BASELINE

Programmatic Audit and Review (PA&R) Process

____/s/_____   ___January 17, 2006___
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Chief Safety and Mission Assurance

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OSMA Flowcharting Symbology Used which is
in addition to the symbology defined in
HCP 1400-1: Document and Data Control

Optional Flow

Out-of-Scope
Process Step

Flow Junction

Customer
Feedback

Sub-Procss
Identification
Marker

Note: For All OSMA intermediate and final outputs: page numbers,
the date, and document owner will be marked on the document.
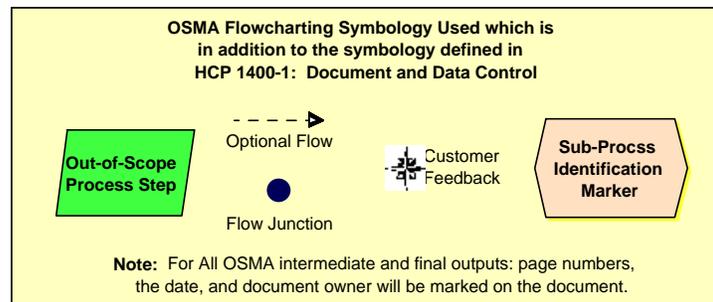
1. Purpose

The purpose of this Office of Safety and Mission Assurance (OSMA) Headquarters Office Work Instruction (HOWI) is to document the process of preparing for and conducting Programmatic Audits and Reviews (PA&R) of NASA programs and projects. This HOWI is an integral part of the NASA Safety and Mission Assurance (SMA) Review and Assessment process, which also includes the NASA Headquarters Institutional/Facility/Operations (IFO) Safety Audit process and the Safety and Mission Assurance Readiness Review (SMARR) process, discussed in their respective HOWIs.

The PA&R process is structured to provide independent verification of NASA Center and program/project compliance with NASA Headquarters Programmatic SMA requirements as reflected in the applicable programmatic SMA Baseline Requirement Set (BRS) and flowed down to the program/project. This process is designed to be applied during any phase or before/between any of the major decision points of a program/project life cycle. The emphasis typically evolves from concentration on flow-down and capability verification early in a program/project to rigorous compliance verification in later life-cycle phases. No two programs/projects are identical, so the PA&R process adapts to the unique complexity of a program/project. The process is designed to take full advantage of information gained in earlier phases, as well as other internal and external audits and reviews.

The results of the audits provide NASA management with an independent, objective, and constructive evaluation of the effectiveness with which SMA responsibilities and requirements are being implemented. The results serve as an input to the SMARR process and to operational readiness decision-making.

2. Scope and Applicability

This HOWI is applicable to the OSMA PA&R Manager, the OSMA Mission Support Division (MSD), the OSMA Safety and Assurance Requirements Division (SARD), and the OSMA Review and Assessment Division (RAD).

PA&Rs may be Headquarters-led or Center-led. Headquarters-led PA&R activities are conducted by OSMA RAD for the Chief Safety and Mission Assurance. Center-led programmatic audits and reviews are undertaken on behalf of the Center Director and are conducted by the Center SMA organization; this HOWI can serve as a guide for the conduct of Center-led PA&Rs.

3. Definitions

3.1   <u>Assessment, Audit, Review</u>: For the purpose of this document, Assessments, Audits, and Reviews involve a systematic process of collecting and analyzing Objective Quality Evidence (OQE) to determine the current, historical, or projected status of the subject being examined. The individual definitions are listed below.

- An <u>Audit</u> is an onsite in-process verification of compliance with policies, procedures, processes, and requirements. Audits have the responsibility for citing noncompliances, as well as observations, and require a follow-up corrective action process, including a corrective action plan and corrective action status report(s).

- An <u>Assessment</u> is an evaluation and analysis of procedures, processes, and practices necessary to effectively implement requirements. The assessment findings are provided for information to the organization being assessed.

- A <u>Review</u> is an examination and analysis of documentation to evaluate the feasibility, appropriateness, relevance, and/or effectiveness of documentation contents. It is a necessary precursor to an audit or assessment. The review findings are provided for information to the organization being assessed.

For the purpose of this document, the term "PA&R" is used to describe any reviews, assessments, and audit activities associated with the PA&R process (e.g., document discovery, understanding the BRS, requirements flow-down and process capability verification, in-process audit, onsite visits, providing feedback, and supporting the OSMA SMARR).

3.2 <u>Audit Finding:</u> A noncompliance or observation documented by the Audit Team.

