



"Matthews, Cara L."
<CLMATTHE@gannett.com>
04/12/2007 12:07 PM

To jlayson@eac.gov
cc
bcc
Subject FOIA request re: CIBER

This is to confirm that the records you e-mailed me in response to my Jan. 16, 2007 Freedom of Information Act fax on Ciber were appropriate to fulfill my request, and I consider the matter closed.

Thanks very much for your assistance.

Regards,

Cara Matthews, Correspondent
Gannett News Service
150 State St.
Albany, NY 12207
518-436-9781

022147

FAX



GANNETT NEWS SERVICE- ALBANY BUREAU

To: Jeannie Layson

FOI officer

Company: U.S. Election
Assistance Commission

202-566-3127

From: ^{Cara Matthews} Gannett News Service
150 State Street
Albany, NY 12207
518-436-9781

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Were there problems or questions with this fax?
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FOI request re: Cyber Inne

Pages Including Cover:

3

GANNETT NEWS SERVICE

150 STATE STREET
2nd FLOOR
ALBANY, NEW YORK 12207
(518) 436-9781

January 15, 2007

U.S. Election Assistance Commission
1225 New York Avenue N.W. - Suite 1100
Washington, DC 20005

FOIA REQUEST

Fee benefit requested
Fee waiver requested
Expedited review requested

Dear FOI Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of all public documents, including letters, memos, reports and other paperwork, related to the application submitted by Ciber Inc. of Greenwood Village, Colo., for accreditation by the U.S. Election Assistance Commission.

As a representative of the news media I am only required to pay for the direct cost of duplication after the first 100 pages. Through this request, I am gathering information on the performance of Ciber Inc. that is of current interest to the public because the company is New York's contractor for voting machine testing and, depending on the outcome of the EAC's accreditation process, the company's status with New York could be affected. The issue is in the public interest because New York is one of the last states to comply with the federal Help America Vote Act. This information is being sought on behalf of *Gannett News Service* for dissemination to the general public.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

As I am making this request as a journalist and this information is of timely value, I would appreciate your communicating with me by telephone, rather than by mail, if you have questions regarding this request.

Please provide expedited review of this request which concerns a matter of urgency. As a journalist, I am primarily engaged in disseminating information. The public has an urgent need for information about Ciber Inc. because New York has suspended testing until it gets more



022149

information about Ciber's status with the EAC. The public has a right to know as soon as possible whether there are any legitimate concerns about Ciber Inc. as far as the EAC is concerned. I certify that my statements concerning the need for expedited review are true and correct to the best of my knowledge and belief.

I look forward to your reply within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,



Cara Matthews
Correspondent
Gannett News Service
518-436-9781
clmathe@gannett.com

022150



U.S. ELECTION ASSISTANCE COMMISSION
1225 New York Ave. NW - Suite 1100
Washington, DC 20005

February 9, 2007

Mr. Todd Valentine
New York State Board of Elections
40 Steuben Street
Albany, New York 12207-2108

Dear Mr. Valentine:

This letter is in response to your Freedom of Information Act (FOIA) request received by the U. S. Election Assistance Commission (EAC) on January 11, 2007. The request sought copies of reports related to CIBER Incorporated's application to the EAC's interim test laboratory accreditation program.

On January 26, I emailed documents responsive to your request. I know you are interested in this issue, so I have also attached correspondence that EAC has generated since your original request.

The EAC has decided to waive the processing fees for your request. If you interpret any portion of this response as an adverse action, you will have an opportunity to appeal it to the Election Assistance Commission. Your appeal must be in writing and sent to the address noted on the above letterhead. Any appeal submitted, must be postmarked no later than 60 calendar days from the date of EAC's final response letter. Please include your reasons for reconsideration and attach a copy of this and subsequent EAC responses.

Sincerely,


Jeannie Layson
Director of Communications
U.S. Election Assistance Commission

Attachments:

1. Your Request Letter (received January 11, 2007)
2. Responsive Documents

022151

RECEIVED
U.S. ELECTION ASSISTANCE
COMMISSION



2007 JAN 11 PM 4:16

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Stanley L. Zalen
Executive Director
Todd D. Valentine
Special Counsel
Patricia L. Murray
Deputy Counsel

United States Election Assistance Commission
1225 New York Avenue N.W., Suite - 1100
Washington, DC 20005

January 8, 2007

Dear Sirs,

On behalf of the New York State Board of Elections, I am requesting copies of any and all reports made to, by or in the possession of the Election Assistance Commission regarding the certification of CIBER as an independent testing authority.

Sincerely,

A handwritten signature in cursive script that reads "Todd D. Valentine".

Todd D. Valentine
Special Counsel



U. S. ELECTION ASSISTANCE COMMISSION
OFFICE OF THE EXECUTIVE DIRECTOR
1225 New York Avenue, NW, Suite 1100
Washington, DC. 20005

February 1, 2007

Mr. Wally Birdseye
President, Federal Solutions
CIBER Federal Solutions
7900 Westpark Drive
McLean, VA 22102-3105

Mr. Birdseye,

In light of EAC's two assessor reports and the subsequent information CIBER has provided regarding its accreditation, EAC's assessor has outlined the specific issues that CIBER must address before it can receive an EAC interim accreditation. This determination is attached. As you know, these assessments followed ISO/IEC Standard 17025 and NIST Handbooks 150 and 150-22.

~~In~~ order to document your compliance with the attached assessor's determination, please submit (to EAC and the assessor) a narrative report detailing the steps taken in response to each noted deficiency. The report must attach copies of all manuals, procedures or other documentation created or modified in response to the assessor's determination.

CIBER must satisfy all of the above non-conformity issues no later than 5:30pm (EST) March 5, 2007 in order to be considered for EAC interim accreditation. If you cannot meet these requirements within that timeframe, your application for interim accreditation will not be considered further. Should you or your staff have further questions related to this letter and the attached document, please contact the Director of Testing and Certification, Brian J. Hancock.

I look forward to your response to these items.

A handwritten signature in black ink, appearing to read "T. Wilkey".

Thomas R. Wilkey
Executive Director

Cc: Shawn Southworth
Charles K. Sweeney

Attachment

022153

Summary of actions needed to complete the CIBER Interim Accreditation.

The following is a list of follow-up actions needed to complete the accreditation. Although the CIBER responses met the 30 day deadline, many of the responses are merely open admissions that further work needs to be done and the actual compliance has still to be demonstrated.

Abbreviations used:

ACAR – CIBER’s Audit Corrective Action Request. These are the records of action taken or proposed for management tracking.

COTS – Commercial Off The Shelf hardware and software.

HAVA – Help America Vote Act

ISO – International Standards Organization. The ISO 17025 is an international standard for testing laboratories.

ITA – Independent Test Authority or Agent. Term used for voting system test labs prior to HAVA.

NVLAP – National Voluntary Laboratory Accreditation Program

TM – Test Method. CIBER’s document system that contains test methods and other procedures used to manage the testing operations.

VSTL – Voting System Test Laboratory. Laboratories to be accredited under NVLAP and EAC under terms required by HAVA. VSTL accreditation will replace the ITA and this interim ITA accreditation.

The NVLAP Handbook 150 and 150-22 and associated checklists were used as publicly available source copies for the ISO 17025 requirements as they provide consistent breakdown of the requirements and include, in the Handbook 150-22 checklist, some program specific requirements established for voting system test labs. The Handbook 150-22 checklist was modified slightly for this Interim Accreditation. The use of the NVLAP documents should not imply that this assessment is sanctioned by NVLAP, qualifies CIBER’s management program for NVLAP accreditation, or binds NVLAP to recognizing this assessment findings. A separate NVLAP assessment may agree or disagree with the findings of this assessment. References in the ACAR below refer to the these checklists.

1. ACAR 4.2.7 #1. No action required. This was an observation of a requirement that CIBER needs to be prepared to respond to but not required at this time.
2. ACAR 4.3.1 #1. CIBER is to provide a schedule for the Internal Audit (reference 4.14.1) and Management Review (reference 4.15.1) that ensures these management events will occur within a specified regular period.
3. ACAR 4.4 #1. (See also ACAR 5.4#4) The TM 2 procedures for negotiating contractual documents and verbal agreements needs to updated to identify:
 - a. What test methods will be used for the given voting system design (reference 4.4.1 a) and c)).
 - b. Approved deviations on those test methods.
 - c. Which test methods will be outside of the core-requirements for CIBER (reference 5.4.6) and performed by Wyle.

- d. What test methods will be subcontracted or contracted separately to other accredited labs (reference 4.4.3) because they are outside the core-requirements or because are needed as additional resources
- e. Any additional testing that has been requested by the customer that is outside the scope of accreditation as an Interim ITA (reference 5.4.6).
- 4. ACAR 4.5 #. Define Wyle's role(s) under the terms of a sub-contractor.
 - a. What test methods will be performed under Wyle's role as an Interim Hardware ITA with CIBER taking the contracting role.
 - b. Specify how Wyle will report or participate in the final report in this role.
 - c. Specify what test methods under Wyle's role as an accredited test lab under other programs will be performed by Wyle. (These will require formal reports under the standards of that program).
- 5. ACAR 4.7 #1. No action required. This was an observation of an advantage in using a standard test method versus a customer derived test method.
- 6. ACAR 4.8 #1. Complete the proposed change. There are other legitimate sources of complaints besides the customer which you need to have a method of recognizing and accepting for review.
- 7. ACAR 4.9 #1. Similar to 4.8 #1. Complete the proposed change. There are other sources of legitimate reports which may indicate non-conformance than internal workers.
- 8. ACAR 4.11, 4.12, 4.13, 4.15. Provide the schedule for 4.14.1 and 4.15.1 and provide a report or list of the actions taken by the Management Review and its date.
- 9. ACAR 4.13 #1. No action required for this report. The item was an alert that you need to be looking at changes from the released EAC Testing and Certification Program Manual.
- 10. ACAR 4.13 #2. Provide disposal instructions for the quality and technical records.
- 11. ACAR 5.2 #1 Provide a method to document that your people critical to the test results are qualified, trained, competency verified, and that a record exists to show when they were authorized/re-qualified to perform their duties. Provide a copy of the record for current test engineers and Quality Manger. Test criteria: If a test engineer is identified as executing a test method of a test campaign, a record should exist that he was qualified before he signed off on the test.
- 12. ACAR 5.3 #1 The location was temporary and will not apply. Defer this requirement for full review at the next accreditation event when you are installed in the new location. Provide a floor plan and details for security access controls for the new location. (Provide your new address and contact information.)
- 13. ACAR 5.4 #1 The test plan and test report should identify the test methods and any deviations to the test plans for all the VVS-2002 with HAVA Section 301 requirements. Where a test method is performed and reported in another report, the test method's report should be identified and, if current to the given report, attached.
- 14. ACAR 5.4 #2 Any test method used must be validated and the validation reported and recorded. If the test method for a standard test method (for example the Mil-Std environmental tests) is modified, the modification must be validated and documented. Provide validation procedures and the validation report on at least

- one each test method for a functional requirement and a security requirement. Identify which of your test methods are validated and which will require some actual testing to complete.
15. ACAR 5.4 #3 If the customer configures any part of the voting system, then the laboratory shall verify the configuration, including all installed software such as operating system or applications. Provide a procedure for verifying the installed configuration or make changes to procedures to require any such changes to be performed by a CIBER qualified test engineer.
 16. ACAR 5.4 #4 The test lab needs to identify in contracting documents, test plans, and test reports which test methods they are responsible for and which tests are done by others. Requirements for this response are the same as in ACAR 4.4 #1
 17. ACAR 5.5 #1 Only equipment used for testing must be included in the in-house inventory and identified for maintenance and other actions to ensure that it in condition and setup correctly to be used in testing. Provide a copy of the inventory showing the equipment you have identified for testing and its current status.
 18. ACAR 5.10#1 Two issues:
 - a. If the customer request testing outside the scope of accreditation (additional testing requirements or alternate testing criteria) the test method may be included but must be identified as outside the scope of the certification and must not interfere or degrade with the standard tests. It may be a more stringent test. Specify how you will include these within your report.
 - b. If the test is outside the lab's core-requirement but part of the overall compliance review, an accredited lab for that test must complete the test and report on it. The report must be identified and included within the final report. Specify how you will include these reports.
 19. ACAR 6.0-01 Complete the proposed changes and provide them for review.
 20. ACAR 6.0-02 Validate and provide procedures for the use of Using Exam Diff Pro or any other software tools.
 21. ACAR 6.0-03 Provide the procedure for the Accessibility requirements and identify whether CIBER or Wyle is going to assess these requirements..
 22. ACAR 6.0-04 Provide the procedure to assess the quality of constructions and to identify whether CIBER or Wyle will perform the procedure.
 23. ACAR 6.0-05 Need to develop procedure for supporting the non-core requirement method for hardware transportation and storage. This should include developing, validating, and preparing the Operational Status Test.
 24. ACAR 6.0-06 Identify what is needed to setup the EMC and electrical test suite. This should include developing, validating, and preparing the Operational Status Test or alternate test programs tos support operational modes needed for the EMC and electrical test suites.
 25. ACAR 6.0-07. Modify the report template to support reporting on the hardware environmental, EMC and electrical, and Safety tests and inspections. Provide instructions for validating and reporting the validations of the test methods used.
 26. ACAR 6.0-08. Update the Requirements Checklist to include the HAVA requirements and develop the test methods to test them. Provide a complete

- checklist. Note that this no longer just the functional requirements but includes hardware, performance, and security issues also.
27. ACAR 6.0-09. Develop and validate the procedure for performing an Accuracy test on COTS, non-COTs, ballot Scanner, DRE (with and without VVPAT), precinct counter, central counter, and ballot marking devices. The procedure should include a test election(s), specification of one or more test decks, and setup to validate vote count/ballot storage and transfer to the system's jurisdiction level reporting component(s) to consolidate and report final vote totals. Provide the full test method.
 28. ACAR 6.0-10. Do the same for the procedures and validate the test election to support the 163 hr Reliability tests. If vendor simulations are used for either the electromagnetic compatibility, accuracy, or reliability testing, specify how you will validate and document the simulated test as being equivalent to an actual election operation.
 29. ACAR 6.0-11. This requirement can be deleted. Your testing should include provisions for testing volume limits but they will be in terms of the vendor specification.
 30. ACAR 6.0-12. Develop the security test method, Ensure the requirements in Vol II, Section 6.2 are included and the results reported. Provide a copy of the test method or methods.
 31. ACAR 6.0-13. Develop the test method to be used for the Telecommunication tests. Verify that you or Wyle has the resources to perform the tests. Ensure that the requirements of Voting System Standards-2002 Volume 1 Section 5.2 are tested or incorporated in other test plans where applicable. Provide a copy of the test method(s).

