Appendix C

NUCLEAR WASTE MANAGEMENT PROCEDURE Sandia National Laboratories	**Corrective Action Verification**	**Form Number: NP 16-1-3** **Page ___ of ___**

1. CAR No: _____ Date all actions completed: _____

2. Actions taken to verify completion: (Including all documentation to be verified)

Notes:

Summarize actions taken for each deficiency.
Attach or reference objective evidence examined.
State if corrective action implementation was verified as complete for each deficiency.
Identify pending actions to resolve stop work in total.

3. Stop Work CARs only: ☐ Stop Work Rescinded in Total ☐ Stop Work Rescinded in Part

Name: _____ Date: _____
SNL QA Team Lead (print) Signature

Name: _____ Date: _____
SNL WIPP Responsible Manager (print) Signature

4. QA Verification of (Check One)

☐ Some ☐ All Corrective Actions: _____
Print Signature Date

5. QATSC Distribution:

Section 5 to be filled in at time of distribution by the QATSC.

Name: _____ Date: _____
Print Signature

☐ Manager ☐ Responsible Individual(s) ☐ QATSC ☐ Records Center