3.3 <u>Audit Guide:</u> A guide defining the overall scope, authority, procedures, applicable documents, and administrative and logistic details necessary to conduct an onsite audit or review. It also includes a set of detailed questions to be covered during the onsite audit/review based on requirements from Agency-level SMA documents, industry standards, and NASA Center-specific procedures and requirements.

3.4 <u>Audit In-Brief:</u> A meeting during the first day of an onsite audit led by the Audit Team Leader to inform the Center Director, Senior Center Management, and Program/Project Management on the purpose, scope, and audit performance period schedule as well as other administrative aspects of the audit.

3.5 <u>Audit Out-Brief:</u> A meeting on the final day of an onsite audit led by the Audit Team Leader with the participation of the OSMA RAD Director to communicate preliminary audit findings to the audited Center Director, Senior Center Management, Program/Project Management, and, as appropriate, the respective Mission Directorate Associate Administrator (AA) , Agency AA and the Chief Safety and Mission Assurance.

3.6 <u>Baseline Requirements Set (BRS):</u> The BRS represents a set of requirements jointly negotiated among the program/project, engineering community, SMA community, and, as appropriate, institutional organizations. Typically, the BRS represents a subset of Agency SMA process, technical, and engineering performance specification requirements uniquely applicable to a given NASA program, project, facility, or operation.

3.7 <u>Chief SMA:</u> Chief Safety and Mission Assurance.

3.8 <u>Corrective Action Plan:</u> Report submitted by the audited NASA Center or program/project to the PA&R Team and, when appropriate, the auditing entity (such as the Onsite Audit Team) addressing the planned course of actions to address the findings or conclusions of any process step of the PA&R. This plan includes designation of a schedule for completing the actions, as well as designating the responsible party(ies) assigned to perform the actions.

3.9 <u>Mission Assurance Portfolio:</u> A compendium of objective quality evidence (e.g., analyses, test results, build reviews, records of decisions necessary) to support the IFO SMA Audit, PA&R, and SMARR processes.

3.10 <u>Mission Assurance Process Map:</u> The Mission Assurance Process Map is a high-level, graphical representation of governing SMA policy and requirements, processes, and key participant roles, responsibilities, and interactions. It also includes the reporting structure that constitutes a program's/project's SMA functional flow.

3.11 <u>Mission Assurance Process Matrix:</u> The Mission Assurance Process Matrix is constructed to provide the specific point of contact information (e.g., name, phone number) for the Engineering, Manufacturing, Program Management, Operations, and SMA entities (and others, as required) on the Mission Assurance Process Map. The Mission Assurance Process Matrix also displays process activities, areas of responsibility, mission phases, and work locations.

3.12 <u>MSD:</u> OSMA Mission Support Division.

3.13 <u>Noncompliance:</u> A failure to comply with Federal, State, local, Agency, or Center requirements. A noncompliance could lead to the loss of life, injury to NASA personnel or the public, loss of or damage to high-value equipment, or reduce the likelihood of mission success. (This term is only used in conjunction with an onsite compliance verification audit.)

3.14 <u>Objective Quality Evidence (OQE):</u> Any documented statement of fact, either quantitative or qualitative, pertaining to the quality of a product or service based on observations, requirements, or tests which can be verified. (Evidence is expressed in terms of specific quality requirements or characteristics, identified in drawings, specifications, and other documents which describe the item, process, or procedure.)

3.15 <u>Observation:</u> A condition that is not contrary to documented requirements, but, in the judgement of the auditor, warrants improvement or clarification.

3.16 <u>Onsite Audit Team:</u> A subteam of the PA&R Team organized to conduct specific onsite compliance verification.

3.17 <u>Onsite Audit Team Leader:</u> A member of the PA&R Team assigned to lead onsite compliance verification activities.

3.18 <u>PA&R Audit Report:</u> A document that provides the results of an onsite audit. This report contains, at a minimum, an Executive Summary and a comprehensive discussion/description of all the findings resulting from the onsite audit.

3.19 <u>PA&R, Center-led</u>: A PA&R conducted by a Center SMA organization where the PA&R Lead reports to the Center SMA Director.

3.20 <u>PA&R, Delegated Headquarters-led</u>: A PA&R where the PA&R Manager has delegated the responsibility to perform the PA&R to a Center Independent Assessment (IA) organization.