Overall: The bulk of this involves identifying and providing test methods information or reporting procedures for the full range of requirements in the voting system standards. CIBER is responsible for the full coverage of the requirements in the final report even though other qualified labs may be performing the actual test or reviews. During the assessment CIBER was requested to provide a Requirements checklist (see ACAR 6.0-08 as a specific example) which lists all the requirement specifications that CIBER recognizes are to be verified and to show how those requirements are to be satisfied. In CIBER's response CIBER indicated that they were unaware of many of these requirements, expecting them to be covered by Wyle. To ensure there are no remaining areas not being reviewed, CIBER should complete the analysis of the 2002 Voting System Standards with the HAVA Section 301 requirements included and provide a summary checklist identifying where those requirements are addressed and who (CIBER/Wyle/qualified lab) is expected to perform and report on the requirement with reference to the applicable test method documents.

CIBER does not need to develop every test method but does need to provide a reference to any established test method that will be used. The test method referenced must be available for review. CIBER shall need to provide any procedural instructions or modifications needed to invoke a test method done by another qualified lab or to validate that the test was appropriate for inclusion in the final report.



U. S. ELECTION ASSISTANCE COMMISSION
OFFICE OF THE EXECUTIVE DIRECTOR
1225 New York Avenue, NW, Suite 1100
Washington, DC. 20005

January 26, 2007

Mr. Wally Birdseye
President, Federal Solutions
CIBER Federal Solutions
7900 Westpark Drive
McLean, VA 22102-3105

Mr. Birdseye,

We write this letter to update you on our review of your interim accreditation application. As you know from our January 10, 2007 meeting, the U.S. Election Assistance Commission (EAC) has received your January 3rd memorandum responding to our second assessment (December 6 -8, 2006). We have also received your letters dated January 11, 2007 and January 18, 2007 (received January 24, 2007). Presently, EAC's assessor and Certification Program Director are reviewing this information.

As you know, the EAC has received a list of recommended laboratories from the National Institute of Standards and Technology. This recommendation is a keystone of the accreditation process mandated by the Help America Vote Act. The EAC expects to make a decision regarding accreditation on the recommended laboratories in the near future. The purpose of the interim accreditation program was to serve as a stop gap, accrediting laboratories to test voting systems prior to the availability of NIST recommended laboratories. Thus, the need and purpose of the interim program is drawing to a close. I expect the Commission will vote to close this program as soon as February 8, 2007. The EAC recognizes that CIBER has taken significant steps to address many of the non-conformities identified during its assessment. We know you are anxious to finish the work you have started. The EAC also seeks to draw this matter to a close.

Next week you will receive another letter from the EAC outlining the specific actions CIBER must take in order to qualify for interim accreditation. As of the date of this letter, CIBER will have 30 days to satisfy these requirements. This is a reasonable amount of time for CIBER to resolve all remaining issues. If you cannot meet such requirements within the timeframe your application for interim accreditation will not be considered further.

A handwritten signature in black ink, appearing to read "T. Wilkey".

Thomas R. Wilkey
Executive Director

022153



U. S. ELECTION ASSISTANCE COMMISSION
OFFICE OF THE EXECUTIVE DIRECTOR
1225 New York Avenue, NW, Suite 1100
Washington, DC. 20005

January 26, 2007

Mr. Wally Birdseye
President, Federal Solutions
CIBER Federal Solutions
7900 Westpark Drive
McLean, VA 22102-3105

Via Electronic Mail & U.S. Mail
WBirdseye@ciber.com

RE: Release of assessment reports and other documentation related to CIBER's interim accreditation status

Dear Mr. Birdseye:

Over the past weeks, the U.S. Election Assistance Commission (EAC) has received numerous inquiries regarding why information related to CIBER's status in the EAC Interim Accreditation Process was not available on the EAC web site. These inquiries included requests for assessment reports produced as a part of that program. EAC, in consultation with the National Institute of Standards and Technology, believed that it was improper to publish documents related to an accreditation assessment that is not complete.

On January 25, 2007, a CIBER representative informed EAC staff that CIBER has released to a third party assessment reports, correspondence and CIBER responses. This release has made these documents public. Since CIBER has taken action to make this information public, it is incumbent upon EAC to publish this information, despite the fact that CIBER still has not completed the interim accreditation process. EAC will make the same information available to all members of the public, today, by posting the information on its web site.

If you have any questions related to EAC's action, please direct those questions to Brian Hancock, Director of Testing and Certification.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Wilkey".

Thomas R. Wilkey
Executive Director

cc: Charles K. Sweeney II (CSweeney@ciber.com)
Shawn Southworth (SSouthworth@ciber.com)

022159

ciber

Memo to: Tom Wilkey
Date: January 3, 2007
Subject: Election Assistance Commission Accreditation

CC: Wally Birdseye, President CIBER Federal
Terry DeBell, CIBER Manager of Internal Audit and Compliance
Steve Freeman, Election Assistance Commission Auditor

Mr. Wilkey,

This memo is in response to our recent accreditation audit effort that was performed the week of December 6th – 8th, 2006 by Steve Freeman. We have noted Mr. Freeman's non-conformance items and have created Corrective Actions (which are included as part of this document) to address each item identified during the audit. Our Executive Management Steering Committee has reviewed and approved the responses to the Audit Corrective Action Requests.

Please note that some of the items identified by Mr. Freeman have been completed while others are being addressed but require additional effort to complete.

We believe we have done what is necessary to achieve interim accreditation. We would appreciate any comments and/or feedback to ensure that we are proceeding in a manner that will address all EAC concerns.

If you have any questions or would like to discuss our approach please feel free to contact me directly.

Please accept this letter as our official written response regarding resolution or correction of nonconformities as required.

Sincerely,



Shawn Southworth
CIBER Inc.
ITA Practice Director

022160

1 Internal Audit	Audit Corrective Action Request	ACAR: 4.2 #1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
<p>NIST Handbook 150 Checklist Section: Top management shall ensure that the integrity of the management system is maintained when changes to the management system are planned and implemented</p> <p>Nonconformance: 4.2.7 (HDB 150) requirement to maintain integrity during planned change is a new accreditation requirement that needs some basic attention to initial setup.</p> <p>Requirement: (The laboratory shall:) have managerial and technical personnel who, irrespective of other responsibilities, have the authority and resources needed to carry out their duties, including the implementation, maintenance and improvement of the management system, and to identify the occurrence of departures from the management system or from the procedures for performing tests and/or calibrations, and to initiate actions to prevent or minimize such departures;</p> <p>Findings: Our understanding of these concerns are:</p> <ul style="list-style-type: none"> • We need a stronger process for notifying the ITA of changes to the management system • We need a stronger process for reviewing suggested changes to ensure that these changes do not impair other areas of the management process or the test methods <p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 30 Business Days of Receipt:

<p>Corrective Action: (Describe how the noncompliance will be resolved.)</p> <p>The following process will be defined further and included in the ITA Practice Operations Manual.</p> <p>The QA Manager is the only one authorized to make changes to the QA process documents. The QA Manager meets with the ITA staff on a monthly basis to discuss process improvement changes recommended on SharePoint. The effects of the suggested process improvements are discussed at this meeting with: ITA Practice Director, test engineers, TDP reviewers, and other applicable staff members. The QA Manager will take notes throughout this meeting and will implement those suggestions agreed upon and approved by the Practice Director. All changes to the process documents are marked in blue. The new document is then saved in the Processes Under Development folder under "In Review" to await review and approval by the EMSC. The QA Manager will notify the EMSC Chair and the Practice Director. These two entities must review the suggested changes for the overall impact to the management system and test methods. These entities will notify the QA Manager of any additional changes. If no changes are required, the EMSC moves the document from Process under improvement to "Approved." The QA Manager then posts the revised documents on the Process Library.</p> <p>If changes are required, the QA Manager holds a second meeting with the Practice Director to again determine the impact of the changes to the whole system. Once the Practice Director approves the changes, the QA Manager again submits the documents to the EMSC. This process continues until all parties agree on the new documents. Appropriate levels of EAC review will be included in this process as necessary.</p>
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<p>Proposed Completion Date: (Date that the action(s) described above will be completed.)</p> <p>January 9.</p>
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<p>Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy</p>

022161

was confusing, personnel failed to follow instructions)).

This non conformance was due to a new requirement in the handbook, as well as a need for additional clarification. This process was already taking place, but it was not specified clearly in our process documentation.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,
Amber Willburn

Site response completed by: Amber Willburn

Date: 2006-12-18

2 Internal Audit	Audit Corrective Action Request	ACAR: 4.3 num 1 Audit Date: Dec. 6-8
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Site Name: ITA Practice

NIST Handbook 150 Checklist Section: Unknown (comment found under 4.3 Document Control)

Nonconformance: Not necessarily a non-conformance. A comment from Steve: As a comment, the definition of the periodic cycle for these events was not as well defined with a tendency to point to the next event rather than show how these events were to be scheduled but this expected to be resolved before the next review.

Requirement: May come from Requirement 4.3.2.2: documents are periodically reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements;

Findings: Our understanding of these concerns are:

- We need a matrix included in our POM that outlines a specific schedule for reviewing the documents. We have a basic schedule (annually, etc), but we need to have them more frequently.
- This requirement also needs the SharePoint calendar to be more complete than it is.
- We also need to flesh out our process for ensuing reviews

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process will be defined further and included in the ITA Practice Operations Manual.

In Section 11.2 Plan QA Activities, we need to define our schedule for reviewing the QA documents, and perhaps even include in the document control section a reference to this schedule. QA meetings are held monthly, during this time, all process improvement requests are reviewed and discussed for inclusion in the next version of the QA documents. The QA manager maintains working copies of new version with inclusions in the QA worksite. Every six months, the QA Manager will produce the new versions of the QA documents for review by the ITA Practice Director and EMSC. All changes, besides minor editing and wordsmithing, must have already been discussed during the monthly QA meetings. The Practice Director and EMSC may assign additional technical and/or quality personnel to review the QA documents for clarity, correctness, and consistency. All changes are related back to the QA manager. The QA Manager then incorporates the approved changes and submits the documents for review again. This process continues until all parties agree.

Although this review of the QA documents occurs every 6 months, it may be necessary to submit new versions of the documents or hold a document review prior to this meeting. Events that may cause a change in QA document review include changes to policy as directed by the EAC, changes in CIBER policy, major process improvements found during testing, or other events such as nonconformance's, staff changes, or any other issue or concern noted by the Practice Director, QA Manager, or EMSC. Should one of these events occur, the QA Manager, ITA Practice Director, and EMSC must be immediately notified. The QA Manager will call a meeting to discuss the changes to the practice documents, and the above noted process will commence.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9.

