

Appendix C

<p style="text-align: center;"><b>NUCLEAR WASTE MANAGEMENT PROCEDURE</b></p> <p style="font-size: small;">Sandia National Laboratories</p>	<h2 style="margin: 0;">Receipt Inspection</h2>	<p><b>Form Number: NP 4-1-2</b></p> <p><b>Page 1 of 1</b></p>
<p><b>1. Receipt Inspection:</b> The purpose of this receipt inspection is to verify that all quality requirements/acceptance criteria specified for this item or service were met in the item or deliverable as received.</p>		
<p>Activity/Item/Service: _____ (Describe, or reference attachments to this form)</p> <p>Purchase Order (PO) number, JIT Requisition number, or other ID: _____ Procurement Date: _____</p> <p>Supplier's Name: _____ Quality Level: <input type="checkbox"/> QL-1 <input type="checkbox"/> QL-2</p> <p>Inspection of: <input type="checkbox"/> Service(s), go to <b>Section A</b> below. <input type="checkbox"/> Item(s), go to <b>Section B</b> below.</p>		
<p><b>Section A. Evaluation of Service Provider (if applicable):</b></p>		
<p>Period of Performance: _____</p> <p>Provide details of service provider's performance below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Results of Evaluation: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p> <p style="font-size: x-small;">Note: Review Quality Levels for WIPP Activities database listing attached to Form NP 4-1-1 used during "Performance History Evaluation" to support evaluation of service.</p>		
<p><b>Section B. Evaluation of Items (if applicable):</b></p>		
<p>Quality Requirements Acceptance Criteria:</p> <p><input type="checkbox"/> Quality requirements identified on Form NP 4-1-1, Section 3 (identification of quality and technical requirements) are used as acceptance criteria unless other criteria are specified.</p> <p><input type="checkbox"/> Document the acceptance of each item inspected including correct part numbers, etc.</p> <p><input type="checkbox"/> Document the rejection of each item inspected including any damages to item, incorrect part numbers, etc.</p>		
<p>1. Were the quality requirements specified for this item or service met (from Section A or B)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Go to Signature Block) (Complete step 2 below)</p> <p>2. Describe the deficiency in detail:</p> <p style="margin-top: 20px;">Note: After signing below, forward this form to a QA staff member for evaluation of the deficiency.</p>		
<p>Individual who Performed the Receipt Inspection:</p> <p>_____ (printed name) _____ (signature) _____ (date of receipt inspection)</p>		
<p><b>2. QA Review:</b> (Complete this section only when items or services do not meet quality requirements.)</p>		
<p>Is Corrective Action required in accordance with NP 16-1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ (printed name) _____ (signature) _____ (date)</p>		
<p><b>Forward Original to Procurement Specialist or Document Control for JIT Orders only</b></p>		