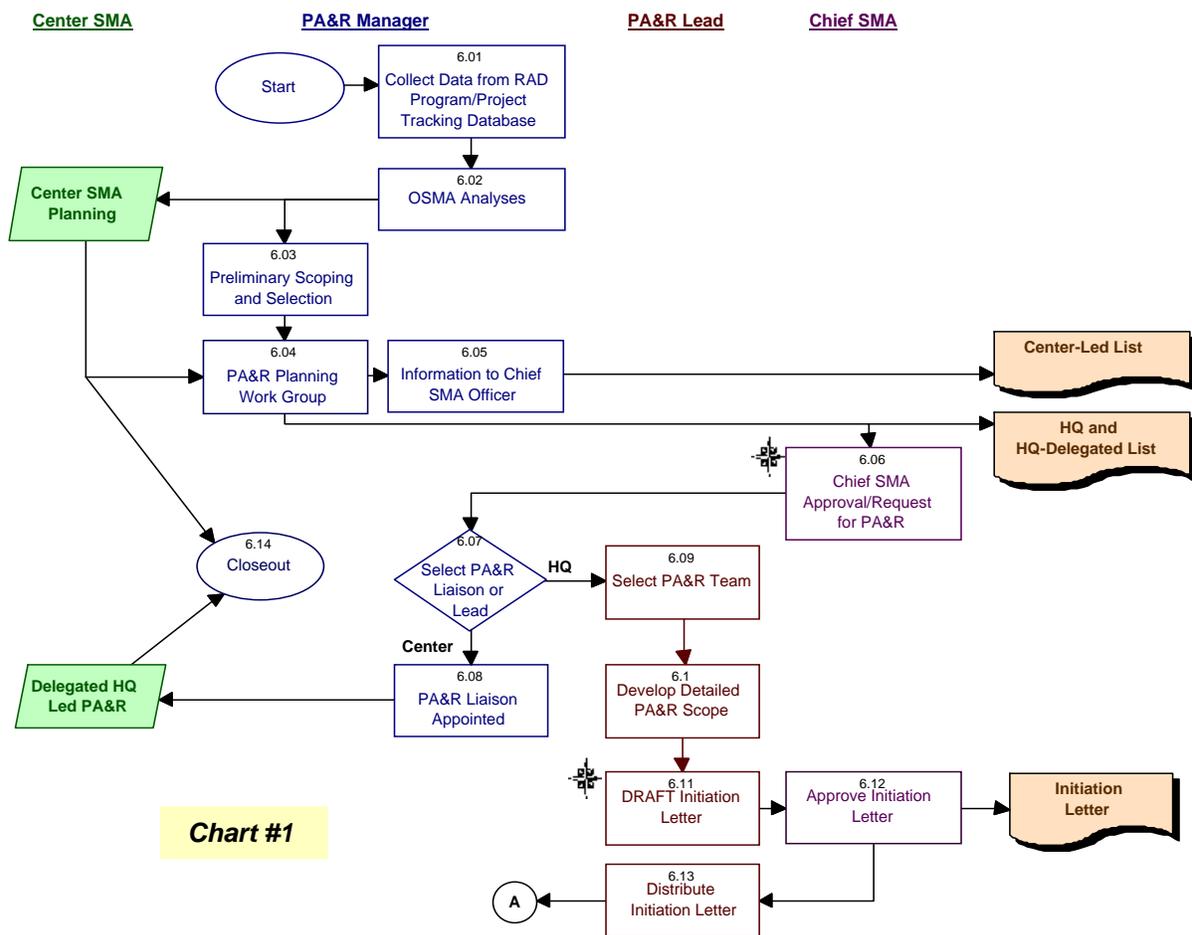3.21 <u>PA&R, Headquarters-led</u>: A PA&R conducted by OSMA/RAD.

3.22 <u>PA&R Initiation Letter:</u> Correspondence prepared by the PA&R Lead and issued by the Chief SMA or the Center SMA Director to program/project management announcing the initiation of the PA&R. It details the scope and duration of the PA&R and any actions that are required by program/project management, the Center Director, and the Center SMA Director in support of the planned PA&R.

3.23 <u>PA&R Lead:</u> The person assigned overall responsibility for the management, oversight, and execution of the PA&R process for a specific program/project. For a Headquarters-led PA&R, this individual is a member of OSMA/RAD. For a Center-led or delegated Headquarters-led PA&R, this individual is a member of a Center SMA organization.

3.24 <u>PA&R Liaison</u>: A member of OSMA/RAD assigned the responsibility of acting as a communication link between OSMA and the PA&R Lead for a delegated Headquarters-led PA&R.