022163

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

This comment was due to the ITA's relatively loose handling of meetings. Since we are a small group, we often just call each other down the hall for a meeting, especially if something is critical. Document reviews have already been occurring, but they have not been captured as efficiently in the POM.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Amber Willburn

Date: 2006-12-19

3 Internal Audit	Audit Corrective Action Request	ACAR: 4.4 num 1 Audit Date: Dec. 6-8
<p>Site Name: ITA Practice</p> <p>NIST Handbook 150-22 Checklist Section: 5.4.6 Test and calibration methods and method validation</p> <p>Nonconformance: Not necessarily a non-conformance. A comment from Steve: A "test method" (TM 2) for Negotiating supports the policies for the review of requests, tenders, and contracts. The basic process showed no issues or problems. Specific items that needed to be identified in a negotiation such as the areas where the CIBER ITA Practice was not qualified under the scope of accreditation (HDBK 150-22, 5.4.6) were identified in the later sections where encountered.</p> <p>Requirement: May come from Requirement 4.3.2.2: The laboratory shall clearly identify any test methods included in the test campaign that are outside of the laboratory's scope of accreditation.</p> <p>Findings: Our understanding of these concerns are:</p> <ul style="list-style-type: none"> • We need to include steps in our negotiation process that includes notifying the clients of those test requirements that are outside the scope of our testing. • This process needs to be found in our test plan, test reports, and all other items. <p>Auditor Name: Steve Freman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 30 Business Days of Receipt:

<p>Corrective Action: (Describe how the noncompliance will be resolved.)</p> <p>The following process will be defined further and included in the ITA Practice Operations Manual.</p> <p>Although not a formal nonconformance, this item is the beginning of one of our major nonconformance issues about the test methods and our relationship with Wyle. As we get these items solidified, they may affect this area. Regardless, we will add a step in our contracts section that specifically addresses CIBER's scope of accreditation.</p>
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<p>Proposed Completion Date: (Date that the action(s) described above will be completed.)</p> <p>January 9.</p>
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<p>Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).</p> <p>The delineation between Wyle's scope of accreditation and ours has not been clarified at this moment. We were not aware that this was an issue, or that our scope of testing would change. Additionally, the NIST 150-22 was only brought to our attention at this latest audit.</p>

<p>Additional Comments/Notes: (i.e., Person assigned responsibility for task,)</p> <p>Shawn Southworth is currently working with Wyle to determine the scope of accreditation. Amber Willburn is responsible for including this step into the negotiation process.</p>

Site response completed by: Amber Willburn
Date: 2006-12-19

022165

4 Internal Audit	Audit Corrective Action Request	ACAR: 4.5 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS		
<p>Nonconformance: The specific non-conformance is unclear; however, we did receive a nonconformance for this item. A comment from Steve: CIBER has an exclusive Team Partnering agreement with Wyle Labs based on Wyle's current EAC Interim accreditation.</p>		
<p>The relationship of the lead lab under the NVLAP 150/150-22 procedures and EAC preliminary guidance needs some clarification in the instructions to recognize the accredited voting system test lab's increased responsibility under the core requirements as compared with past practice of software/hardware lab. The current procedures for subcontracting recognize the need for the subcontracted tests to be with a lab accredited for the appropriate scope of testing but CIBER is just recognizing that their scope of responsibility for the testing has shifted and they need to be more responsible in the direction and performance of tests formally conducted by the 'hardware' labs. With Wyle's experience and current accreditation, this extended responsibility is blurred as Wyle is in a position to provide more of the service and management than would otherwise be expected.</p>		
<p>CIBER will need to pay attention to develop practices in what had formerly been a Hardware ITA exclusive area. Some later non conformance will be in specific areas where CIBER needs to include more details on the full range of test requirements, recognizing their own out of scope status requiring the use of other labs with the appropriate accreditation and CIBERs responsibility in these cases to provide contractual specification of test operation and setup configuration information</p>		
<p>Requirement: Specific reference is not made. May come from Requirement 4.5 Subcontracting of tests and calibrations</p>		
<p>_____</p>	<p>4.5.1 When a laboratory subcontracts work whether because of unforeseen reasons (e.g., workload, need for further expertise or temporary incapacity) or on a continuing basis (e.g., through permanent subcontracting, agency or franchising arrangements), this work shall be placed with a competent subcontractor. A competent subcontractor is one that, for example, complies with this handbook for the work in question.</p>	
<p>_____</p>	<p>4.5.2 The laboratory shall advise the customer of the arrangement in writing and, when appropriate, gain the approval of the customer, preferably in writing.</p>	
<p>_____</p>	<p>4.5.3 The laboratory is responsible to the customer for the subcontractor's work, except in the case where the customer or a regulatory authority specifies which subcontractor is to be used.</p>	
<p>_____</p>	<p>4.5.4 The laboratory shall maintain a register of all subcontractors that it uses for tests and/or calibrations and a record of the evidence of compliance with this handbook for the work in question.</p>	
<p>Findings: Our understanding of these concerns are:</p>		
<ul style="list-style-type: none"> • The EAC must still clarify the scope of accreditation for Wyle and the expectations they have for the VSTLs. • We need a better definition of the Wyle/CIBER partnership 		

- We need to write into our policies and practice a more thorough validation of efforts, including creating one test report instead of two
- Need to define in our contract section a better delineation of responsibilities for CIBER, including notifying the client of all tests considered out of scope for CIBER, Inc.
- Need to include in our TM documents more palpable configuration management techniques to ensure a streamlined and consistent testing environment.

It is our understanding that the EAC now wants only to deal with 1 testing lab, instead of two as we have it broken up. Implications from this change need to be reviewed in greater detail to determine how the new Wyle/CIBER organization will look. Again, the nonconformance in this section are vague, but deal with the greater question of "core requirements" as is being defined by the EAC.

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

At the moment, Shawn is working with Wyle to outline the relationship between the two companies. Additionally, we have requested clarification from the EAC on the "core" and "non core" requirements and how they are accrediting the two.

While these actions items are being completed, we are writing stronger contract language in our negotiation process. We are also reviewing with our legal department any changes that need to be made in MSA, SAL, NDAs, and subcontractor agreements.

Additionally, we need to write into our TM document the fact that we bear overall responsibility for the test. We are no longer just responsible for the software testing, but the entire test. As such, we need to work with Wyle to determine validation efforts for their test methods, as well as develop process for the core requirements. We need to write into our Test Plans and test reports those items that are outside the scope of our accreditation to ensure the EAC, vendors, and as necessary, the general public can retrace the test process.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TBD. Many of these items are in process now and will be reviewed on weekly status calls. However, we are awaiting clarification on some items from the EAC. We can not continue on the process for determining and understanding the relationship between Wyle/CIBER until these clarifications are made.

Changes to the documents will occur by January 9, or soon after, again depending on the clarification from EAC and CIBER legal.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The delineation between Wyle's scope of accreditation and ours has not been clarified at this moment. We were not aware that this was an issue, or that our scope of testing would change. Greater clarification on the CIBER/Wyle team was needed; however, it was not addressed due to the relatively "mom and pop" type shop the ITA was running. Many of the conversations occurred out of professional trust and a long experience of partnership between the two agencies. Also, the fast-paced process of testing did not allow for some of these issues to be brought to light until the audit was initially conducted.

Additional Comments/Notes: (i.e., Person assigned responsibility for task.)

Shawn Southworth is currently working with Wyle to determine the scope of accreditation. Amber Willburn is responsible for including changes to the POM and TM. Amber will work with Shawn

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and in many instances Jack to ensure the information is correct.

Site response completed by: Amber Willburn

Date: 2006-12-19

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5 Internal Audit	Audit Corrective Action Request	ACAR: 4.7 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS		
<p>Nonconformance: This was not noted as a non-conformance: Steve's note: Although not noted in the checklist, it may be worth noting the emphasis on working with previously prepared and validated test methods to provide standard conforming tests rather than acceding too quickly to requests to modify tests at request to vendors.</p>		
<p>Requirement: Not noted as a requirements.</p>		
<p>Findings: Our understanding of these concerns are:</p>		
<ul style="list-style-type: none"> • We need to add stronger language in our TM about altering test methods. CIBER does have a deviation form that is to be filled out whenever modifications are made for certain machines. • While certain variables will have to be modified for each vendor (due to the system's capabilities); CIBER needs to follow approved TM and make these methods more applicable to all vendors. 		
Auditor Name: Steve Freeman		Name of Site Management: Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We need to make the process and reasons for deviation more distinct in our TM. Steve provided suggestions and comments during the audit. These comments and suggestions must be evaluated for inclusion in the TM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the moment, we have not had an opportunity to test the new methods on actual projects. Until this time comes, we will not know for sure how our standardized test methods will perform. The cause of this comment seems to be that we did not know what was missing until it was pointed out.

Additional Comments/Notes: (i.e., Person assigned responsibility for task.)

Amber Willburn will add comments from Steve into TM. These will be discussed with Shawn and Jack for applicability and correctness.

Site response completed by: Amber Willburn

Date: 2006-12-19

022169

6 Internal Audit	Audit Corrective Action Request	ACAR: 4.8 num 1 Audit Date: Dec. 6-8
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Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

Nonconformance: This was not noted as a non-conformance: Steve's note: The program is restricted to customer complaints and other sources of complaints are not routinely submitted.

Requirement: Not noted as a requirement.

Findings: Our understanding of these concerns are:

- Once the EAC has developed a process for complaints, CIBER will adopt whatever form they have. In the meantime, we need to develop a process for handling complaints besides those from customers, such as EA Complaints, general public complaints, subcontractor complaints, etc.
- Additionally, we need to define "customer complaints." At the moment, we consider customer complaints as formal complaints levied against the ITA. We have a separate process for handling customer issues. These two items need to be defined better, and the process for managing customer issues needs to be included in the POM.

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process needs to be expanded and added to the POM and TM (as applicable).

CIBER defines customer complaints as those issues for which the customer and CIBER ITA have not reached an amenable agreement during the course of a conversation, or as those items for which the customer would like to file a formal complaint that will ascend through the CIBER chain.

CIBER defines Customer Issues as those items for which the customer has concerns and has brought them up before the ITA PM or Practice Director. Issues can also be raised by members of the ITA team or by other entities, beyond the customer. Issues are logged and tracked using the SharePoint tool.

All complaints or issues from the EAC will be handled as Customer Complaints.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The difference between these two items has never been discussed due to the new implementation of the SharePoint tool for ITA. Also, issues were handled on the spot with customers, and did not necessitate additional processes.

Additional Comments/Notes: (i.e., Person assigned responsibility for task.)

Amber Willburn

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Site response completed by: Amber Willburn
Date: 2006-12-19

022171

7 Internal Audit	Audit Corrective Action Request	ACAR: 4.9 num 1 Audit Date: Dec. 6-8
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Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

Nonconformance: No formal non-conformances were noted, but this item was included in the non-conformance report: Steve's note: CIBER is to consider changes to recognize EAC or related stakeholder reports of non-conformance, possible through official EAC process communication or otherwise provide a path (see comments on Complaints) for recognizing such inputs from legitimate stakeholders.

Requirement: Not noted as a requirement.

Findings: Our understanding of these concerns are:

- Once the EAC has developed a process for addressing non-conformances, CIBER will adopt whatever form they have. In the meantime, we need to develop a process for handling non-conformance from the EAC, general public, and other shareholders.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The following process needs to be expanded and added to the POM and TM (as applicable).

All non-conformance issues, including those from the EAC and other applicable stakeholders must be reported in the issues log. Issues can also be raised by members of the ITA team or by other entities, beyond the customer. Issues are logged and tracked using the SharePoint tool.

All complaints or issues from the EAC will be handled as Customer Complaints. Non-conformances will be weighted by the Practice Director as to whether they should be noted as issues (smaller items that can be resolved on a project), or a Customer Complaint (those items that have bearing on the ITA Practice as a whole).

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The requirement for addressing non-conformance from the EAC is relatively new. As such, we have not included the appropriate verbiage into our process.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Amber Willburn
Date: 2006-12-19

022172

8 Internal Audit	Audit Corrective Action Request	ACAR: 4.11, 4.12, 4.14, 4.15 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 4.11 CORRECTIVE ACTION, 4.12 PREVENTIVE ACTION, 4.14 INTERNAL AUDITS, 4.15 MANAGEMENT REVIEWS		
Nonconformance: No formal non-conformances were noted, but the executive management review had not yet taken place at the time of the audit.		
Requirement: Items 4.11, 4.12, 4.14, and 4.15 all have a statement requiring the review by management. These items have been addressed in a single ACAR report because they all relate to the main issue of completing our annual Management Review found in section:		
4.15.1 In accordance with a predetermined schedule and procedure, the laboratory's top management shall periodically conduct a review of the laboratory's management system and testing and/or calibration activities to ensure their continuing suitability and effectiveness, and to introduce necessary changes or improvements.		
Findings: Our understanding of these concerns are:		
<ul style="list-style-type: none"> • The Management Review had not taken place, but had been scheduled, prior to the Audit. • The Management Review had also been a CAR from the internal audit. 		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

The Management Review has already been completed, but active steps must be taken to ensure the review continues. Also, We are anticipating quarterly Management Reviews due to the inordinate amount of changes anticipated in the ITA. These changes will mostly revolve around the implementation of and gradual improvement changes to the ITA QA, operations, and test methods.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

Dec 8th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The requirement for addressing management reviews is relatively new. However, CIBER requires a similar process that we had not been following due to poor communication between CIBER management and the ITA. This communication process has since been rectified. .

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Shawn Southworth and the EMSC

Site response completed by: Amber Willburn

Date: 2006-12-19

022173

9 Internal Audit	Audit Corrective Action Request	ACAR: 4.13 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 4.13 Control of Records		
Nonconformance: No formal non-conformances were noted, but Steve noted: CIBER is to review the new EAC Certification Program Manual and consider adopting the matching retention for election records.		
Requirement: At the moment, this comment is not tied to a specific requirement, but Steve anticipates that it will be soon.		
Findings: Our understanding of these concerns are:		
<ul style="list-style-type: none"> The CIBER ITA has not included the requirements from the EAC Certification Program Manual effective January 1st, 2007. 		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

CIBER will read the suggested record retention in this manual and include the appropriate dates in the POM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

Dec 8th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

This manual was approved on December 7th, 2006, disallowing the ITA from including the information in the record control process.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn will run this through corporate legal to ensure compliance with EAC, Federal standards, and CIBER policy.

