requirements in the current versions of EPA Software Management and Piracy Policy and EPA Software Management and Piracy Procedure are described or referenced. |  |  |  |
| **10. Information Quality Guidelines – *EPA Organizations Only* (QA/S-1 Section 6.B.10, Page 9):** | | | |
| **11. Organization Competence (QA/S-1 Section 6.B.11, Page 9):** | | | |
| 1. How the organization determines the minimum requirements (i.e., technical skills, demonstrated knowledge, and documented experience) for personnel described in the QMP conducting EIO is documented. |  |  |  |
| 1. How the organization evaluates personnel for competency based on the requirements for the roles to confirm that these persons are competent based on appropriate knowledge, skills, education, training, and/or experience is documented. |  |  |  |
| **12. Personnel Training (QA/S-1 Section 6.B.12, Page 9):** | | | |
| 1. The QMP contains a section on training. |  |  |  |
| 1. The individual(s)/roles(s) responsible for defining, planning, reviewing, and documenting the training requirements is identified and their role(s) is described. The individual(s)/roles(s) responsible for documenting completion of training requirements is identified and their role is described. |  |  |  |
| 1. The process for determining training requirements and training needs is described. |  |  |  |
| 1. The training requirements for all quality-related topics are described. |  |  |  |
| **13. Procurement of Items and Services (QA/S-1 Section 6.B.13, Pages 10-11):** | | | |
| 1. For all procurements and extramural agreements, the personnel responsible for ensuring that appropriate quality requirements are included and implemented are identified and their roles, responsibilities, and authorities are described. In addition, the processes to ensure that appropriate quality requirements are included are described. Procurement and extramural agreements can include contracts, assistance agreements, interagency agreements, and other cooperative agreements. |  |  |  |
| A1. The individual(s)/role(s) responsible for and the processes in place for reviewing and approving procurement and extramural documents (and any changes to these documents) prior to issuing the solicitation to ensure that the documents are accurate, complete, and contain EPA quality requirements are described. |  |  |  |
| A2. The individual(s)/role(s) responsible for and the processes in place for ensuring that the agreement(s) clearly documents how the supplier will address technical and quality requirements are described. |  |  |  |
| A3. The individual(s)/role(s) responsible for and the processes in place for ensuring that the agreement(s) clearly document the supplier’s responsibility for the Quality Program requirements are described. |  |  |  |
| A4. The procedures for verifying how the supplier will conform to the customer’s quality requirements are described. |  |  |  |
| A5. The individual(s)/role(s) responsible for and the processes in place for reviewing all applicable responses to solicitations to ensure that these documents satisfy all technical and quality requirements are described |  |  |  |
| A6. The individual(s)/role(s) responsible for and the processes in place for providing evidence of the supplier’s capability to satisfy EPA Quality Program requirements, as defined in the extramural agreement or applicable Federal Regulations, are described. |  |  |  |
| A7. The individual(s)/role(s) responsible for and the processes in place for ensuring that procured items and services are of acceptable quality, including the review of objective evidence of quality for applicable items and services furnished by suppliers and subcontractors, source selection, source inspections, supplier audits, and examination of deliverables, are described. |  |  |  |
| A8. The individual(s)/role(s) responsible for and the processes in place for reviewing procedures for quality-related documentation, QMPs, or QAPPs from contractors are described. |  |  |  |
| A9. The individual(s)/role(s) responsible for and the processes in place for reviewing and approving QMP and QAPP procedures and criteria for delegations of EPA authority are described. |  |  |  |
| A10. The individual(s)/role(s) responsible for and the processes in place for ensuring that EPA quality-related contracting requirements, as defined by the Federal Acquisition Regulations, are satisfied. |  |  |  |
| 1. Procurement processes are described or referenced, including roles and responsibilities, for ensuring that sub-contractors and sub-grantees assigned to perform EIO by the responsible non-EPA organization comply with all quality requirements, as specified in the EPA extramural agreements. |  |  |  |
| **14. Document and Record Processes (QA/S-1 Section 6.B.14, Pages 11-12):** | | | |