3.25 <u>PA&R Manager:</u> A member of the OSMA RAD assigned by the RAD Director the responsibility for overall management and oversight of the PA&R process and activities for all programs/projects.

3.26 <u>PA&R Planning Work Group:</u> A work group led by the PA&R Manager and consisting of representatives from OSMA/RAD/MSD, each Center SMA organization, and each Center SMA IA organization. The purpose of the Work Group is to provide Agencywide coordination and planning of the performance of PA&Rs.

3.27 <u>PA&R Requirements Risk Profile</u>: A summary of all of the findings, conclusions, and analyses of the PA&R process performed on a program/project with an assessment as to the residual risk introduced to the program by the conditions that resulted in the findings, conclusions, and analytical results. It is presented during the SMARR to the Chief SMA.

3.28 <u>PA&R Team:</u> The team assembled and led by the PA&R Lead and staffed from NASA Headquarters OSMA (for a Headquarters-led PA&R), the Center SMA Independent Assessment organization (for a delegated Headquarters-led PA&R), or the Center SMA organization (for a Center-led PA&R) to administer and manage the PA&R process for a specific program/project. The PA&R Lead may choose to form subteams with additional subject matter experts (SMEs) to support specific assessments, audits, and reviews. A subset of the PA&R Team (i.e., a core management team) may be established by the PA&R Lead to provide long-term, sustaining support to the PA&R.

3.29 <u>Program Description Document (PDD):</u> A brief document that condenses relevant program information from all available sources, both public and internal program documents. The PDD serves as the common source of context and knowledge of the program from which the PA&R proceeds.

3.30 <u>RAD:</u> OSMA Review and Assessment Division.

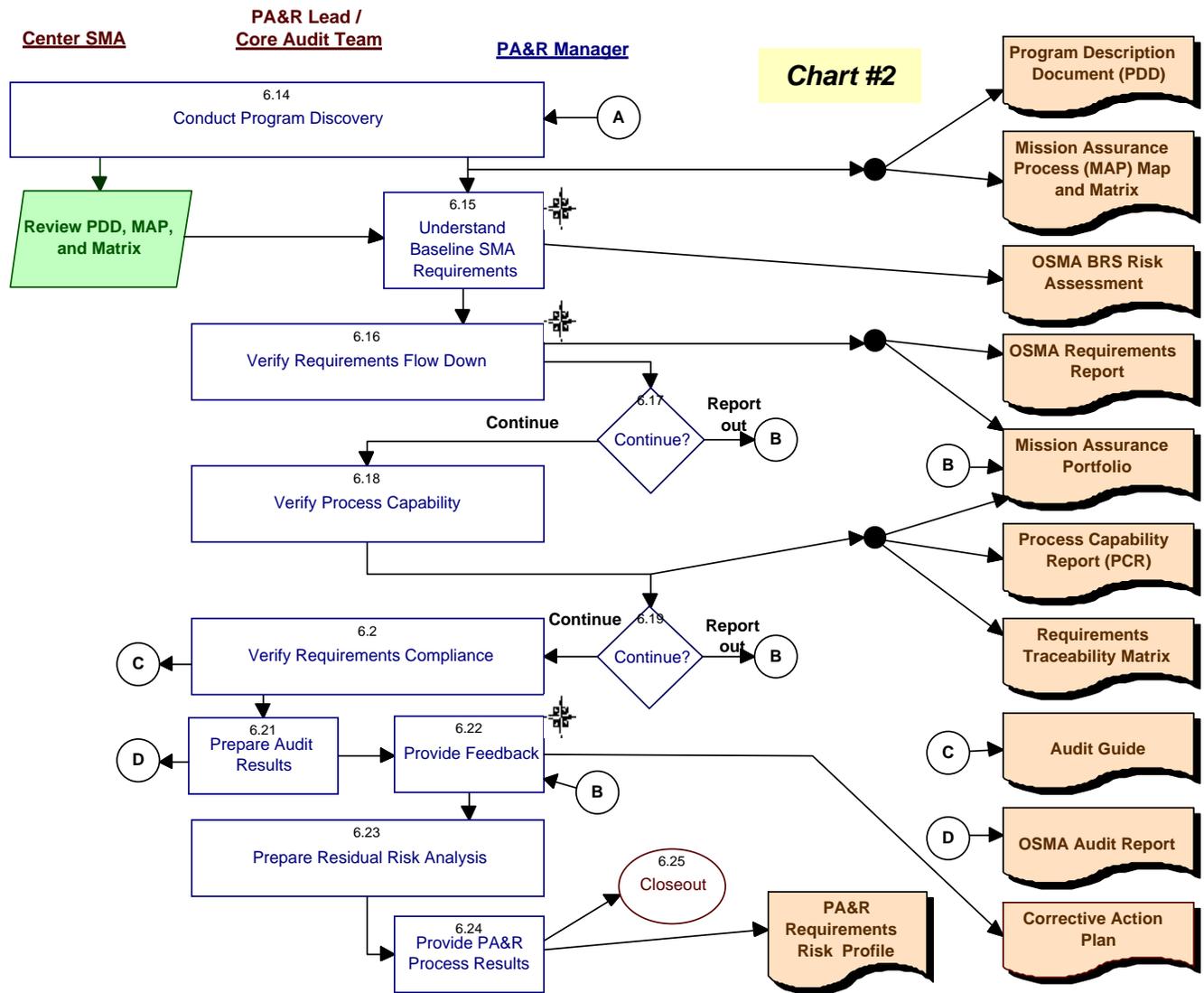3.31 <u>SARD:</u> OSMA Safety and Assurance Requirements Division.