Site response completed by: Amber Willburn

Date: 2006-12-19

022174

10 Internal Audit	Audit Corrective Action Request	ACAR: 4.13 num 2 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 4.13 Control of Records		
Nonconformance: No formal non-conformances were noted, but Steve noted: No disposal procedures are specified and are to be developed. Check with next assessment review		
Requirement: 4.13.1.3 The laboratory shall establish and maintain procedures for identification, collection, indexing, access, filing, storage, maintenance and <u>disposal of quality and technical records</u> . Quality records shall include reports from internal audits and management reviews as well as records of corrective and preventive actions.		
Findings: Our understanding of these concerns are:		
<ul style="list-style-type: none"> • The CIBER ITA must describe our process for disposing of records. 		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

CIBER ITA already has a process for disposing of records as written in our security procedures. This process must be elaborated upon and included in the POM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

The CIBER ITA has not included the specifics of how records are destroyed, although there is a standard process in place.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn will work with Diane Gray and Shawn Southworth to capture the disposal process for inclusion in the POM.

Site response completed by: Amber Willburn

Date: 2006-12-19

022175

11 Internal Audit	Audit Corrective Action Request	ACAR: 5.2 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 5.2 Personnel		
<p>Nonconformance: No clear designator that a test engineer is qualified or for what methods. Also Steve noted: The training records, while showing an active training program were inconsistent with different names a scope of training for the same activity. No standardized training plan appears to exist beyond corporate policy of Security and 30 day training</p>		
<p>Requirement: No specific requirement is mentioned, however the 5.2 personnel section requires in several areas that the competency of key personnel is verified.</p>		
<p>Findings: Our understanding of these concerns are:</p>		
<ul style="list-style-type: none"> • The CIBER ITA must include in the training summaries, or in another area, the date that the practice director or program manager validated the competency of the staff. • The ITA must standardize the training plans and refer to each training plan the same to enable efficient tracking of training • We need to create a standardized method of validating training. In some methods, this is done through current testing processes, and for other methods, an interview of the technical ability should be conducted. • We need to create a training plan for each position, as well as support positions. 		
<p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently in the process of creating training presentations for the POM and for each test method. Accompanying training documentations (i.e. tests, review questions, etc.) are also being developed, while other already existing training items must be included in the training plans.

Once these training presentations are completed, we will have a standardized naming convention to include in the training summaries. As well as a more streamlined process for validating this training.

We are developing a tracking module that will include: Name, Training area (i.e. TDP, Security, and POM), Trainer, Date Competency was reviewed, Reviewer, Date Approved, Date of Reevaluation, and Re-Evaluator. This matrix will be included on the ITA Portal with access granted to Shawn and applicable Project Managers, as necessary. This process must be detailed in the POM.

Once the training presentations are complete, we will be able to develop training plans for each key position. The training plans will be included in the POM.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We used the training plans for CIBER Federal and were unaware that they were not complete enough for the EAC. The consistency item is due to our communication with the CSM. We have already begun clarifying the training that is occurring and has occurred.

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Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn will work with Shawn and applicable members of the ITA to capture their information. Amber is also working with John Manning and Theresa Smith to develop training presentations, matrices, and plans.

Site response completed by: Amber Willburn

Date: 2006-12-19

022177

12 Internal Audit	Audit Corrective Action Request	ACAR: 5.3 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 5.2 Personnel		
<p>Nonconformance: the non-conformance is unclear. Steve's comments do not include a clear recommendation or suggestion. Possible non-conformance could include: Procedures for remote operation require the CIBER test team are defined but consist mainly of taking control of security conditions to ensure reduced risk of interference with testing.</p>		
<p>Requirement: No specific requirement is mentioned.</p>		
<p>Findings: Our understanding of these concerns are:</p>		
<ul style="list-style-type: none"> • CIBER needs to elaborate on our partnership with Wyle, as well as our existing environmental controls at a client site. 		
<p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently discussing Wyle's scope of accreditation as noted in previous ACARs.

We will include more detail on our process for controlling testing at client sites. Steve made a few comments on his checklist that he copies for us. We will glean areas to improve from these comments.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 9th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We believe that a greater level of detail was required than we had anticipated.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Amber Willburn

Date: 2006-12-19

022178

13 Internal Audit	Audit Corrective Action Request	ACAR: 5.4 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 5.2 Personnel		
<p>Nonconformance: The TM does not provide for the inclusion of the non-core test requirements in the test plan or test report. Although not a core requirement, the lab needs to include it in the test planning and report for direction and integration with the voting system test report as a single document supporting a system certification.</p>		
<p>Requirement: No specific requirement is mentioned.</p>		
<p>Findings: Our understanding of these concerns are:</p>		
<ul style="list-style-type: none"> • We need to include the methods for the non-core testing into our test methods • We need to include our processes for including these in the test plan and report 		
<p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 30 Business Days of Receipt:

<p>Corrective Action: (Describe how the noncompliance will be resolved.)</p>
<p>We are currently discussing Wyle's scope of accreditation as noted in previous ACARs.</p>
<p>We are also working with Wyle to understand the best way to include these methods in our test report and test plan. Once this is established, we will include these processes in the TM document.</p>

<p>Proposed Completion Date: (Date that the action(s) described above will be completed.)</p>
<p>January 25th.</p>

<p>Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).</p>
<p>We did not understand that these methods needed to be included in our methods document.</p>

<p>Additional Comments/Notes: (i.e., Person assigned responsibility for task,) Shawn Southworth is working with Wyle. Once all is established, Amber Willburn will include these into the TM.</p>
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Site response completed by: Amber Willburn
Date: 2006-12-19

022179

14 Internal Audit	Audit Corrective Action Request	ACAR: 5.4 num 2 Audit Date: Dec. 6-8
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Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: the test method for the core requirements lack validation and reports for the validation of the tests. They appear to be too general for validation in some cases.

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to include the methods for the non-core testing into our test methods
- We need to include our processes for including these in the test plan and report
- We need process for validating that the test methods are correct and applicable to the test

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are currently discussing Wyle's scope of accreditation as noted in previous ACARs.

We are also working with Wyle to understand the best way to validate their methods. Once this is established, we will include these processes in the TM document.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not understand that these methods needed to be included in our methods document.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Shawn Southworth is working with Wyle. Once all is established, Amber Willburn will include these into the TM.

Site response completed by: Amber Willburn

Date: 2006-12-19

022186

15 Internal Audit	Audit Corrective Action Request	ACAR: 5.4 num 3 Audit Date: Dec. 6-8
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Site Name: ITA Practice

NIST Handbook 150 Checklist Section: 5.2 Personnel

Nonconformance: The TM specifies the application will be installed by the vendor and fails to provide verification that the software installed matches the Witnessed Build including the operating system and third party software..

Requirement: No specific requirement is mentioned.

Findings: Our understanding of these concerns are:

- We need to provide more detailed configuration management processes

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

CIBER already has a process for verifying version of software installed, operating system, and 3rd party software. We need to capture this information and include it in the Witness Build section. As the TM is written, the CM processes is defined in its own section. CM needs to reiterated throughout the entire TM, especially in the Witness Build section.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not include the appropriate level of detail.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Shawn Southworth is working determining the process. Once all is established, Amber Willburn will include it into the TM.

Site response completed by: Amber Willburn

Date: 2006-12-19

022181

16 Internal Audit	Audit Corrective Action Request	ACAR: 5.4 num 4 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 5.4 Test and Calibration Methods and Method Validation		
Nonconformance: The test lab needs to explicitly identify tests that it does not hold accreditation		
Requirement: No specific requirement is mentioned.		
Findings: Our understanding of these concerns are:		
<ul style="list-style-type: none"> We need to identify in our test plan, report, etc, those tests that we hold accreditation for 		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

We are writing in our test plans those test for which we are accredited. Also, in our test reports, when we identify the test methods use, and in the background section, we are identifying to tests for which we are accredited.

In connection with this corrective action, we are actively requesting additional information from the EAC on the test for which we will be accredited. At this moment, it is not clear what our accreditation will cover, and what we will need to rely on Wyle for. We are meeting with Wyle to help address some of these concerns.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We did not know that the accreditation for Wyle and CIBER would be different than we had anticipated.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Shawn Southworth is working with Wyle and the EAC to determine the scope of accreditation

Site response completed by: Amber Willburn

Date: 2006-12-27

022182

17 Internal Audit	Audit Corrective Action Request	ACAR: 5.5 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 5.4 Test and Calibration Methods and Method Validation		
<p>Nonconformance: TM provides for test equipment (support, not the equipment to be tested and certified); to be checked in and inventoried but does not include provisions for maintenance, setup and validation that is operating correctly and for the intended purpose, handling of damaged equipment, or disposal for either CIBER owned or rented equipment or that provided by the vendor for testing such as certified pieces needed to complete test objectives.</p>		
<p>In the latter case, readiness testing, care, validation, and setup verification are equally important as for the Equipment under test but needs the care extended beyond the actual test campaign. This area should be relatively minor unless specialized equipment is involved.</p>		
<p>This section was not completely reviewed due to time limits and little applicability</p>		
<p>Requirement: No specific requirement is mentioned.</p>		
<p>Findings: Our understanding of these concerns are:</p>		
<ul style="list-style-type: none"> • We need to include in our inventory control process a provision for the maintenance, setup, validation, handling of damaged equipment, and disposal of equipment • We need to define further the process for CIBER owned and vendor-provided equipment 		
<p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 30 Business Days of Receipt:

<p>Corrective Action: (Describe how the noncompliance will be resolved.)</p>
<p>In our Inventory Control Process, we are adding the following sections:</p> <ul style="list-style-type: none"> • Maintenance of equipment – <ul style="list-style-type: none"> ○ This section will describe all of the CIBER owned equipment and our process for maintaining these items, such as personal computers, software, and any other items identified (at this moment, no other items are identified). ○ This section will also identify how we maintain vendor equipment, including our environmental conditions, etc. • Equipment setup- <ul style="list-style-type: none"> ○ In this section, we will overall process for setting up vendor equipment to be tested, such as how they are assigned lab space, etc • Validation of equipment- <ul style="list-style-type: none"> ○ In this section, we will identify the process for validating that the vendor has provided the correct version, that the equipment (hardware and software) work as described, that the equipment is applicable for the test ○ We will also address the process for validating CIBER's software packages used for the test ○ We will address the process for validating our Hardware partner's process of validating hardware • Handling of damaged equipment- <ul style="list-style-type: none"> ○ We already have a process for handling damaged equipment, but it needs to be pulled out and elaborated upon. • Disposal of Equipment- <ul style="list-style-type: none"> ○ We have a process for disposing of vendor-related equipment ○ Need to outline CIBER's process for disposing of equipment

022183

Proposed Completion Date: (Date that the action(s) described above will be completed.)

January 25th.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

We have been following many of the corporate policies for CIBER equipment, and the vendor policies for their equipment. We have not taken the step to write down all of these policies in one document.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Diane Gray.

Site response completed by: Amber Willburn

Date: 2006-12-27

18 Internal Audit	Audit Corrective Action Request	ACAR: 5.10 num 1 Audit Date: Dec. 6-8
Site Name: ITA Practice		
NIST Handbook 150 Checklist Section: 5.4 Test and Calibration Methods and Method Validation		
Nonconformance: Work by other accredited labs needs to be identified (test plan and contract also) and validated that the lab is qualified. The results need to be validated that they are appropriate for the report. If the work is outside of the scope of accreditation for the contracting lab, this condition needs to be explicitly stated (ref 5.4.6 in the HDBK 150-22)		
HDBK 150/150-22 requires specification of processing for reports for other purposes. Note that this involves branding issues where claiming the authority as an accredited lab may not be appropriate. Recognized alternate reports are for state certification and internal to the vendor.		
Requirement:		
5.4.6 The laboratory shall clearly identify any test methods included in the test campaign that are outside of the laboratory's scope of accreditation.		
Findings: Our understanding of these concerns are:		
<ul style="list-style-type: none"> • We need to include in our negotiation with the customer, test plan, and test report all work done outside the accreditation for the contracting lab • We need a process for verifying that the lab is qualified to do the work 		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 30 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)
In our negotiation process, we need to include a statement about notifying the customer of all work outside the scope of our accreditation.
We will need to include a process for validating that the other lab is qualified. We are working with Wyle to develop a streamlined process for this. Also, we are seeking clarification on the scope of accreditation for both CIBER and Wyle.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TBD. The items that only need to be included in our processes will be completed by Jan 25 th . However, we must wait for our scope of accreditation and Wyle's before we can proceed on these items.

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).
We were not aware of the NIST 150 – 22 checklist until the audit.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,) Amber Willburn and Shawn Southworth.

Site response completed by: Amber Willburn

022185

Date: 2006-12-27

022186

19 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 01 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 1.k

Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 1.k

Findings: Test plan should include the tests that are not in the core responsibilities but are still required for the certification of the system. The test plan is to be complete for all requirements. Where the test requirements are outside of the core tests, the plan should identify the accredited lab to be used, what materials and directions need to be given to the lab, what support is to be provided, how the labs report will be validated (correct configuration for the certification, appropriate operations for a voting system) and how the report is to be included In the final report

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define tests that are not in the core responsibilities. Identify all accredited labs used, what materials and directions need to be given to the lab, what support is to be provided, how the labs report will be validated and how the report is to be included In the final report

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

022187

20 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 02 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 2.d

Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 2. Source Code Review, D. Review for coding conventions and integrity requirements.

