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Signatures maintained on controlled copy in CAD QA office.

1.0 Purpose

To define an assessment (audit) program to verify the implementation of the AGS QA Program and Operations Procedures Manual (OPM).

2.0 Scope

This assessment program shall be implemented by the AGS QA Office.

3.0 Policy

3.1 AGS Management at all levels should periodically evaluate the adequacy and effectiveness of the AGS QA program, the implementation of the AGS OPMs, and other management systems.

3.2 The AGS Quality Representative (QR) will assess, for AGS management, the quality related activities within the AGS Department. Emphasis will be placed on process improvement and verification of sustained effectiveness of action taken to correct previous deficiencies. AGS management will be consulted if the cognizant engineer/scientist, or QR believes that proposed corrective actions are not adequate or implemented in a timely manner.

3.3 Assessment results shall be documented and distributed to the appropriate AGS management and the BNL Quality Management Office (QMO).

4.0 Definitions

4.1 Finding - An activity, attribute, or document which fails to comply with established requirements and may lead to a condition having an adverse effect on quality, safety, operations, or reliability.

4.2 Observation - A condition or weakness in the program or activity being evaluated that, while not necessarily a departure from a specific requirement, if left uncorrected could deviate from documented requirements.

5.0 Personnel

Assessments will be performed by the AGS QA Office, and when appropriate, a subject matter expert.

6.0 Schedule

6.1 Scheduling should be flexible and attention should be given to areas of questionable performance. The scheduling of assessments and allocation of resources should be based on the following factors:

6.1.1 Criticality, status, risk, and complexity of the activity, item or process;

- 6.1.2 Problems encountered with the activity, or item;
 - 6.1.3 Scheduling of specific activities;
 - 6.1.4 Availability of qualified personnel;
 - 6.1.5 A review of findings reported in previous assessments.
- 6.2 A database of completed assessments shall be maintained by the AGS QA Office.

7.0 Performance

- 7.1 Assessments should compare actual operations to established requirements. That is, the examination of objective evidence demonstrating that activities, procedures, instructions and records are being properly executed and documented.
- 7.2 Assessment criteria may be derived from a review of previous findings, recommendations, or the requirements appearing in QA and/or OPM procedures, work instructions, etc.
- 7.3 Before conducting an assessment, the auditor shall:
 - 7.3.1 Prior to conducting an assessment, QA shall consult with the AGS Department Chair, or AGS Associate for Safety, in order to determine the membership of the assessment team.
 - 7.3.2 Review existing assessment documentation to verify applicability of criteria;
 - 7.3.3 Review previous assessment reports, discrepancy reports, etc., to determine if there are known problems with an activity, or additional items that should be added to the assessment criteria;
 - 7.3.4 Confer with the person responsible for the activity and determine assessment date(s), and the names and locations of the personnel who should be contacted;
 - 7.3.5 Request information, procedures, data, etc. that will facilitate the conduct of the assessment.
- 7.4 During the assessment verify that documentation called out by procedures are accurate and complete. All concerns shall be brought to the attention of the person responsible for the area for possible resolution or correction prior to the completion of the audit. No corrective action will be required for any deficiency satisfactorily resolved prior to the completion of the assessment. However, a record of the concern will be included in the assessment report, and acknowledged as having been resolved.
- 7.5 Responsible personnel are to be notified and immediate corrective action taken, as appropriate, for deficiencies that will adversely affect quality, safety, operations, or reliability. Interim actions may be initiated to provide needed controls while investigations

and implementation of permanent corrective actions are accomplished. Follow-up assessments will be performed to verify the effectiveness of the corrective actions.

8.0 Assessment Results

- 8.1 A draft copy of the assessment report shall be distributed, for preliminary review, to those individuals directly involved in the assessment.
- 8.2 Final assessment reports issued by the AGS QA Office, shall be distributed to the AGS Department Chairman, cognizant Division Head, Laboratory Quality Management Office, the person responsible for the activity that was assessed, and that person's immediate supervisor.
- 8.3 When a formal response to an assessment is requested, it should include the following, as applicable: action to correct the deficiency; root cause identification; action taken to prevent recurrence; action taken for improvement; schedule for corrective action.
- 8.4 Assessments without findings or observations; or observations only, shall be considered closed when the assessment report is issued.
- 8.5 Assessments with documented findings are considered closed when proposed corrective/preventive actions are accepted by the assessment personnel.

9.0 Records

Assessment records shall be maintained, in the AGS QA Office, for a minimum of 3 years.