4. Reference Documents

The documents listed in this section are used as reference materials for performing the processes covered by the Quality Management System (QMS). Since all NASA Headquarters Level 1 (QMS Manual) and Level 2 (Headquarters Common Processes) documents are applicable to the QMS, they need not be listed in this section unless specifically referenced in this OSMA HOWI.

4.1   NPD 1440.6: *NASA Records Management*

4.2   NPD 8700.1: *NASA Policy for Safety and Mission Success*

4.3   NPR 8705.6: *Safety and Mission Assurance Audits, Reviews, and Assessments*

4.4   NPR 8715.3: *NASA Safety Manual*

4.5   NPR 8000.4: *Risk Management Procedures and Requirements*

4.6   HQPG 1400-1: *Document and Data Control*

5. Flowchart

Center SMA **PA&R Lead /**
Core Audit Team **PA&R Manager**

Chart #2

6.14
Conduct Program Discovery — A

Review PDD, MAP, and Matrix

6.15
Understand Baseline SMA Requirements

6.16
Verify Requirements Flow Down

6.17
Continue? **Continue** **Report out** — B

6.18
Verify Process Capability

6.2
Verify Requirements Compliance — C

6.19
Continue? **Continue** **Report out** — B

6.21
Prepare Audit Results — D

6.22
Provide Feedback — B

6.23
Prepare Residual Risk Analysis

6.24
Provide PA&R Process Results

6.25
Closeout

Program Description Document (PDD)

Mission Assurance Process (MAP) Map and Matrix

OSMA BRS Risk Assessment

OSMA Requirements Report

Mission Assurance Portfolio — B

Process Capability Report (PCR)

Requirements Traceability Matrix

Audit Guide — C

OSMA Audit Report — D

Corrective Action Plan

PA&R Requirements Risk Profile

6. Procedure

The PA&R Manager is considered ultimately responsible for each PA&R event and is listed as the responsible individual in the eight elements of the PA&R process. Some activities can be delegated to the Center SMA Director, but, for the purpose of this HOWI, the HQ-responsible individual is the OSMA RAD PA&R Manager. The PA&R Manager may be the PA&R Lead for HQ-Led Audits, or the responsibility may be delegated to another OSMA member or Center SMA Director in the case of Center-led audits.

The need for an independent assessment can come from various sources both internal and external to NASA to increase the insight, visibility, and understanding of a NASA program/project. Program Selection begins with one of three events: (a) direction from a higher entity either internal to the Agency (e.g., the NASA Administrator, Mission Directorate AA, Chief SMA, Center Management) or external to the Agency (e.g., the Executive Office, Congress, special investigation committees); (b) a request from a NASA Center SMA Office or Center Project/Program Management; or (c) selection based on the risk of upcoming program/project events, and/or national significance as described in the following steps.

The process begins on Chart 1

6.01   PA&R Manager   Collect Data from RAD Program/Project Database

        RAD continuously collects program/project data from the RAD Program/Project Database
to assist in development of the candidate PA&R list and to enable selection of PA&R
candidates. These data come from Program/Project managers, MSD, and Center SMA
managers.

6.02   PA&R Manager   OSMA Analyses

        RAD uses rule-based filters and inputs from MSD to create an initial hierarchical list of
programs/projects for further distillation by the PA&R Manager.