Findings: Need to validate Using Exam Diff Pro and provide validation report.

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define usage of Exam Diff Pro COTS tool and provide validation.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth

Date: 2006-12-19

022188

21 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 03 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 3. B

Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical
Configuration Audit, B. Accessibility standards

Findings: Accessibility CIBER provides test cases to Wyle

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define test cases for accessibility for Wyle to perform.

Proposed Completion Date: (Date that the action(s) described above will be
completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain
from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy
was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these
requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth

Date: 2006-12-19

022189

22 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 04 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 3. C
Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical Configuration Audit, C. Construction, including safety

Findings: Construction to be included in planning and reports but identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle)

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define process to check for planning and reports from Wyle to include construction and safety information.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

022190

23 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 05 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 3. E.

Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical configuration audit, E. Hardware transportation and storage tests.

Findings: Hardware transportation and storage tests needed to be included but identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define process to check for hardware transportation and storage tests in report from Wyle.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth

Date: 2006-12-19

022191

24 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 06 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 3. F.

Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical configuration audit F. Hardware operational environmental tests.

Findings: EMC and electrical test suite. identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);

Auditor Name: Steve Freeman

Name of Site Management: Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define process to check for EMC and electrical test suite in Wyle reports.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth

Date: 2006-12-19

022192

25 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 07 Audit Date: 12/08/2006
Site Name: ITA Practice		
HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6		
Technical Supplement Section item 3. I.		
Nonconformance:		
Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 3. Physical		
configuration audit. I. Reports for the hardware, EMC and electrical, and Safety tests and inspections.		
Findings: Include tests above in report. (note-previous ACAR's 4,5,6)		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Define processes in ACAR's 4,5,6.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware of these requirements.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth

Date: 2006-12-19

022193

26 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 08 Audit Date: 12/08/2006
Site Name: ITA Practice		
HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 4. E.		
Nonconformance:		
Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 4. Functional configuration audit. E. Verify HAVA functional requirements.		
Findings: In the Functional Requirements Checklist v.1.1 need to update for HAVA 301 requirements that are not in current VSS 2002 list.		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)
Update Functional Requirements Checklist v.1.1 to include HAVA 301 requirements that are not in current VSS 2002 list.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).
New requirement to include HAVA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task.) Amber Willburn
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Site response completed by: Shawn Southworth
Date: 2006-12-19

022194

27 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 09 Audit Date: 12/08/2006
Site Name: ITA Practice		
HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. A.		
Nonconformance:		
Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration tests. A. Accuracy For non-COTS systems, includes 48 hr environmental operating test.		
Findings: Accuracy		
Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth		

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)
Need to research accuracy areas for non-cots systems and 48hr environmental operating test to determine scope and process to define.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).
At the time of writing our process and procedure documents we were unaware that these requirements were our responsibility. In the past these types of tests were performed by the hardware ITA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task, Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

022195

28 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 10 Audit Date: 12/08/2006
Site Name: ITA Practice		
<p>HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. B.</p> <p>Nonconformance:</p> <p>Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration tests. B. Reliability. For non-COTS systems, includes 48 hr environmental operating test</p> <p>Findings: Reliability</p> <p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to research reliability areas for non-cots systems and 48hr environmental operating test to determine scope and process to define.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents we were unaware that these requirements were our responsibility. In the past these types of tests were performed by the hardware ITA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

022196

29 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 11 Audit Date: 12/08/2006
Site Name: ITA Practice		
<p>HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. C. Nonconformance:</p> <p>Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration tests. C. Volume tests</p> <p>Findings: Volume tests (could not find in review but may be there)</p> <p>Auditor Name: Steve Freeman Name of Site Management: Shawn Southworth</p>		

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Ensure procedures exist for volume testing of both cots and non-cots systems. Also ensure that this information is included in the NCTR.

Proposed Completion Date: (Date that the action(s) described above will be completed.)
TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

Volume testing for non-cots was the responsibility of the hardware ITA, now we must ensure we have procedures for non-cots as well as cots volume testing.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

022197

30 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 12 Audit Date: 12/08/2006
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Site Name: ITA Practice

HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6
Technical Supplement Section item 5. D.

Nonconformance:

Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System integration testing. D. Security Tests

Findings: Security tests need to perform and add to report layout.

Auditor Name: Steve Freeman **Name of Site Management:** Shawn Southworth

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to develop security tests and add results to NCTR.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

Security testing is not well defined and needs to have procedures clearly defined.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)

Amber Willburn

Site response completed by: Shawn Southworth
Date: 2006-12-19

022198

31 EAC Audit	Audit Corrective Action Request	ACAR # 6.0 - 13 Audit Date: 12/08/2006
Site Name: ITA Practice		
HB 150-22 Tech Supplemental Checklist-CIBER 0612.doc: NIST HDBK 150-22 Section 6		
Technical Supplement Section item 5. F.		
Nonconformance:		
Requirement: NIST HDBK 150-22 Section 6 Technical Supplement Section item 5. System		
integration testing. F. Telecommunication, as applicable to system design		
Findings: Telecommunication tests per VSS 2002/HAVA		
Auditor Name: Steve Freeman	Name of Site Management: Shawn Southworth	

To be completed by Site Management within 5 Business Days of Receipt:

Corrective Action: (Describe how the noncompliance will be resolved.)

Need to define procedures for hardware ITA on telecommunications, also need to add results to NCTR.

Proposed Completion Date: (Date that the action(s) described above will be completed.)

TDB

Root Cause of Noncompliance: (Describe the reason that the noncompliance arose. Please refrain from using reasons such as "oversight" and describe HOW the "oversight" happened (i.e., policy was confusing, personnel failed to follow instructions)).

At the time of writing our process and procedure documents all vendors claim that all telecommunications were unofficial results which isn't required to be tested. We need to develop procedures for this testing by the hardware ITA.

Additional Comments/Notes: (i.e., Person assigned responsibility for task,)
Amber Willburn

Site response completed by: Shawn Southworth

Date: 2006-12-19

022199

Election Assistance Commission (EAC)
Interim Accreditation
Independent Test Authorities (ITA)

Assessment Report

CIBER

Conducted: Dec 06-08, 2006
Huntsville, AL

Assessor: Steven V. Freeman

Introduction

This accreditation assessment was a follow-up to an earlier assessment of CIBER Inc.'s ITA Practices office under the Election Assistance Commission (EAC) Interim Accreditation Program conducted in July 2006. The assessment used the NIST Handbook 150-2006, NVLAP Procedures (HB 150) and General Requirements and NIST Handbook 150-22- 2005 NVLAP Voting System Testing (HB 150-22) as the criteria for certification. The interim program is designed to accredit ITAs formerly authorized under the National Association of State Election Directors (NASD) accreditation program to continue voting system testing under an EAC accreditation until such time as the NVLAP/EAC joint accreditation has qualified one or more testing laboratories as Voting System Test Laboratory (VSTL).

The July assessment found that the CIBER ITA Practice program in non-compliance in four areas:

- a. There was no record of an internal audit or management review performed since the creation of the policy and procedures for ITA Practice. That was not serious in itself because there may be delays but queries about records from the last audit to the corporate office with related responsibilities did not indicate the results were available for corrective action at the ITA Practice level.
- b. The corporate quality manual requires the ITA Practice Director to maintain a log of Corrective Action Reports (CARs). The CARs are also required at other points to capture and track complaints, reports of non-compliance, and other problems which should receive management review and follow-up.
- c. QA Representatives were named last year to provide local people responsible for QA requirements in the absence of the remote QA manager. Their major role was to perform Process Conformance Audit at the end of each test campaign of the test and test report to ensure conformance to processes and procedures. No Process Conformance Audit has been done since the creation of the requirement.
- d. During review of requirements for standard testing methods, the ITA Practice Director stated that they could not use standard methods but either used the vendor's tests or created new tests for each system's test. The requirement for standard test methods is necessary to ensure that consistent and conforming testing is applied for each tested system. The standard test method provides a base for comparison against the vendor's tests and, when system variations require some adaptation, the changes needed are reported based on the pre-defined established test method.

In addition to these items, the July assessment went through issues and expected features needing development based on the application of the new ISO 17025 requirements as presented in the checklists prepared from the HB 150 and HB 150-22 criteria. CIBER ITA Practices and Wyle Labs had formed a Team Partnership for performing the testing but the policies and procedures needed further development to define each lab's responsibility with one lab (the 'VSTL' in HB 150 and HB 150-22 terms) taking the primary responsibility for managing and reporting the complete voting system test results. Additional requirements resulting from applying the ISO 17025 standards for more complete reporting were also reviewed and copies of the checklists were left.

CIBER was not granted an interim accreditation but was given a 120 day response period to submit corrections. Based on the documentation presented as a response, this follow-up assessment was conducted in Huntsville during the period of December 6-8 at the CIBER ITA Practice office in Huntsville.

Summary of Findings

A thorough internal audit was performed after the July assessment and a plan for correction developed [NC Item a] Within corporate CIBER, an Executive Management Steering Committee was created consisting of the President of CIBER Federal Civilian, VP Contracts Federal, and a Consulting Services Manager to perform high management oversight and ensure adequate resources would be available. Personnel have been brought in to assist in revising the program and to assist with responsibilities in the Quality Assurance (QA) and Project Management roles pending the staffing of additional staffing positions for ongoing support. [NC Item c].

The management documents were completely rewritten and updated, reducing the number of documents and confusion over what requirements were where. The new structure has two manuals plus associated forms.

- ITA Practice Operational Manual (POM) Quality Management program
- CIBER ITA Test Methods (TM). Technical test procedures

QA procedures and a test projects (simulated) were performed using the actual staff to make sure the procedures, tools, and resources such as the Corrective Action Report (CAR) input forms and logs were linked, active, and accessible (permissions granted) for ITA Practice personnel. The CAR contained entries resulting from the internal audit. [NC Item b.]

CIBER has entered a Team Partnering agreement with Wyle where Wyle will be performing the non-core hardware based test requirements under separate scope of accreditation programs. In this review, CIBER was reminded that, under the Interim scope, CIBER will be responsible for the overall program. CIBER still needs to develop procedures in what had formerly been a Hardware ITA exclusive area, recognizing their own out of scope status for some requirements requiring the use of other labs with the appropriate accreditation. The procedures shall include CIBER's responsibility in these cases to provide contractual specification of test operation and setup configuration information

CIBER ITA Practice currently has no test projects in house to test and validate these new procedures and can not complete minor corrections and adjustments until they do so.

Minor revisions and non-compliant items identified as needed include:

1. Updating record retention periods to support the EAC Voting System Testing and Certification Program Manual (EAC Certification Program).
2. Records showing when and for what methods test engineers are qualified.
3. Including reporting of non-core requirement testing in the Test Plan and Report
4. Validation of test methods for the core requirement test methods.
5. The TM specifies the application will be installed by the vendor and fails to provide verification that the software installed matches the Witnessed Build including the operating system and third party software.
6. The ITA needs to explicitly specify in contracts and reports which test methods that the ITA does not hold accreditation for and what accredited lab will be used for such tests.
7. Test methods and tools need to be validated and the validation documented.
8. In the Functional Requirements checklist, need to incorporate HAVA 301 requirements in with the Voting System Standard (VSS-2002) requirements.
9. Need to include Accuracy test details in TM. Some issues exist over whether automated testing using simulated voter inputs are acceptable for this test, especially in the environmental phase of the test.
10. Need to include Reliability test details in TM.
11. Need to calculate and report the Availability Index in TM.
12. Need to include volume tests
13. Need to include required security tests in TM and in Test Report.
14. Need to include Telecommunication tests (in System Integration testing)

(Other tests and requirements may need to be developed in the TM but were not reviewed in this assessment.)

Recommendation

CIBER has made substantive improvements in the documentation and implementation of the quality assurance policies and procedures. A similar level of improvement is provided in the CIBER Test Method procedures and the potential exists to develop and respond as additional requirements are recognized as needing to be included.

If CIBER is accredited, their initial test plans and some of the more critical tests such as accuracy, reliability, and security should be subject to test plan review and on-site observers until the TM has had a chance to be validated and samples of the test reports are available to verify the level of reporting is adequate. This should include clarification of the tasks to be performed by CIBER personnel and Wyle personnel.

(signed)

Steven V. Freeman

To: Election Assistance Commission
Attn: Brian Hancock

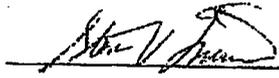
EAC Interim Accreditation Program On Site Assessment- CIBER

SIGNATURE SHEET

Lab Legal Name: CIBER, Inc

Address: CIBER ITA Practices
7501 South Memorial Parkway, Suite 107
Huntsville, AL 35802

Assessor: Steven V. Freeman



On-Site Assessment Dates: 6-8 Dec 2006
Prior Assessment Visit: 20 Jul 2006

This report was presented on-site at the conclusion of the visit and presents a summary of the findings.

