FWS Quality Assurance Environmental Team Evaluation

| Facility name, address, region and phone number: | | |
|--|---------------------------|---------------------|
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| | | |
| - | | |
| Facility Environmental POC and | d Title: | |
| Auditors Names, Agency, and Oo | ccupation: | |
| | | |
| | | |
| | | |
| Dates of onsite audit: | | |
| Check activities that you observe | ved: In-briefing | Audit tour |
| Ž | | Findings Discussion |
| Other major onsite POCs (Haza | ardous Waste POC, Assista | ant Manager, etc.): |
| | | |
| | | |
| | | |

7. Rate the audit team on the following, indicate N/A if you did not observe the activity or the question does not apply.

| Questions | | w | Med Hig | | | |
|---|---|---|---------|-----|---|-----|
| | 1 | 2 | 3 | 4 5 | ; | N/A |
| a. The facility was adequately informed of the audit and was not surprised by audit activities. | | | | | | |
| b. The audit team was prepared and organized. | | | | | | |
| c. Clearly explained the function and purpose of ECAP during the in-briefing. | | | | | | |
| d. Attitude (courteous/professional). | | | | | | |

| Questions | Low | | w Med | | h | |
|---|-----|---|-------|---|---|-----|
| | 1 | 2 | 3 | 4 | 5 | N/A |
| e. Technical knowledge of auditors. | | | | | | |
| f. Effective interviewing techniques. | | | | | | |
| g. Appropriate facility personnel interviewed (i.e., supervisor). | | | | | | |
| h. Conducted thorough field observations during the audit. | | | | | | |
| i. Sites of environmental concern of the facility were visited. | | | | | | |
| j. Looked for "root or systemic" causes of problems. | | | | | | |
| k. Permits, records, plans, and other existing data were adequately reviewed. | | | | | | |
| 1. Wrote descriptive, comprehensive findings. | | | | | | |
| m. Provided meaningful suggested solutions. | | | | | | |
| n. Effective outbriefing for facility. | | | | | | |
| o. Familiarity with the ECAH Protocol. | | | | | | |

8. Rate the facility on the following:

| Questions | | w | Med High | | | |
|--|---|---|----------|-----|--|-----|
| | 1 | 2 | 3 | 4 5 | | N/A |
| a. Facility staff actively participated during audit. | | | | | | |
| b. Staff assisted team with gathering records, permits, etc. | | | | | | |
| c. Provided team with adequate working space, phones, etc. | | | | | | |
| d. Actively coordinated the audit with the team leader. | | | | | | |

9. Rate the audit team leader on the following:

| Questions | Low | | Low Med | | d High | |
|--|-----|---|---------|---|--------|-----|
| | 1 | 2 | 3 | 4 | 5 | N/A |
| a. TL was familiar with the ECAP process. | | | | | | |
| b. TL coordinated effectively with the facility so the facility staff was not surprised by audit activities. | | | | | | |
| c. TL effectively acted as a liaison between the facility and the audit team. | | | | | | |
| d. TL effectively communicated with manager and staff to adequately explain the findings. | | | | | | |
| e. Overall performance of TL. | | | | | | |

| 10. | ECAH handbooks?YesNo | | | | | |
|-----|--|--|--|--|--|--|
| | Additional comments: | | | | | |
| 11. | Did the team supplement the ECAH with State supplements? Yes No | | | | | |
| 12. | Briefly describe your major activities while you were onsite (i.e. accompanied audit team, attended briefings, etc.) | | | | | |
| | | | | | | |
| | Did the audit team provide the facility with information that will assist them in focusing on lem areas? Explain: | | | | | |
| | | | | | | |

| | Do you feel the facility led the audit team around too much and only showed the team the areas they wanted them to see. If yes, explain: |
|---|---|
| | |
| | Did you provide any technical support to the facility or audit team? If so, what types questions were you asked? |
| | Describe any significant issues you observed during the audit (i.e. lack of facility participation, audit team was not well balanced, problems using the handbook, etc. |
| | Recommend any suggestions to correct those problems in the future. |
| | Describe any positive actions you observed during the audit that could be used to improve ECAP. |
| _ | Overall, do you feel that the facility was satisfied with their audit? |
| _ | Please provide any additional comments that you feel are important. |
| _ | |
| | Signature of Evaluator |