        *During this step, the Center SMA Organizations identify potential Center-led PA&Rs for
their Center programs and projects. The Center SMA representatives to the Planning
Work Group present their list of planned Center-led PA&Rs for the upcoming Fiscal Year
to the Planning Work Group.*

6.03   PA&R Manager   Preliminary Scoping and Selection

        The PA&R Manager develops an initial scope and selection of HQ-led PA&R candidates
for presentation to the PA&R Planning Work Group.

6.04   PA&R Manager   PA&R Planning Work Group

        The PA&R Manager chairs the Planning Work Group, comprised of members from OSMA
and Center SMA, and directs the integration of the Center and OSMA inputs into annual
lists of Center-led, HQ-led, and delegated HQ-Led PA&R activities. The HQ-led/
delegated-HQ-led PA&R list is provided to the Chief SMA for approval upon which the
annual PA&R process begins. The list of Center-led PA&Rs is also provided to the Chief
SMA for information. Both lists are posted to the PA&R web-based work group for
Agencywide access and use.

6.05   PA&R Manager   Information to Chief SMA

        The results of the PA&R Planning Work Group are provided to the Chief SMA. This
includes the list of Center-led PA&Rs and a list of proposed HQ-led and delegated HQ-led
PA&Rs.

6.06   Chief Safety and Mission Assurance Approval/Request for PA&R

        The Chief SMA reviews and approves the annual list of proposed HQ and delegated HQ-led
PA&R activities, Chief SMA also reviews the center-led PA&R list for information.

6.07   PA&R Manager   Select PA&R Lead

        The PA&R Manager selects the lead for each HQ-led PA&R. For HQ-led PA&R, the
process continues on towards a PA&R.

6.08   PA&R Manager   PA&R Liaison Appointed

The PA&R Manager appoints from OSMA RAD the PA&R Liaison for each delegated HQ-led PA&R to provide continued HQ visibility of the delegated HQ-led PA&R. Outputs from delegated HQ-led PA&Rs are used as inputs to the SMARR. Upon submission of these inputs the associated PA&R process is closed out.

6.09   PA&R Lead   Select PA&R Team

The PA&R Lead recruits members and finalizes the PA&R Team for the selected activity. The PA&R Team is comprised of the PA&R Lead and members from the three OSMA divisions, the appropriate Center organization(s), and other government agencies, as required.

6.10   PA&R Lead   Develop Detailed PA&R Scope

The PA&R Lead develops a detailed scope of the PA&R, including date, duration, and resources needed from both HQ and Center SMA at the PA&R onsite location.

6.11   PA&R Lead   Draft Initiation Letter

The PA&R Lead drafts the PA&R Initiation Letter for approval by the Chief SMA. This letter details the scope and duration of the PA&R and any actions that are required by program/project management, the Center Director, and the Center SMA Director in support of the planned PA&R.

6.12   Chief SMA   Approve Initiation Letter

The Chief SMA reviews and approves the letter announcing the PA&R.

6.13   PA&R Lead   Distribute Initiation Letter

The letter is then distributed to the management of the selected program/project, the Center Director and the responsible Center SMA Director as official notification that the PA&R is scheduled.

The process continues on Chart 2

6.14   PA&R Team (et al)   Conduct Program Discovery:

Program Discovery is based on minimally-invasive data collection in preparation for follow-on PA&R process steps. The PA&R Team works with Center SMA, program/project, and contractor personnel, as appropriate, to request, collect, understand, and review program structure and requirements documentation to characterize the program/project. Specifically, the goal is to compile a general overview of the program/project that provides members of audit/assessment teams the overall context within which the program/project operates. Emphasis will be given to specific information related to the SMA environment and requirements.

The PA&R Team compiles this information into a draft Program Description Document (PDD) for use by the Audit Team. This draft is provided to the Center SMA, program/project, and contractor personnel, et al, as appropriate, for review and concurrence prior to the team finalizing and using the PDD.

Information collected in the Program Discovery process is also used to identify roles, responsibilities, and relationships in the SMA element of the program/project.

The PA&R Team assists the program/project in developing the program-specific SMA roles, responsibilities, and relationships in the form of an Mission Assurance Process Map and Matrix. The Map and Matrix identify: (a) the basic flow of the SMA process, (b) the primary SMA parciticipants in the program/project, and (c) interactions among these participants. The matrix also provides contact information for use before, during, and after any PA&R onsite visit(s).

6.15   PA&R Team   Understand Baseline SMA Requirements:

Working with the Technical Authority and OSMA MSD, the PA&R Team collects and reviews the baseline requirements documents to gain understanding of which SMA programmatic requirements are placed on the program/project.