Resolution of previous findings

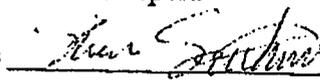
The quality management and technical documents describing the procedures for documenting and conduction of a test campaign had been completely revised prior to the assessment visit. Test methods (cases) have been developed and added in the form of the Test Methods document. In addition, personnel have been brought in to assist in revising the program and to assist with responsibilities in the Quality Assurance (QA) and Project Management roles. Within corporate CIBER, an Executive Management Steering Committee was created consisting of the President of CIBER Federal Civilian, VP Contracts Federal, and a Consulting Services Manager to perform high management oversight. Finally, QA records and logs were activated to store, track, and follow-up records of Corrective Action Reports (CAR) and audit findings.

Latest Internal Audit: 15 November 2006, Terry L. Debell,

Latest Management Review: SM ~~(Pending)~~ _{8 Dec 06} Manger, Internal Audit & Compliance
Executive Management Steering Committee

Acknowledgement of Receipt

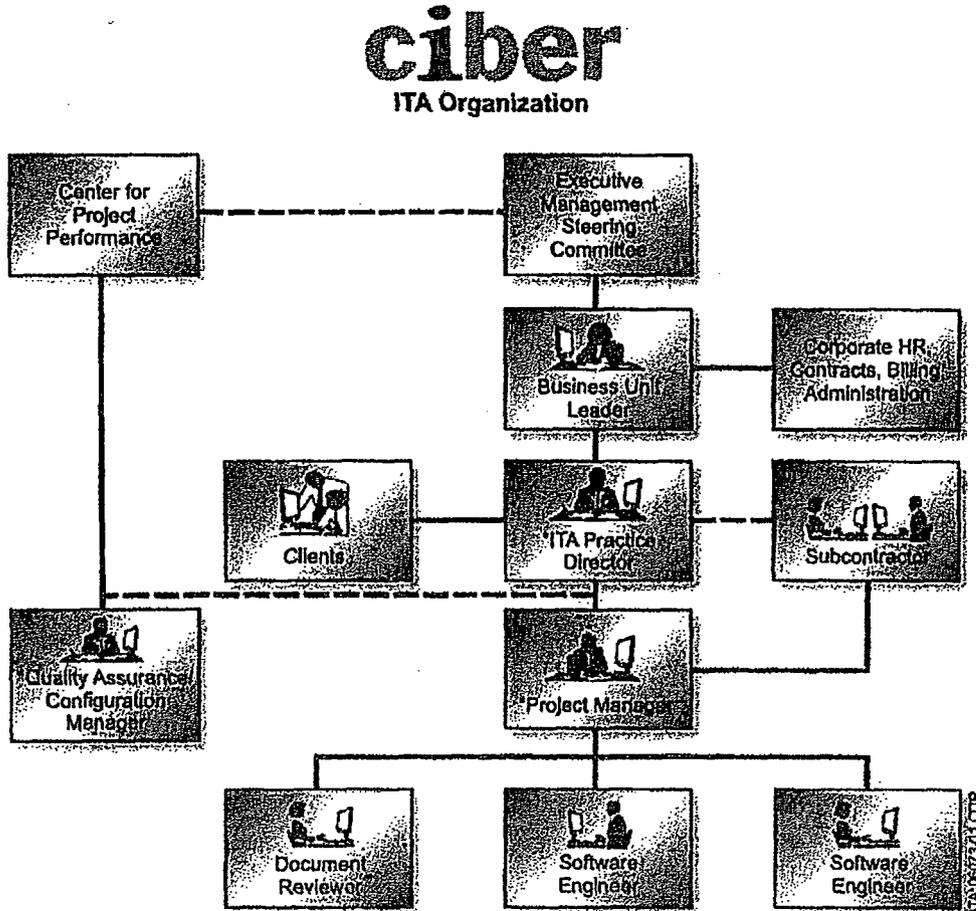
The assessor has discussed the contents of this report with members of the laboratory management who agree to respond in writing to EAC regarding resolution or correction of any nonconformities noted within 30 days of the date of this report.

Signature of Authorized Representatives or designee 

Printed Name: Shawn Southworth

022204

ITA Practices Organization:



Key Personnel:

1. Executive Management Steering Committee:
 - a. Wally Birdseye, President CIBER Federal
 - b. Paul Rainville, Director of Delivery, Federal Civilian Branch
 - c. Terry Debell, Center for Project Performance
2. Center for Project Performance: Terry Debell, Manager, Internal Audit & Compliance
3. Business Unit Leader: Robert MacFarlane, Federal Civilian Branch
4. ITA Practice Director: #Shawn Southworth
5. Project Manager: *#Kelly Rohacek
6. QA Configuration Manager: *Amber Willburn
- Test Engineers:
 7. Document Reviewer: Diane Grey

8. Senior Software Engineer: *Victor (Vic) Daily
9. Software Engineer: Jack Cobb

Primary Contacts.

*New Personnel (Resumes attached):

1. Amber Willburn, Proposal Manager, has been working with Shawn Southworth, the ITA Practices Director, and other resident staff to revise the documentation and develop the processes for the quality management of the certification testing. She serves as the acting QA Manager but is expected to be replaced by a permanent position for a full-time resident QA Manager. Amber has been mentored within the QA operations by Terry Debell, Manager, Internal Audit & Compliance
2. Kelly Rohacek, Project Manager, has been added to the staff to assist in the project management of the test campaigns/projects. In this position she will be the Technical Lead Contact. She is mentored by John Manning, Consulting Services Manager.
3. Victor (Vic) P. Daily, Senior Software Engineer, has been added to the Test Engineers/Software Engineers.

ON-SITE ASSESSMENT NARRATIVE SUMMARY

CHANGES TO CURRENT OR REQUESTED SCOPE OF ACCREDITATION

EAC Interim Independent Test Authority (ITA)

ACCREDITATION STANDARD

NIST Handbook 150,

NIST Handbook 150-22,

As a documented accreditation standard to be used by the new Voting System Test Laboratory Accreditation Program, these handbooks apply the requirements of ISO/IEC 17025. The EAC accreditation program will require accreditation under the NIST National Volunteer Laboratory Accreditation Program (NVLAP) on completion of the full accreditation program for new labs and prior labs who complete the upgrade. This assessment was to update the accreditation of prior ITA labs as an interim program to ensure availability of testing labs during the transition from the NASED accreditation which was terminated in July 2006 until the VSTL accreditation program had established

OVERALL SUMMARY

The management documents were completely rewritten and updated, reducing the number of documents and confusion over what requirements were where. The new structure has two manuals plus associated forms.

- ITA Practice Operational Manual (POM) Quality Management program
- CIBER ITA Test Methods (TM). Technical test procedures

These manuals and associated forms and record files are stored on the CIBER sharepoint service supporting controlled access for CIBER offices across the country. The ITA Practice files and document/records are located under the ITA Portal and provide version and access control to maintain separation of test campaign documentation between authorized users while giving all the project team access to the resource they need.

As part of this effort, QA procedures and a test projects (simulated) were performed using the actual staff to make sure the procedures, tools, and resources such as the Corrective Action Report (CAR) input forms and logs were linked, active, and accessible (permissions granted) for ITA Practice personnel.

CIBER has entered a Team Partnering agreement with Wyle where Wyle will be performing the non-core hardware based test requirements under separate scope of accreditation programs. In this review, CIBER was reminded that, under the Interim scope, CIBER will be responsible for the overall program

CIBER ITA Practice currently has no test projects in house to test and validate these new procedures and can not complete minor corrections and adjustments until they do so. The large rewrite has resulted in new nonconformist observations listed in the following sections which CIBER is expected to respond to within 30 days

sf
whole to
EAC-in

4.1 ORGANIZATION

In response to the previous assessment, CIBER has responded by providing resources to support:

- a. QA Configuration Manager. Ms Willburn has been attached to provide support in QA and QA Management documentation until a full-time QA manager can be approved and hired.
- b. Kelly Rohacel has been assigned as Project Manager to steer the test campaign projects and the completion of tasks and products with review.
- c. The President of CIBER Federal formed an Executive Management Steering Committee (EMSC) and to provide high level management attention and overview through the corporate CIBER audit and other QA reporting paths and to ensure that the process improvement activities received the attention and resources needed.
- d. Key management positions were tasked to provide mentoring support to the new key personnel and for follow up attention.

All this may be an initial flush of action and response but the activities included the activation, test, and use communication paths to establish use and practice. In the next assessment review, the organization support indicated in the Organization chart should be checked for continuation of support.

No non-conformities were identified.

4.2 MANAGEMENT SYSTEM

The management documentation was changed from four or more major documents to two major documents supported by forms and some independent procedures.

ITA Practice Operations Manual provides a more streamlined management procedures document.

CIBER ITA Test Methods captures the technical test procedures, documentation and reporting,

Upward management processes and reporting are defined through corporate CIBER procedures to maintain communications channels and ensure follow up review of issues and problems.

The CIBER Sharepoint Internet service hosts the ITA Portal that is the control point for documents, reports, tracking logs, and resources. Access through sharepoint allows individual access control to define and limit access to specific resources and maintain separation of information/procedures with version control showing active versions and control access to only the active versions as needed.

st Comment for developing
4.2.7 (HDB150) requirement to maintain integrity during planned change is a new accreditation requirement that needs some basic attention to initial setup.

4.3 DOCUMENT CONTROL

The CIBER Sharepoint Internet service hosts the ITA Portal that is the control point for documents, reports, tracking logs, and resources. Access through sharepoint allows individual access control to define and limit access to specific resources and maintain version separation of information/procedures with seamless version control showing active versions and control access to only the current versions as needed.

The ITA Portal home hosts a calendar that the QA manager keeps posted to show upcoming QA events and required reporting. As a comment, the definition of the periodic cycle for these events was not as well defined with a tendency to point to the next event rather than show how these events were to be scheduled but this expected to resolved before the next review.

No non-conformities were identified

4.4 REVIEW OF REQUESTS, TENDERS AND CONTRACTS

A "test method" (TM 2) for Negotiating supports the policies for the review of requests, tenders, and contracts. The basic process showed no issues or problems. Specific items that needed to be identified in a negotiation such as the areas where the CIBER ITA Practice was not qualified under the scope of accreditation (HDBK 150-22, 5.4.6) were identified in the later sections where encountered.

No non-conforming items were noted.

4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS

CIBER has an exclusive Team Partnering agreement with Wyle Labs based on Wyle's current EAC Interim accreditation.

The relationship of the lead lab under the NVLAP 150/150-22 procedures and EAC preliminary guidance needs some clarification in the instructions to recognize the accredited voting system test lab's increased responsibility under the core requirements as compared with past practice of software/hardware lab. The current procedures for subcontracting recognize the need for the subcontracted tests to be with a lab accredited for the appropriate scope of testing but CIBER is just recognizing that their scope of responsibility for the testing has shifted and they need to be more responsible in the direction and performance of tests formally conducted by the 'hardware' labs. With Wyle's experience and current accreditation, this extended responsibility is blurred as Wyle is in a position to provide more of the service and management than would expected otherwise.

CIBER will need to pay attention to develop practices in what had formerly been a Hardware ITA exclusive area. Some later non conformance will be in specific areas where CIBER needs to include more details on the full range of test requirements, recognizing their own out of scope status requiring the use of other labs with the appropriate accreditation and CIBERs responsibility in these cases to provide contractual specification of test operation and setup configuration information

4.6 PURCHASING SERVICES AND SUPPLIES

Not applicable

4.7 SERVICE TO THE CUSTOMER

CIBER has a strong customer service orientation. Although not noted in the checklist, it may be worth noting the emphasis on working with previously prepared and validated test methods to provide standard conforming tests rather than acceding too quickly to requests to modify tests at request to vendors. The increased role of providing monitoring and direction by EAC as a regulatory body will also support more consistent reporting of the conformance of tested systems.

No non-conforming items were noted.

4.8 COMPLAINTS

CIBER has a Customer Complaint/feedback Survey system which is independently under the control of upper management and is routinely used as part of the management review cycle. This process has been actively in use for other units of CIBER but no complaints have been submitted against the ITA Practice activity and survey reports have been favorable. The program is restricted to customer complaints and other sources of complaints are not routinely submitted.

No non-conforming items were noted.

4.9 CONTROL OF NONCONFORMING TESTING AND/OR CALIBRATION WORK

Calibration work does not apply at this time

Basic policy and procedures follows recommended practices based on the NIST Handbook standards (ISO 17025) but there is no evidence that the process work since there have been no non-conforming reports submitted. Test case on this and other processes were made to ensure that the form linkage and operation worked and would post a report. In the assessment it was noted that the only source of non-conforming reports was from internal audit reports. CIBER is to consider changes to recognize EAC or related stakeholder reports of non-conformance, possible through official EAC process communication or otherwise provide a path (see comments on Complaints) for recognizing such inputs from legitimate stakeholders.

No formal non-conformance issues were identified.

4.10 IMPROVEMENT

An active program and policy statements recognizing and supporting on-going improvement was noted in the management procedures.

No non-conformance issues were noted.

4.11 CORRECTIVE ACTION

Prior visit observation that the corporate CIBER required CARs log was not active and showed no reports. has been corrected. Test cases were added to validate the operation and use. No action had been taken on the management review and monitoring because the annual management review that would review and take follow up action had not occurred yet but is expected within the next week. *Review completed today*

No non-conformance items have been identified

4.12 PREVENTIVE ACTION

Processing of review of management indicators, including the review of audit forwarded Corrective Action Requests (CARs), was not observed due to lack of activity. Two Audit directed CARs (ACARS) have been placed into the log to suggest improvements to the CARs upload operation but have not yet processed by the annual management review (see above)

No non-conformance items have been identified.