| 1. The document and record processes for all planning documents (e.g., QAPPs, QMPs, SOPs, etc.) that are prepared, reviewed, approved, issued, used, revised, tracked, and verified are described or referenced. |  |  |  |
| 1. How the record management requirements are met, including the responsibilities and authorities of management and staff, are described or cited. |  |  |  |
| 1. Quality-related documents and records requiring management and control are identified. |  |  |  |
| 1. EPA record retention schedules are referenced. |  |  |  |
| 1. Program regulations, contract record requirements, and agreement records requirements for all EIO are referenced. |  |  |  |
| 1. Roles and responsibilities are described or referenced for managers and staff for handling quality-related documents and records. |  |  |  |
| 1. Processes are described for handling quality-related documents and records to ensure their accessibility, protection from damage and deterioration, and means of retention. |  |  |  |
| 1. Measures are described for controlling the release, change, and use of planning documents and records and describe how technical guidance and planning documents (e.g., QAPPs, QMPs, SOPs, etc.) are prepared, reviewed, approved, issued, used, revised, tracked, and verified. |  |  |  |
| 1. Processes and procedures are described or referenced for ensuring compliance with all statutory, contractual, and assistance agreement requirements for records from environmental programs and that provides adequate preservation of key records necessary to support the mission of the organization. |  |  |  |
| 1. Procedures for establishing and implementing applicable chain of custody and confidentiality procedures for evidentiary records are described. |  |  |  |
| 1. How documents and records, including revisions, are reviewed for conformance with new requirements and with the terms and conditions of extramural agreements, and that they are approved by authorized personnel before general use, are described or referenced. |  |  |  |
| 1. The management process is described or referenced that ensures that documents and records accurately reflect completed work and/or fulfill statutory and contractual requirements, including any specific record keeping requirements defined in applicable EPA policies, procedures, standards, or regulations. The maintenance of records includes defining requirements and responsibilities for record transmittal, distribution, retention, retention schedules, protection, preservation, traceability, disposition, and retrieval. |  |  |  |
| 1. The accomplishment for disposing of quality-related records in accordance with regulatory requirements or schedules is identified or referenced. |  |  |  |
| **15a. PDCA Model – PLAN (QA/S-1 Section 6.B.15a, Page 12):** | | | |
| 1. The processes for determining systematic planning and the development of acceptance or performance criteria to perform EIO are described or referenced in SOPs. |  |  |  |
| 1. The use of a systematic planning process for EIO based on the scientific method in documented. |  |  |  |
| 1. Elements of the systematic planning approach are documented and include identification and involvement of the project manager, sponsoring organization and responsible official, project personnel, stakeholders, scientific experts, etc., and the following: |  |  |  |
| C1. The project goal, objectives, and questions and issues to be addressed are described; |  |  |  |
| C2. The project schedule, resources (including budget), milestones, and any applicable requirements (e.g., regulatory requirements, contractual requirements) are identified; |  |  |  |
| C3. Identification of the type of information needed and how the information will be used to support the project’s objectives; |  |  |  |
| C4. Determination of the quantity of information needed and specification of performance criteria for measuring quality is described; |  |  |  |
| C5. Description of how, when, and where the information will be obtained (including existing information) and identification of any constraints on information collection; |  |  |  |
| C6. Specification of needed QA and QC activities to assess the quality performance criteria (e.g., QC samples for both the field and laboratory, audits, technical assessments, performance evaluations, sensitivity analysis of models, etc.); |  |  |  |
| C7. A description of how the acquired information will be analyzed, evaluated (e.g., QA review, validation, verification), and assessed against its intended use and the quality performance criteria. Acquired information includes EI obtained from sources that used an EPA-approved QAPP, as well as from sources that did not use an EPA-approved QAPP. Project specifics shall be included in the QAPP. |  |  |  |