If warranted, the PA&R Team and its OSMA MSD representative(s) on the team perform a requirements gap analysis between the existing set of program contractual SMA requirements, any program-applicable Agency SMA requirements, and a set of approved best practices.

Based on the output of the gap analysis, residual risks are recorded in the OSMA BRS Risk Assessment.

6.16   PA&R Team   Verify Requirements Flow-down:

The PA&R Team verifies that top level Agency requirements flow down from the program/project to prime and subtier contractors.

This is primarily a documentation review that does not necessarily require an onsite visit. However, it may involve ongoing surveillance of SMA requirements flow-down, as needed, with some onsite verification review. This can be performed by the PA&R Team or delegated to the onsite SMA organization under the guidance of the Center SMA Director.

Requirements flow-down surveillance information compiled by the Center SMA Office is aggregated in a program/project-specific Mission Assurance Portfolio, which is maintained at the lead Center SMA office for reference during the PA&R. The Mission Assurance Portfolio also represents a key input to the PA&R Requirements Risk Profile developed to support the SMARR.

In conjunction with information gathered through ongoing surveillance by the Center SMA Office or from onsite verification review, the PA&R Team constructs a Requirements Traceability Matrix detailing the requirements flow-down.

The output of the PA&R Team traceability analysis is compiled in an OSMA Requirements Report.

6.17   PA&R Team   Continue?

The PA&R Team decides whether to continue the PA&R process or to report out. Results will be provided to the requesting organization and subsequently archived in accordance with NASA Records Management Policies.

6.18   PA&R Team   Verify Process Capability:

The Process Capability Review is conducted as an onsite review, as appropriate, to assess for each Implementing Organization if there is sufficient process capability in terms of (a) staffing, (b) skill mix, (c) tools, (d) funding, and (e) training/certifications to support the program/project.

The output of this portion of the PA&R is a Process Capability Report (PCR).

6.19   PA&R Team   Continue?

The PA&R Team decides whether to continue the PA&R process or report out. Results will be provided to the requesting organization and subsequently archived in accordance with NASA Records Management Policy.

6.20   PA&R Team/ Onsite Audit Team Verify Requirements Compliance:

For both new and existing programs/projects, the next step in the PA&R process involves conducting a well-structured, disciplined, and rigorous onsite audit(s) to verify in-process implementation of the program/project BRS. These audits are separate and distinct from Center SMA organization routine day-to-day surveillance of the program/project and collection of relevant OQE to assure that the program/contractor(s)/ subcontractor(s) are performing as required. OQE collected during these audits as well as OQE collected by Center SMA is compiled in the Mission Assurance Portfolio.

These onsite, in-process audits begin with the PA&R Team designating a member of the OSMA to be the Onsite Audit Team Leader. This person is responsible for the successful planning, execution, and follow-up of the onsite, in-process audit. The Onsite Audit Team Leader then recruits subject matter experts to be members of the Onsite Audit Team.

The Onsite Audit Team then collects relevant requirements and procedural documents, such as Operating Procedures or Operating Instructions, to trace the requirements from the BRS into the floor procedures (and/or others, if applicable). The resulting analysis and list of audit questions is combined with audit logistics information to create an Audit Guide.

The Onsite Audit Team then conducts the audit, documenting any audit findings.

Other independent assessments conducted by such entities as the NASA Independent Validation and Verification Center, and NASA Engineering and Safety Center as well as Aerospace Safety Advisory Panel reviews and any special commissions that may be established, will be reviewed and incorporated into the PA&R onsite audit planning and implementation to minimize duplication of effort and impact on the program/project's day-to-day operations.

6.21   Onsite Audit Team   Prepare Audit Results

Results of these periodic onsite audits are detailed in the OSMA Audit Report and provided to the Chief SMA, the Center SMA Director(s), and the requestor of the audit (if different from these two officials).

6.22   PA&R Team   Provide Feedback:

Audit findings and corrective action status are provided to program/project management, Technical Authority, Center management, and Mission Directorates. Observations or findings on the clarity of requirements and the sufficiency of OQE is provided to OSMA SARD. Needed program/project-specific updates on requirements are recomkmended to OSMA MSD.

Based on the Corrective Action Plan provided by the Center SMA and the program/project, the PA&R Team assesses whether the closed-loop, corrective action processes are properly established and functioning to mitigate audit findings. The PA&R Lead provides feedback reports which include, but are not limited to, the following: audit findings, corrective action status reports, requirements reports, audit lessons learned, and best practices. Feedback is also provided to confirm that correct requirements are implemented and to suggest where improved requirements and best practices could be (or should be) implemented.