4.13 CONTROL OF RECORDS

The sharepoint ITA Portal supports the storage, maintenance and control of records as well as documents. Under this the records are identified, ownership is established and versioning is automatically performed. All management and test records are uploaded to the appropriate sharepoint directory with the exception of HR sensitive records which are processed, along other networks to preserve confidentiality. Hardcopy manual records are stored in QA/CM secure filing cabinets and logged in a directory log in a directory within the ITA Portal. Test campaign records are stored in Project Workbooks with different directories for each vendor to maintain separation and protection of records.

Current record retention is the life of the project + 3 years. CIBER is to review the new EAC Certification Program Manual and consider adopting the matching retention for election records. No disposal procedures are specified and are to be developed. Check with next assessment review.

Backup copies are saved daily and maintained in another location by corporate policy. The policy includes the periodic test of backup recovery.

The records for each test were not checked for the identity of personnel responsible as there are no Project Workbooks active (pending accreditation). However, procedures/test methods do require such records.

No non-conforming issues were identified

4.14 INTERNAL AUDITS

The last internal audit was completed 15 Nov in response to the previous assessment report by Terry Debell from the CIBER Center for Project Improvements. Improvements have been initiated out of that audit and it is to be reviewed in the next management review (pending) by the Executive Management Steering Committee (see organization information).

No non-conforming issues identified

4.15 MANAGEMENT REVIEWS

clear of
Non-conforming item. *management reviews performed 8 Dec (SIA)*
No management reviews had been made yet. However, the prior assessment report and internal audit have started major performance improvement actions including the management review requested by next week. A copy of the management review report was made available and I confirmed that the items in 4.15.1 were all included. (Copied from the HDBK 150 checklist).

This item is pending evidence to show that it is functioning but seems to be more a matter of timing at this time.

5.1 GENERAL

The technical test procedures have been completely rewritten into the CIBER ITA Test Methods. The organization of the document is oriented to the description used in the HDBK 150-22 Technical Supplement (Section 6.0) showing the test/review areas from the Voting System Standards (VSS) 2002 core responsibilities.

5.2 PERSONNEL

Resumes, position description, and training records were reviewed for the new personnel:

Amber Willburn QA Manager (temp)
 Kelly Rohcek Test Project Manager
 Vic Daily Software Engineer (Tech Engineer)

Amber was brought in primarily as a technical writer to assist in preparing the QA management documentation and resources. She has little prior experience of the position but here work on developing the program under the Mentorship of Terry Debell has prepared to some degree.

Kelly Rohcek is highly qualified as a technical Project Manager but lacks voting system experience

Vic Daily has extensive technical testing background but lacks voting experience.

Position descriptions were adequate and gave relevant information. The training records, while showing an active training program were inconsistent with different names & scope of training for the same activity. No standardized training plan appears to exist beyond corporate policy of Security and 30 day training.

Non-conforming. No clear designator that a test engineer is qualified or for what methods.

5.3 ACCOMMODATION AND ENVIRONMENTAL CONDITIONS

Current space small and crowded, especially with new staffing. Cyphers locks on front and back door. Site can "accommodate" four vendors by placing them into the offices which also contain people and storage. This is a temporary situation with a move schedule to place them closer to their Team Partner Wyle Labs.

For the Accuracy and Reliability Environmental Operating test, environmental conditions are a critical condition of the test but this level of facilities is to be gained through the services of a sub-contractor/Team partner. Other tests can require more space but these may be conducted at the Hardware Team Partner facility where the environmental controls are more appropriate to their scope of accreditation

Testing at a vendor site may involve more significant conditions. Procedures for remote operation require the CIBER test team are defined but consist mainly of taking control of security conditions to ensure reduced risk of interference with testing.

5.4 TEST ~~AND CALIBRATION~~ METHODS AND METHOD VALIDATION

The Test Method document lists different sets of test activities required for all voting system testing. In reviewing the coverage of these sets, test methods were not listed for a number of test objectives, primarily those which have formerly been the responsibility of the "hardware ITA" such as the Transportation and Storage, EMC, accessibility. Most of these have their own test accreditation process are not part of the core requirements for the test lab.

Non-conform. The TM does not provide for the inclusion of the non-core test requirements in the test plan or test report. Although not a core requirement, the lab needs to include it in the test planning and report for direction and integration with the voting system test report as a single document supporting a system certification.

Non-Conform, the test method for the core requirements lack validation and reports for the validation of the tests. They appear to be too general for validation in some cases.

(See section 6 for more specific listing of missing test methods)

Non-Conform, The TM specifies the application will be installed by the vendor and fails to provide verification that the software installed matches the Witnessed Build including the operating system and third party software.

Non-conform. The test lab needs to explicitly identify tests that it does not hold accreditation *for*

5.5 EQUIPMENT

TM provides for test equipment (support, not the equipment to be tested and certified); to be checked in and inventoried but does not include provisions for maintenance, setup and validation that is operating correctly and for the intended purpose, handling of damaged equipment, or disposal for either CIBER owned or rented equipment or that provided by the vendor for testing such as certified pieces needed to complete test objectives.

In the latter case, readiness testing, care, validation, and setup verification are equally important as for the Equipment under test but needs the care extended beyond the actual test campaign. This area should be relatively minor unless specialized equipment is involved.

This section was not completely reviewed due to time limits and little applicability

5.6 MEASUREMENT TRACEABILITY

Not applicable at this time

5.7 SAMPLING

Not applicable

5.8 HANDLING OF TEST AND CALIBRATION ITEMS

(Handling and care of the actual Equipment Under Test (EUT))

(not reviewed in detail due to time but it has parallel issues to 5.5 and the test equipment)N

5.9 ASSURING THE QUALITY OF TEST AND CALIBRATION RESULTS

Not reviewed due to time.

5.10 REPORTING THE RESULTS

Non-conform. Work by other accredited labs needs to be identified (test plan and contract also) and validated that the lab is qualified. The results need to be validated that they are appropriate for the report. If the work is outside of the scope of accreditation for the contracting lab, this condition needs to be explicitly stated (ref 5.4.6 in the HDBK 150-22)

HDBK 150/150-22 requires specification of processing for reports for other purposes. Note that this involves branding issues where claiming the authority as an accredited lab may not be appropriate. Recognized alternate reports are for state certification and internal to the vendor.

**6.0 TECHNICAL SUPPLEMENT
Voting System Test Campaign
Procedures and Methods**

The review included an overview of required test requirement categories and where they are to be reported in the Certification test report. The following items were found missing or requiring further work:

TDP Review:

1. k. TM 4. Test plan should include the tests that are not in the core responsibilities but are still required for the certification of the system. The test plan is to be complete for all requirements. Where the test requirements are outside of the core tests, the plan should identify the accredited lab to be used, what materials and directions need to be given to the lab, what support is to be provided, how the labs report will be validated (correct configuration for the certification, appropriate operations for a voting system) and how the report is to be included in the final report

Source Code Review

2 d. Need to validate Using Exam Diff Pro and provide validation report.

Physical Configuration Audit

- 3 b Accessibility CIBER provides test cases to Wyle
- 3 c. Construction to be included in planning and reports but identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);
- 3 e. Hardware transportation and storage tests needed to be included but identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);
- 3 f EMC and electrical test suit. identifies as out of the scope of accreditation for CIBER and performed by accredited lab (Wyle);
- 3. i. Include tests above in report.

Functional Configuration Audit

- 4 e. Verify HAVA functional requirements
In the Functional Requirements Checklist v.1.1 need to update for HAVA 301 requirements that are not in current VSS 2002 list.

System Integration Tests

- 5. a. Accuracy
- 5 b. Reliability
Also need Ai to be calculated and reported
- 5 c. Volume tests (could not find in review but may be there)
- 5 d Security tests, need to perform and add to report layout
- 5. f. Telecommunication tests per VSS 2002/HAVA

ATTACHMENTS

1. Resumes for New Personnel

Ms. Willburn is a Proposal Manager with over five years of writing experience. She has played a key role in furnishing proposal and business development expertise in support of defining/refining company proposal development processes and procedures. Provided writing and editing for technical documentation and business development tasks as needed, including design and direction for graphics. In addition, she has defined and prepared documentation schedules, outlines, writing assignments, themes, and discriminators. Provided other as-requested technical writing and document review support to various company business units. Developed and designed marketing collateral for federal clients and inter-office fact sheets on current CIBER technologies. Lastly, Ms. Willburn has exceptional communication and interpersonal skills which allow her to work effectively with all levels of management and personnel.

EDUCATION, CERTIFICATIONS & TRAINING

BA, English, University of Colorado at Colorado Springs, 2004

Certificate in Professional and Technical Writing, University of Colorado at Colorado Springs, 2004

TECHNICAL EXPERIENCE

Software/Tools: Word, PowerPoint, Outlook, Internet Explorer, Project

PROFESSIONAL EXPERIENCE

CIBER, Inc.,
Proposal Manager

7/04 – Present

- Furnished proposal and business development expertise in support of defining/refining company proposal development processes and procedures.
- Provided writing and editing for technical documentation and business development tasks as needed, including design and direction for graphics.
- Defined and prepared documentation schedules, outlines, writing assignments, themes, and discriminators.
- Provided other as-requested technical writing and document review support to various company business units.
- Developed and designed marketing collateral for federal clients and inter-office fact sheets on current CIBER technologies.

Project Excel Writing Center
Writing Tutor, Newsletter Editor

2002 – 2004

- Worked with students on technical documents and taught grammar and document design.
- Edited student papers over online forum.
- Instituted first Excel Center newsletter and acted as editor.
- Designed layout and graphics for newsletter.
- Assigned writing responsibilities to contributors.

022223

AMBER WILLBURN
Proposal Manager

ciber

Asylum Youth Project
Director

Summer 2002

- Implemented youth center for a small rural town.
- Designed all marketing material and developed Procedures and Policies manual for volunteers.
- Provided monthly progress, cost reports, and a large season-end report to Board of Directives.

Scribe
Reporter

2001 – 2002

- For a small newspaper, contributed numerous articles, including front page news. Responsibilities included locating newsworthy stories, interviewing eye witnesses, and writing and editing articles.

022224

HNE (11/10/06)

A Senior Project Manager professional with expertise in Banking, Information Technology (IT), Manufacturing, Supply Chain, and Defense and Aerospace programs. Seventeen years of proven management expertise with a strong business sense for converting business needs into development solutions.

TECHNICAL EXPERIENCE

Languages:

Software/Tools: MS Project 98/2000/2003 ; Niku/Clarity, Primavera/Team Play, Lawson/Account 4, Planview/5.3 and 7.2, time tracking, project portfolio, and reporting; WBS Chart Pro, Microsoft suite; Lotus Notes office suite; Mercury Test Tool, Aristotle, Sharepoint, Clear Quest, RUP, PVCS.

Systems: Windows, AS400.

Databases: Oracle.

Retired Unit Projects

PROFESSIONAL EXPERIENCE

SANMINA SCI, (Huntsville, AL)
Program Manager /IPT Lead

12/05 – 10/06

Managed "build to print" programs in the Defense and Aerospace division of Sanmina – SCI. Completed 1440 hours in project initiation, planning, execution, and control by;

- High level performance in the Program Managers role for a 37M program of In Flight Entertainment (IFE) products for an Avionics customer – France and US, managing two of the five products
- Promoted to Program Manager with in three months by learning the manufacturing industry, its standards and processes as an ITP Lead.
- Lead New Product Implementation (NPI) team's in preparation for new electronic product induction. Planned, executed and controlled "build to print" schedules at the manufacturing, supply chain- material planning, and change controls levels of the program.

NATIONAL CITY BANK, (Cleveland, OH)
Senior Project Manager

7/04 – 11/05

Managed the installation of large integrated projects for loan origination in the Lending Portfolio of National City's IS organization. Completed 1920 hours in project initiation, planning, execution, control and closure by applying;

- The application and management of iterative development using Fusion /Agile methodology and coordinating it with the life cycle of waterfall methodology.
- Managed a 4.5M National Home Equity broker on line origination system development project.
- Coordinated and lead the project through initiation, project approval and the first two releases of five and then successfully transitioned future releases with the sustaining Project Manager.
- Managed the implementation of a 2.5M Loan Express system for a best in class initiative.
- Managed a 1.3 M project for the new business venture of on-line loan applications with Lending Tree. Participated on the board of reviews as a subject matter expert for the new project office rewrites of processes and new methodologies for project management.

KELLY ROHACEK
Project Manager

ciber

ROBERT HALF CONSULTING, (Cleveland, OH)
Senior Project Manager

6/03 – 7/04

Managed strategic initiatives and the installation of integrated systems. Completed 2040 hours in RFP processes, project initiation, and full project life cycle management for the clients of Key Bank and National City by;

- Successfully and quickly creating the schedule and demonstration of the Request for Proposal (RFP) process and defined process attributes.
- Coordinating demonstrations and sandbox sessions for product understanding.
- Created financial proposals that included vendor package and labor costs.
- Learned and applied the new roll out of Rational Unified Process Methodologies and tools with an in-flight project team.
- Successfully managed an infrastructure project through the redesigning of an external and internal network solution.
- Performed and planned validations and test strategies with the RUP methodologies using Clear Quest, Test Manager and Rational Rose tools.