| 1. The QAPP planning and documentation process are described, including organization-specific requirements by project-type. |  |  |  |
| **15b. PDCA Model - DO (Implementation) (QA/S-1 Section 6.B.15b, Page 13):** | | | |
| 1. The processes are described for how the organization will implement the work processes to ensure that EI is of known and documented quality, scientifically valid, legally defensible, and appropriate for the intended use. |  |  |  |
| 1. General processes are identified and described for: |  |  |  |
| B1. Documentation of implementation procedures (e.g., reference methods, SOPs). |  |  |  |
| B2. Testing and evaluation of procedures to confirm their acceptable performance. |  |  |  |
| B3. The work being performed according to approved plans. |  |  |  |
| B4. Deviations and waivers from approved procedures. |  |  |  |
| B5. Use of measurement and testing equipment and models. |  |  |  |
| B6. Use of EI obtained from other sources. |  |  |  |
| B7. The integrity of samples and EI. |  |  |  |
| B8. Performance monitoring. |  |  |  |
| 1. Management controls are described for the release, change, and use of implementation of quality program documentation. Such management controls provide for the necessary approvals, specific times, and points for implementing changes, removal of obsolete documentation from work areas, and verification that the changes are made as prescribed. |  |  |  |
| 1. The process for identifying the need for procedures and controlled documents (e.g., SOPs, checklists, templates, forms, etc.) is described. |  |  |  |
| 1. The process for developing SOPs, and the procedures for using SOPs are described. |  |  |  |
| 1. The process by which SOPs are reviewed for initial and subsequent use, approved, distributed, revised, and rescinded is described. |  |  |  |
| **15c. PDCA Model - CHECK (Assessment and Oversight) (QA/S-1 Section 6.B.15c, Pages 13-16):** | | | |
| 1. The management commitment and approach to assessing its Quality Program is described. Assessment/audit tools include, but are not limited to, data quality assessments; quality program assessments; Quality Program Management Reviews; peer, technical, and readiness reviews; performance evaluations; technical system audits; laboratory competency assessments; and surveillances. |  |  |  |
| 1. The process(es) for assessments is described or referenced (in readily available SOPs). |  |  |  |
| B1. The process for planning assessments at least annually is described. |  |  |  |
| B2. The process for conducting assessments at least annually is described. |  |  |  |
| B3. The process for documenting assessments at least annually is described. |  |  |  |
| B4. The process for documenting assessment findings as part of the quality records is described. |  |  |  |
| 1. The qualifications of the personnel conducting the assessments (or assessors) are described, as well as how real or perceived conflicts of interest are avoided. Assessors within the organization must have no direct involvement or responsibility for the work being assessed, except for self-assessments. |  |  |  |
| 1. Management's responsibility is described for the selection of assessors, defining acceptance criteria, approving assessment/audit procedures and checklists, and identifying goals. |  |  |  |
| 1. Management Reviews: A description of how the Quality Program is annually reviewed, assured, and documented by senior management, or as delegated, to confirm its continuing suitability, adequacy, and effectiveness to include: |  |  |  |
| E1. Delegation; |  |  |  |
| E2. The status of actions from previous management reviews; |  |  |  |
| E3. Changes in external and internal issues that are relevant to the Quality Program; |  |  |  |
| E4. Information on Quality Program performance, including trends in nonconformities and corrective actions, assessment results, and opportunities for improvement; |  |  |  |
| E5. Suitability of internal processes and SOPs. |  |  |  |
| E6. How the organization retains documented information as evidence of the results of management reviews is described. This documentation will also serve as evidence that management executed their due diligence responsibilities and have assured the data used in their EIO products and services are of appropriate quality. |  |  |  |
| 1. Assessment frequency. |  |  |  |
| 1. How and by whom assessments of EIO are planned, conducted, evaluated, and documented. |  |  |  |
| 1. Processes by which management, in conjunction with the QAM, chooses an assessment tool, including performance measures, and the expected frequency of their application to EIO. |  |  |  |
| 1. Routine oversight activities of sub-organization QMPs, if applicable. |  |  |  |