6.23   PA&R Team   Prepare Residual Risk Analysis:

Based on the results of the PA&R process, the PA&R Team conducts a residual risk analysis of program/project requirements compliance. The result of this analysis is the basis for the development of the PA&R Requirements Risk Profile.

The PA&R Requirements Risk Profile includes a summary of audit/review/assessment findings and residual risks associated with the BRS, requirements flow-down, process capability , and compliance verification process steps.

6.24   PA&R Lead   Provide PA&R Process Results

The PA&R Requirements Risk Profile is summarized and provided to the Chief SMA to support the conduct of the SMARR.

6.25   PA&R Manager   PA&R Close-out:

The PA&R Manager closes out the audit activities, including archiving records in accordance with NPD 1440.6, NASA Records Management. This ends the PA&R process.

7. Quality Records

Record ID	Owner	Location	Media Electronic /hardcopy	Schedule Number & Item Number	Retention & Disposition
Audit Guide	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
Center-Led List	Center SMA Org.	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
Corrective Action Plan	Center Program/ Project Office	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
HQ and Delegated HQ-led List	PA&R Manager	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
Initiation Letter	PA&R Manager	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
Mission Assurance Portfolio	Center SMA Org.	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.

Record ID	Owner	Location	Media Electronic /hardcopy	Schedule Number & Item Number	Retention & Disposition
Mission Assurance Process (MAP) Map and Matrix	Program/ Project	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
OSMA Audit Report	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
OSMA Requirements Report	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
OSMA BRS Risk Assessment	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
PA&R Requirements Risk Profile	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
Process Capability Report (PCR)	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.
Program Description Document (PDD)	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.

Record ID	Owner	Location	Media Electronic /hardcopy	Schedule Number & Item Number	Retention & Disposition
Requirements Traceability Matrix	PA&R Lead	PA&R Website - Audit Workgroup and Data CD	Electronic	Schedule: 5 Item Number: 30	Retire to FRC 2 years after contract end. Destroy 5 years after contract end.

Appendix A: Responsibility Matrix

Due Date	Key: P = Primary Responsibility C = Concur R = Review S = Support Tasks	Chief Safety and Mission Assurance	PA&R Manager	PA&R Lead	HQ OSMA PA&R Team	Center SMA Organization	Program/Project and Contractor
	Select program for PA&R	R/C	P				
	Determine if the PA&R will be Headquarters-led or Center-led	R/C	P				
	Draft Initiation Letter			P			
	Issue PA&R Initiation Letter	R/C		P			
	Identify PA&R Team			P			
	Conduct Program Discovery			R/C	P	S	S
	Complete Program Description Document			R/C	P		
	Collect information on SMA roles, responsibilities, and relationships			R/C	S	P	S
	Complete Mission Assurance Process Map and Matrix			R/C	/S	S	P
	Review Baseline Requirements Set			R/C	P	S	S
	Perform gap analysis			R/C	P		
	Complete OSMA BRS Risk Assessment			R/C	P	R	R
	Verify requirements flow-down			R/C	P	S	S
	Complete Requirements Traceability Matrix			R/C	P	S	S
	Issue OSMA Requirements Report			R/C	P	R	R
	Complete Mission Assurance Portfolio					P	S
	Decide whether or not to continue PA&R		R/C	P	S		
	Conduct Process Capability Review			R/C	P	S	S
	Issue Process Capability Report (PCR)			R/C	P	R	R
	Decide whether or not to continue PA&R		R/C	P	S		
	Conduct onsite audits and reviews as needed			R/C	P	S	S
	Perform ongoing surveillance as needed					P	S
	Issue Final OSMA Audit Report	R/C	R/C	P	S	R	R

Due Date	Key: P = Primary Responsibility C = Concur R = Review S = Support Tasks	Chief Safety and Mission Assurance	PA&R Manager	PA&R Lead	HQ OSMA PA&R Team	Center SMA Organization	Program/Project and Contractor
	Provide feedback to Program/Project, OSMA SARD, and MSD		P	S	S		
	Issue feedback reports		R/C	P	S	S	R
	Develop PA&R Requirements Risk Profile for Chief SMA		R/C	P	S	S	R
	Issue PA&R Requirements Risk Profile	R	R/C	P	S		
	Conduct SMA Readiness Reviews	P	S	S			