

Appendix A

<p style="text-align: center;">NUCLEAR WASTE MANAGEMENT PROCEDURE</p> <p>Sandia National Laboratories</p>	<h1 style="margin: 0;">Qualification and Training</h1>	<p>Form Number: NP 2-1-1</p> <p>Page 1 of 1</p>
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Section I Employee Personal Information
<p>a. Name: _____ Phone: (____) _____ Fax: (____) _____ E-mail: _____</p> <p>b. Employee of Sandia National Laboratories? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Contractor Additional Information: Employer: _____ Employer's Address: _____ Employer's phone #: (____) _____</p>

Section II Job Description (to be completed by SNL WIPP Manager)
<p>a. Job Category(s) (from Appx. B): _____ Job Title: _____</p> <p>b. Minimum Requirements of the Position (e.g., Ph.D. in Geology with experience in rock mechanics and use of mass spectrometer) Education: _____ Experience: _____</p> <p>c. Primary job tasks for this position (describe exactly what the individual will be doing in this position) _____ _____</p>

Section III Job Specific Training Required for the Position (to be completed by SNL WIPP Manager)
<p>Note: For New employees, with the exception of External Reviewers, Initial WIPP QA Program Training is required.</p> <p>a. List procedures required by Appendix B for job categories assigned in Section II(a). _____</p> <p>b. List any additional procedures/documents which the individual must read and understand for this position (e.g. Test Plans, Analysis Plans, SPs, etc.) _____</p> <p>c. List any equipment or skills (such as a certain computer application) with which the employee must be proficient. The level of proficiency can be specified, e.g., expert, average, etc. _____ _____</p>

Section IV Employee Qualifications (to be completed by Employee)
<p>Summarize your education and experience which qualified you for the above position.</p> <p>a. Education (Academic degrees and schools) _____</p> <p>b. Experience (past work related to this position) _____ _____</p>

Section V Signatures
<p>a. Employee: I certify that the information in Section IV is factual, that I have read all procedures required in Appendix B and all documents listed in Section III, and that I have completed Initial WIPP QA Program Training.</p> <p>_____ (Printed Name) _____ Signature _____ Date</p> <p>b. Non-Sandian Verifier: I have verified that the information in Section IV is factual. [Note: SNL employees leave Section V(b) blank]</p> <p>_____ (Printed Name) _____ Signature _____ Date</p> <p>c. SNL WIPP Manager: (sign for both SNL Employees and Contractors) I have evaluated the education, experience, and training of this employee and certify that he/she is qualified to perform the duties of this position.</p> <p>_____ (Printed Name) _____ Signature _____ Date</p>

Note: When form is complete, please forward to the Training Coordinator.