| 1. Processes for the planning, scheduling, response to changes, and implementation of assessments. |  |  |  |
| 1. Responsibilities, levels of participation, and authorities for all personnel and staff participating in the assessment/audit process. |  |  |  |
| 1. How personnel conducting assessments have sufficient authority, access to programs and managers, access to documents and records, and organizational freedom to: |  |  |  |
| L1. Identify quality issues. |  |  |  |
| L2. Identify and cite noteworthy practices that may be shared with others to improve the quality of their operations products and services. |  |  |  |
| L3. Propose recommendations for resolving quality issues. |  |  |  |
| L4. Independently confirm implementation and effectiveness of solutions. |  |  |  |
| 1. How the level of competence, experience, and training necessary to ensure the capability of personnel conducting assessments are determined. |  |  |  |
| 1. How, when, and by whom actions shall be taken in response to the findings of the assessment/audit and determine the effectiveness of the response. |  |  |  |
| 1. Roles and responsibilities of management and staff for documenting, reporting, and reviewing assessment results. |  |  |  |
| 1. Type of assessment findings (e.g., conformance, nonconformance, opportunity for improvement, commendation) that may be used and the appropriate response to each one. |  |  |  |
| **15d. PDCA Model - ACT (Corrective Action and Improvements) (QA/S-1 Section 6.B.15d, Page 16):** | | | |
| 1. How corrective actions and improvements will be performed is described or referenced. Corrective actions shall include the identification of root causes of problems, the determination of whether the problem is unique or has systemic implications, and action(s) to prevent recurrence. |  |  |  |
| 1. How management responds to the results, nonconformances, findings, corrective actions, recommendations, etc., from assessments in a timely manner is described or referenced. |  |  |  |
| 1. How the appropriate response is promptly made when conditions needing corrective action are identified. |  |  |  |
| 1. How follow-up actions for corrective actions shall be taken and documented to confirm the implementation and effectiveness of the response action is described. |  |  |  |
| 1. Processes for identifying and correcting common nonconformances found in different parts of the organization are described to ensure continual improvement. |  |  |  |
| **16. Dispute Resolution Process (QA/S-1 Section 6.B.16, Page 16):** | | | |
| 1. The provisions for dispute resolution are described to include technical and management program disputes. |  |  |  |
| 1. The organization’s dispute resolution process to address issues pertaining to quality, such as QMP requirements, QA and QC procedures, nonconformances, findings, and corrective actions, is described or referenced |  |  |  |
| 1. How disputes, if encountered, because of assessments are addressed and by whom is described. |  |  |  |
| **17. Continual Improvement (QA/S-1 Section 6.B.17, Pages 16-17):** | | | |
| 1. How the organization will continually improve its Quality Program is described, including how staff at all levels are encouraged to identify and establish communications, identify process improvement opportunities, and identify issues. |  |  |  |
| 1. The individual/role responsible for identifying, planning, implementing, and evaluating the effectiveness of quality improvement activities is identified. |  |  |  |
| 1. The process to ensure continual improvement, including the roles and responsibilities of management and staff is described. |  |  |  |
| **18. Data Review, Validation and Verification, and Data Usability Reporting (QA/S-1 Section 6.B.18, Page 17):** | | | |
| 1. The responsibilities and authorities of management and staff for data review, validation, and verification are described. |  |  |  |
| 1. General processes are described or referenced on how the organization conducts reviews, validation, and verification of EIO and for data usability reporting. Specific project information shall be included in the QAPP. |  |  |  |
| B1. Organizational process for the review of results involving EI is described or referenced to confirm that technical and quality objectives were met, including management and staff roles and responsibilities. |  |  |  |
| B2. Organizational process for the review of EI of undocumented quality for potential use is described or referenced. |  |  |  |
| B3. Organizational process for the review of EI collected previously for other purposes but being considered for new use is described or referenced. |  |  |  |
| B4. Organizational process for planning, implementing, and resolving peer review considerations is described or referenced. |  |  |  |
| **END** | | | |