

**LOS ALAMOS NATIONAL LABORATORY
ENVIRONMENTAL RESTORATION
Records Processing Facility
ER Records Index Form**

ER Record I.D. # 0055943

0055943

ER ID NO. 55943 **Date Received:** 6/3/97 **Processor:** BLJ **Page Count:** 4

Privileged: (Y/N) N **Record Category:** P **Record Package No:** 0

FileFolder: N/A

Correction: (Y/N) N **Corrected No.** 0 **Corrected By Number:** 0

Administrative Record: (Y/N) Y

Refilmed: (Y/N) N **Old ER ID Number:** 0 **New ER ID Number:** 0

Miscellaneous Comments:

N/A

THIS FORM IS SUBJECT TO CHANGE. CONTACT THE RPF FOR LATEST VERSION. (JUNE 1997)



4

JUN 03 1997

em

LANL ER PROGRAM
SOP TECHNICAL REVIEW CHECK LIST

Part I

Procedure: _____

Rev: _____

Title: _____

Part II (Reviewer Completes)

(Enter an "X" in the applicable space)
(If "No", enter comment No. from Review Sheet)

1. Is the SOP applicable to the activity for which it was written? YES NO NO. () N/A
2. Is the scope of training clearly specified? YES NO NO. () N/A
3. Are hazards associated with performing this SOP clearly identified? YES NO NO. () N/A
4. Is this SOP technically correct? YES NO NO. () N/A
5. Is this SOP written so a user with the appropriate education and training can properly implement it in a step by step manner? YES NO NO. () N/A
6. Does this SOP provide definitions for all words that have a special meaning for this SOP? YES NO NO. () N/A
7. Does this SOP list all equipment necessary to perform the procedure? YES NO NO. () N/A
8. Does this SOP provide diagrams of equipment as appropriate? YES NO NO. () N/A
9. Does this SOP define the parameters to be recorded after performing the procedure? YES NO NO. () N/A
10. Are calibration, quality control hold points, or data acceptance criteria given? YES NO NO. () N/A
11. Is it clear what documentation will be produced as a result of implementing the procedure? YES NO NO. () N/A
12. Does this SOP provide steps to perform for "troubleshooting" and reducing errors? YES NO NO. () N/A
13. Is this SOP consistent with current EPA/DOE regulations and guidelines? YES NO NO. () N/A

EXAMPLE
CONTACT THE
ER PROGRAM OFFICE
(665-4557) TO OBTAIN
ORIGINAL FOR YOUR USE

[] Additional comments on Review Sheet.

Reviewed By (Print Name)

Position Title (Print)
(ER Personnel use ER Position Title)

Signature

Date

**LANL ER PROGRAM
 QUALITY ASSURANCE REVIEW CHECK LIST**

Part I Procedure: _____ Rev: _____ Title: _____	
Part II (Reviewer Completes)	(Enter an "X" in the applicable space) (If "No", enter comment No. from Review Sheet)
1. Does this procedure conform to the requirements of the procedure controlling its preparation and issue?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
2. Does this procedure have the correct format on each page?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
3. Does this procedure have the correct revision status on each page?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
4. Does this procedure reference paragraphs, attachments, and other procedures correctly (i.e., no references to obsolete or superseded procedures)?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
5. Does this procedure provide instructions that are adequate to control the activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
6. Does the procedure clearly state why and where the procedure is applicable to (scope)?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
7. Does this procedure clearly define responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
8. Does this procedure implement the quality requirements for which it was written?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
9. Are calibration or data acceptance criteria stated?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
10. Does this procedure list, in the "References" section, all the documents referenced in the procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
11. Does this procedure list the records produced as a result of implementing the procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. () <input type="checkbox"/> N/A
[] Additional comments on Review Sheet.	
_____ Reviewed By (Print Name)	_____ ER Position Title (Print)
_____ Signature	_____ Date

AP-102.R2

LANL ER PROJECT
SOP TECHNICAL REVIEW CHECK LIST

Part I
Preparer: _____
Procedure: _____ Rev: _____
Title: _____

Part II (Reviewer Completes) (Enter an "X" in the applicable space)
(If "No", enter comment No. from Review Sheet)

1. Is the SOP applicable to the activity for which it was written?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
2. Is the scope of training clearly specified?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
3. Are hazards associated with performing this SOP clearly identified?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
4. Is this SOP technically correct?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
5. Is this SOP written so a user with the appropriate education and training can properly implement it in a step by step manner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
6. Does this SOP provide definitions for all words that have a special meaning for this SOP	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
7. Does this SOP list all equipment necessary to perform the procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
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10. Are calibration, quality control hold points, or data acceptance criteria given?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
11. Is it clear what documentation will be produced as a result of implementing the procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
12. Does this SOP provide steps to perform for "troubleshooting" and reducing errors?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A
13. Is this SOP consistent with current EPA/DOE regulations and guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () <input type="checkbox"/> N/A

[] Additional comments on Review Sheet.

Reviewed By (Print Name) _____ Position Title (Print)
(ER Personnel use ER Position Title)

Signature _____ Date _____

LANL ER PROJECT
QUALITY ASSURANCE REVIEW CHECK LIST

5-01-01-01-01-01-01

Part I

Procedure: _____

Rev: _____

Title: _____

Part II (Reviewer Completes)

(Enter an "X" in the applicable space)
(If "No", enter comment No. from Review Sheet)

- | | | |
|--|--|--------------------------------------|
| 1. Does this procedure conform to the requirements of the procedure controlling its preparation and issue? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 2. Does this procedure have the correct format on each page? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 3. Does this procedure have the correct revision status on each page? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 4. Does this procedure reference paragraphs, attachments, and other procedures correctly (i.e., no references to obsolete or superseded procedures)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 5. Does this procedure provide instructions that are adequate to control the activity? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 6. Does the procedure clearly state who and what the procedure is applicable to (scope)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 7. Does this procedure clearly define responsibilities? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 8. Does this procedure implement the quality requirements for which it was written? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 9. Are calibration or data acceptance criteria stated? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 10. Does this procedure list, in the "References" section, all the documents referenced in the procedure? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |
| 11. Does this procedure list the records produced as a result of implementing the procedure? | <input type="checkbox"/> YES <input type="checkbox"/> NO | NO. () <input type="checkbox"/> N/A |

[] Additional comments on Review Sheet.

Reviewed By (Print Name) _____

ER Position Title (Print) _____

Signature _____

Date _____