

Quality Assurance Surveillance Plan

1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) has been developed to provide the appointed Quality Assurance Personnel (QAP) an effective and systematic method of monitoring contractor performance. Revisions to this QASP are the joint responsibility of the Functional Area Chief (FAC) and the Contracting Officer (CO).

2. APPLICABLE FORMS

Surveillance Report (see below)
AF Form 370, *Contract Performance Evaluation Report*

3. SURVEILLANCE

The QAP will document contractor performance and/or the receipt of each contract deliverable, draft or final, to include date required, date received, and whether the service or item is acceptable (meets contract terms). For every instance of any performance or deliverable requiring rework or otherwise not meeting SOW specifications, a Memo for Record explaining the inadequacies and their resolution will be retained in the QA file.

4. INFORMAL DISCUSSIONS

The QAP may inform the contractor representative of any surveillance item(s) requiring correction and request the representative to initial by the documentation of the defective item to indicate acknowledgment. Initials indicate only that the individual was informed, they do not indicate agreement or acceptance of fault. Only the PCO or ACO may make changes to the contract or take action against the contractor for non-performance. Under no circumstances shall the words or actions of the QAP be taken as direction or authorization to perform additional tasks not specifically required by the SOW or authorized by the CO.

5. UNACCEPTABLE PERFORMANCE

When unacceptable performance is annotated in the QA files, the specific reason for the discrepancy caused by the contractor must be recorded on the AF Form 370. The AF Form 370 is coordinated with the FAC, prior to submission to the contractor team leader for comment. The QAP reviews the contractor's response and ascertains whether performance is acceptable, given the circumstances. Serious discrepancies must be remanded to the Contracting Officer for resolution.

6. REPORTING REQUIREMENTS

The QAP will be responsible for development and maintaining the Surveillance Report(s). The Surveillance Report(s) shall be filled out by the QAP on a quarterly basis. Surveillance Report(s) must also be completed based on contract periods. The Surveillance Report(s) shall be submitted to the FAC for review and provided to the contract Program Office.

7. INSTRUCTIONS TO THE SURVEILLANCE REPORT

Please provide a color score (as shown in the chart below) for each performance factor. Justify your rating and state a corrective action if necessary. If more comment space is needed simply add additional pages. Once completed, retain a copy in the QA file and submit report to the SSG/ITC, Project Manager. Electronic or hand written copies are acceptable. Also once completed, control as sensitive For Official Use Only information.

Your feedback is important as it impacts the contractor's ability to be considered for future Government work!

**INSPECTION CHECKLIST
FOR (PROJECT NAME)
(Contract Title) CONTROL# _____
CONTRACT DELIVERY/TASK ORDER# _____**

(NOTE - The following checklist is a sample and should be tailored to the specific contract requirements and surveillance plan in question. A copy of the checklist should then be completed periodically or per each contract deliverable submission.)

	YES	NO	N/A
1. Did CDRL A001 comply with the government's requested format and number of copies received?			
2. Did CDRL A001 submission comply with all the delivery/task order statement of work paragraph(s) XXX?			
3. Did CDRL A001 contain any discrepancies? See Memo for Record dated _____, or remarks section below (ref. file location, if yes).			
4. Did CDRL XXXX/Report XXXX comply with the government's requested format and number of copies received? CDRL item A003, <i>Monthly Fund Status Report</i> , contained discrepancies regarding contract progress and/or fund status. See Memo for Record dated _____, or remarks section below (ref. file location, if yes).			
5. Did CDRL XXXX/Report XXXX submission comply with all the delivery/task order statement of work paragraph(s) XXX?			
6. Did CDRL XXXX/Report XXXX contain any discrepancies? See Memo for Record dated _____, or remarks section below (ref. file location, if yes).			
REMARKS:			

NOTE TO COR/FAE/QA: The "X"s after the word "CDRL" and the word "paragraph" are for you to enter the appropriate number. Delete 4 – 6 if you do not have additional CDRLs or Reports or add additional checklist items needed.

COR/FAE/QA SIGNATURE: Phone: DATE:
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Code explanation:

Score

Performance Level

Blue

Exceptional - rate as **B** - Performance meets contractual requirements and exceeds many (*requirements*) to the Government's benefit. The Contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.

Purple

Very Good -- rate as **P** - Performance meets contractual requirements and exceeds some (*requirements*) to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.

Green

Satisfactory -- rate as **G** - Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.

Yellow

Marginal -- rate as **Y** - Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor's proposed actions appear only marginally effective or were not fully implemented.

Red

Unsatisfactory -- rate as **R** - Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.

N

Not Applicable -- rate as **N** - Unable to provide a score.

Surveillance Report (FOUO when filled in)

Program Name:

Contractor/ DO#: _____

Period of Performance: _____

F AE/Title/Office Completing Report. _____

Period Covered: _____

Evaluation Areas

Score

Please justify your rating and state corrective action if required.

1. Business Relations. Assess the integration and coordination of all activity needed to execute the contract, specifically the timeliness, completeness and quality of problem identification, corrective action plans, proposal submittals, the contractor's history of reasonable and cooperative behavior, customer satisfaction, timely award and management of subcontracts, and whether the contractor met small/small disadvantaged and women-owned business participation goals. _____

2. Management of Key Personnel. Assess the contractor's performance in selecting, retaining, supporting, and replacing, when necessary, key personnel. _____

3. Schedule. Assess the timeliness of the contractor against the completion of the contract, task orders, milestones, delivery schedules, administrative requirements (e.g., efforts that contribute to or effect the schedule variance). _____

4. Cost Control. Assess the contractor's effectiveness in forecasting, managing, and controlling contract cost _____

5. Quality of Product / Service. Assess the contractor's conformance to contract requirements, specifications, and standards of good workmanship (e.g., commonly accepted technical, professional, environmental, or safety and health standards). _____
