

SUBJECT:	Fermilab Corrective & Preventive Action Plan – Form 1 - Simple	NUMBER:	1004.1001 FORM 1
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	000 C3
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	04/03/09

CAP INITIATION

This section to be completed by the person requesting simple corrective / preventive action

Requestor Name: Jed Heyes **Organization:** Fermilab Quality Assurance **Phone:** 3969

Problem/Opportunity To Be Addressed - Open 2006 DOE QA Program Finding -
Fermilab does not have an established Document Control Program to meet the intent of Director's Policies #10 and #13.

Unique Tracking Number: DD-MM/DD/YYYY-x: OQ-08/05/2009-1b

(DD=Div or Sec, MM/DD/YYYY= Date Opened, x=1, 2, ...n)

Responsible Person: Vicki White **Organization:** CIO, Head CD **Phone:** 3936

****Responsible Person Acceptance:** _____ **Date:** _____

***Comments:** "Fermilab does not have an established Document Control Program to meet the intent of Director's Policies 10 and 13. Such a program would ensure that documents were appropriately specified, prepared, reviewed, approved and maintained through a process of document control reviews, a formal document approval process, a document tracking database, and a master document file. Obsolete documents may be inadvertently utilized by personnel, duplication of documentation may occur between Divisions/Departments or Sections, contradictions may arise between documents within organizations, documents may not be updated in accordance with established review cycles, and other external reviewers may not be able to adequately review laboratory programs."

CAP DEVELOPMENT

Revision 000 A

This section to be completed by the Responsible Person

Describe the Actual Problem/Opportunity, and What Caused it (Simple Root Cause):

Fermilab has not established a laboratory Document Control Program to implement DP #10 & #13.

The current state of affairs is the result of the diversity of needs within and between the various Fermilab Divisions/Sections/Centers and the variety of methods and systems creatively employed to satisfy those needs. It also results from transitioning over an extended period of time from exclusively paper based documents towards more electronic documents and document management systems.

Although a laboratory-wide solution is desired, it requires significant resources in terms of funding and effort.

Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and (where applicable) Initial Lessons Learned:

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Remedial/Compensatory Actions:

In 2009, Fermilab staff conducted a QA As-Is Baseline assessment that included Documents & Records as an area of risk because of the 2006 DOE QA Assessment findings in this area. The As-Is assessment resulted in the creation of CAPs that are focused on improvements within the D/S/Cs, as well as CAPs elevated to the Assurance Council for disposition.

As a result of the As-Is assessment, there has been an increased emphasis on compliance with existing D/S/C document management practices, procedures or policies.

Current Status

DocDB, Lotus Notes and a number of other platforms are being used throughout the laboratory to manage documents. In addition, paper filing systems are still utilized.

The need for a laboratory Document Control Program to implement DP #10 & #13 has been raised to the level of the Directorate.

Corrective, and/or Preventive Actions:

The focus of this CAP is to document the second of two new document control technology initiatives that will enable the laboratory to better manage documents in a systematic manner. This second initiative is to deploy an electronic document management system (for example, Microsoft SharePoint). See CAP OQ-08/05/2009-1a for the first technology initiative for engineering documents.

The development and implementation of an electronic document management system to support laboratory administrative policies and procedures will be accomplished through a program of work. Developing the program of work will involve defining system requirements and functional specifications; evaluating potential technology solutions and selecting the solution of choice; and developing a work plan and schedule to complete system implementation.

The development of administrative policies and procedures for document control (see CAP OQ-08-05-2009-1c) will provide guidance for this technology initiative, in particular by informing system requirements and functional specifications. As such, the schedule for developing the document management system program of work is closely connected with the timeline for establishing administrative policies and procedures as defined in CAP OQ-08-05-2009-1c.

Planned start date (format MM/DD/YYYY): 02/01/2010

Key milestones and Dates:

Develop electronic document management system program of work: 12/31/2010

Estimated date for completion:

TBD as part of the development of the program of work.

Who will complete the work, Bill Boroski

Phone: 4344

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Who will perform verification and/or validation, John Martzel	Phone: 5061
**Responsible Person: <u>Victoria White</u>	Date:
*Comments:	

CAP APPROVAL, & CONCURRENCE

This section to be completed and signed by persons identified below	
** Approval Head D/S/C: <u>W A Duke</u>	Date: <u>8/4/10</u>
*Comments:	
***OQBP Concurrence: _____	Date:
*Comments:	

CAP CLOSURE

This section to be completed and signed by persons identified below	
Description of actions taken to implement:	
**Implemented By: _____	Date:
**Verified By: _____	Date:
*Comments:	
** Acceptance Requestor: _____	Date:
*Comments:	
**Acceptance Head D/S/C: _____	Date:
*Comments:	

See Fermilab Corrective Action Plan Guide to Form 1 for directions and a completed example

ORIGINAL ↑