HANDLEMAN COMPANY, (Troy, MI)
Senior Project Manager

4/01 – 4/03

Managed teams in project activities with staff ranging up to 30 team members. Completed 2,800 hours in Project Management practices by;

- Successfully installing major projects such as a new multi-million dollar sorter, new business system implementation into Canada, Oracle 3.06/11i upgrade, Discreet Order system and the ERP Oracle solution.
- Lead international projects in England, Canada, Mexico, Puerto Rico, and the Virgin Islands working with diverse cultures and business practices to achieve corporate goals.
- Introduced new processes of Project Management PMI and Software development guidelines (SDLC) as a member of the SEPG committee, ensuring adherence to methodology standards.
- Managed teams in requirement gathering, development, validation and testing, implementation and deployment.
- Awarded the "Caught in the Act of Excellence". Awarded twice for strategic project installations.
- Demonstrated practices in estimating, budget, and financial tracking of projects.
- Certified/participation in quality concepts, tracking and application of the project life cycle.

MICHIGAN NATIONAL BANK, (Lansing, MI)
Project Office Manager

7/99 – 3/01

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DJO(11/06)

KELLY ROHACEK
Project Manager

ciber

Incorporated and lead the induction of a Project Office into the IT division of Michigan National operations center. Completed 1850 hours in Project Management practices managing a staff of five that supported the project office time tracking and project portfolio business by;

- Training and managing compliance of the CMM and Methodology rollout in IT
- Supporting the strategic vision of system development through holding an active position on the board of project initiatives
- Lead the introduction and training of Risk Management rollout in IT
- Implemented processes for Quality Assurance teams using the Mercury Automated tool for validation and test scripting. (customized process for Michigan)
- Presented a project management concept to students of the University of Namibia, Africa.
- Lead the planning effort and implemented the business plan model for management of IT System Solutions division
- Achieved CMM level three award by implementing business practice improvements in the project office and through out the IT divisions
- Implemented the Quality Management and assurance models to the development staff through training and process presentations
- Performed the instruction and implementation of the time tracking tool - Primavera Team Play, retiring the Niku / ABT workbench product from production

NATIONAL CITY / FIRST OF AMERICA, (Kalamazoo, MI)

6/89 – 6/99

Project Manager II 1996-1999

Managed 12 programmers of the Special Projects Force and completed 4120 hours in Project Management practices by;

- Successfully managing multiple projects related to the year 2000 preparations.
- Lead the conversation of Desk Top applications for Lotus/Ami Pro to Microsoft Word/Excel office suites
- Performed /planned validations in unit, system, integration, production readiness, and end user testing
- Lead the consolidation efforts of the Project Office of First of America and National City

Business Analyst 1989-1996

- Successfully implemented small project work and gained project leadership responsibilities by completing 3250 hours of Project Management practice by;
- Coordinating all project work for the Hogan systems by priority and business needs
- Leading requirements gathering and feasibility studies in the initiation and requirements phase of the project life cycle
- Performing/executing test plans and validations in unit, system, integration, production readiness, and end user testing for Hogan system
- Using and applying Project Management practices as a junior project manager and moving into a senior project manager's role.

VICTOR P. DAILY
Senior Software Engineer

ciber

Mr. Daily is a Senior Software Engineer with over 12 years experience specializing in certification, support and deployment of technical software applications. Self-motivated team member possessing excellent interpersonal and communication skills. Familiar with ISO 9000 and CMM methodology.

EDUCATION, CERTIFICATIONS & TRAINING

B.S. in Industrial Operations, Auburn University, Auburn, Alabama, March 1984

Microsoft Certified Professional - 2000

TECHNICAL EXPERIENCE

Languages:

Software/Tools:

Systems:

Databases:

PROFESSIONAL EXPERIENCE

Intergraph Corporation, Huntsville, Alabama

1994 – Present

Senior Software Engineer, 1997 – Present

Responsible for software certification and validation of Intergraph's SmartPlant 3D application software. Develop and execute formal test plans which correspond to detailed software specifications. Document findings during testing and submit detailed program change requests and trouble reports to software developers. Retest software before deployment to verify conformance to customer's expectations.

Provide support and direct interface with customers to coordinate on-site deployment of complete operating system and application software.

Senior Software Engineer, 1994 – 1997

System implementation specialist of the U.S. Army's Digital Storage and Retrieval Data System (DSREDS) and Joint Engineering Data Management System (JEDMICS). Responsible for configuring UNIX, Windows NT and IBM PC (DOS / Windows) hardware to various software platforms. Edited vector and digital data utilizing Intergraph application software conforming to MIL-STD-1840B file standards. Provided technical support to MICOM user base in addition to eight additional Army installations.

Sverdrup Technology, Huntsville, Alabama
Mechanical Designer

1989 - 1993

Utilized Intergraph's Engineering Modeling Software (I/EMS) to support NASA's Marshall Space Flight Center Science & Engineering Directorate. Design tasks ranged from intricate man-rated flight hardware to large structural steel components. Duties included performing conceptual design, three dimensional modeling, two dimensional detailing, interference checking, extracting mass properties, stress analysis, trade studies, producibility and procurement for all design tasks. All final drawings conformed to standards, DOD-D-1000B, DOD-STD-100C, MSFC-STD-555B and ANSI Y14.5M.

DJO (7/06)

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VICTOR P. DAILY
Senior Software Engineer

ciber

Recipient of two Extra Miler Awards in 1990 and 1992 for exceptional job performance.

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DJO (7/06)

NIST HANDBOOK 150 CHECKLIST (Adapted for EAC Interim Accreditation)

Instructions to the Assessor: This checklist addresses the general accreditation criteria prescribed in NIST Handbook 150, *NVLAP Procedures and General Requirements* (2006 edition). The checklist items are numbered to correspond to the requirements found in Clauses 4 and 5, and Annexes A and B of the handbook. Items marked with ♦ indicate a change in requirements from the 2001 edition of NIST Handbook 150.

Place an "X" beside each checklist item that represents a nonconformity. Place a "C" beside each item on which you are commenting for other reasons. Record the item number and written nonconformity explanation and/or comment on the comment sheet(s) at the end of the checklist. Write "OK" beside all other items you observed or verified as compliant at the laboratory.

EAC Interim Accreditation This checklist is adapted for use in the EAC Interim Accreditation

4 Management requirements for accreditation

4.1 Organization

OK 4.1.1 The laboratory or the organization of which it is part shall be an entity that can be held legally responsible.

Legal name of laboratory ownership: CIBER, Inc _____

Format Note: Legal name is all caps for CIBER

CAC 4.1.2 It is the responsibility of the laboratory to carry out its testing and calibration activities in such a way as to meet the requirements of this handbook and to satisfy the needs of the customer, the regulatory authorities or organizations providing recognition.

OK 4.1.3 The management system shall cover work carried out in the laboratory's permanent facilities, at sites away from its permanent facilities, or in associated temporary or mobile facilities.

OK 4.1.4 If the laboratory is part of an organization performing activities other than testing and/or calibration, the responsibilities of key personnel in the organization that have an involvement or influence on the testing and/or calibration activities of the laboratory shall be defined in order to identify potential conflicts of interest.

NOTE 1 Where a laboratory is part of a larger organization, the organizational arrangements should be such that departments having conflicting interests, such as production, commercial marketing or financing do not adversely influence the laboratory's compliance with the requirements of this handbook.

NOTE 2 If the laboratory wishes to be recognized as a third-party laboratory, it should be able to demonstrate that it is impartial and that it and its personnel are free from any undue commercial, financial and other pressures which might influence their technical judgment. The third-party testing or calibration laboratory should not engage in any activities that may endanger the trust in its independence of judgment and integrity in relation to its testing or calibration activities.

are made on laboratory policy or resources;

Name of person: Amber Wilton (see 150-22 Checklist item)

C) j) ^{Job description} appoint deputies for key managerial personnel (see Note).

Name(s): Pam Kelly

Name(s): ~~Pam~~ Lead Test Engineer (in Org chart lists as Software Engineer)

Name(s): Pam ← ~~Patricia~~ Fed Gov staffing is needed.

ok k) ensure that its personnel are aware of the relevance and importance of their activities and how they contribute to the achievement of the objectives of the management system.

NOTE Individuals may have more than one function and it may be impractical to appoint deputies for every function. ^{As part of annual review}

4.1.6 Top management shall ensure that the appropriate communication processes are established within the laboratory and that communication takes place regarding the effectiveness of the management system.

4.2 Management system

4.2.1

ok a) The laboratory shall establish, implement and maintain a management system appropriate to the scope of its activities. ^{Pam}

C b) The laboratory shall document its policies, systems, programs, procedures and instructions to the extent necessary to assure the quality of the test and/or calibration results. ^{Pam & Test Methods Document}

ok c) The system's documentation shall be communicated to, understood by, available to, and implemented by the appropriate personnel. ^{Pam Training, as is possible to this point}

ok 4.2.2 The laboratory's management system policies related to quality, including a quality policy statement, shall be defined in a quality manual (however named). The overall objectives shall be established, and shall be reviewed during management review. ^{ITA Non-Partial criteria (PAM, JM, and off}

Date of most recent quality manual: 11.20.2006 ^{Information in project books. (because share point is unreliable)}

The quality policy statement shall be issued under the authority of top management. It shall include at least the following: ^{CIBER's Quality Commitment to Quality (TQM)}

ok a) the laboratory management's commitment to good professional practice and to the quality of its testing and calibration in servicing its customers;

ok b) the management's statement of the laboratory's standard of service;

ok c) the purpose of the management system related to quality;

- OK d) a requirement that all personnel concerned with testing and calibration activities within the laboratory familiarize themselves with the quality documentation and implement the policies and procedures in their work; and
- OK e) the laboratory management's commitment to comply with this handbook and to continually improve the effectiveness of the management system.

commented
 NOTE The quality policy statement should be concise and may include the requirement that tests and/or calibrations shall always be carried out in accordance with stated methods and customers' requirements. When the test and/or calibration laboratory is part of a larger organization, some quality policy elements may be in other documents.

OK 4.2.3 Top management shall provide evidence of commitment to the development and implementation of the management system and to continually improve its effectiveness.

OK 4.2.4 Top management shall communicate to the organization the importance of meeting customer requirements as well as statutory and regulatory requirements. *Steering Committee, Issue Letter & supporting activities (EMSC) Executive Management Steering Committee*
Policy statement in IQR Portal

4.2.5

OK a) The quality manual shall include or make reference to the supporting procedures including technical procedures. *POA 1.3, Ciber ITR Test*

OK b) It shall outline the structure of the documentation used in the management system. *POA 1.2 Document overview* *Methods, Review System Software Standard (TR)*

OK 4.2.6 The roles and responsibilities of technical management and the quality manager, including their responsibility for ensuring compliance with this handbook, shall be defined in the quality manual. *POA 4 Organization and 4.2. Roles and Responsibilities*

C 4.2.7 Top management shall ensure that the integrity of the management system is maintained when changes to the management system are planned and implemented. *needs development*

4.3 Document control

4.3.1 General

OK The laboratory shall establish and maintain procedures to control all documents that form part of its management system (internally generated or from external sources), such as regulations, standards, other normative documents, test and/or calibration methods, as well as drawings, software, specifications, instructions and manuals.

POA 4.3. Document Control (TR table on show position)
 NOTE 1 In this context "document" could be policy statements, procedures, specifications, calibration tables, charts, text books, posters, notices, memoranda, software, drawings, plans, etc. These may be on various media, whether hard copy or electronic, and they may be digital, analog, photographic or written. *considered everything except source code which is kept separate for proprietary control reasons.*

NOTE 2 The control of data related to testing and calibration is covered in 5.4.7. The control of records is covered in 4.13.

4.3.2 Document approval and issue

4.3.2.1

OK a) All documents issued to personnel in the laboratory as part of the management system shall be reviewed and approved for use by authorized personnel prior to issue. *Issue (authorized access)*

OK b) A master list or an equivalent document control procedure identifying the current revision status and distribution of documents in the management system shall be established and be readily available to preclude the use of invalid and/or obsolete documents. *Reporting of all ITR documents and reference materials*

4.3.2.2 The procedure(s) adopted shall ensure that:

OK a) authorized editions of appropriate documents are available at all locations where operations essential to the effective functioning of the laboratory are performed; *Share points*

OK b) documents are periodically reviewed and, where necessary, revised to ensure continuing suitability and compliance with applicable requirements; *Point*

OK c) invalid or obsolete documents are promptly removed from all points of issue or use, or otherwise assured against unintended use; *Point 12.4 Management Review G.I. CIBER ITR Point Document Control*

OK d) obsolete documents retained for either legal or knowledge preservation purposes are suitably marked. *Point 6.1 also grants documents have legal and administrative purposes. Annual or Global obsolete*

4.3.2.3 Management system documents generated by the laboratory shall be uniquely identified. Such identification shall include: *Point 6.1 provides for archiving in sharepoint. Obsolete documents are moved to ITR with worksheets*

OK a) the date of issue and/or revision identification, *Point 6.3 Document Standards*

OK b) page numbering,

OK c) the total number of pages or a mark to signify the end of the document, and

OK d) the issuing authority(ies).

4.3.3 Document changes

OK 4.3.3.1 Changes to documents shall be reviewed and approved by the same function that performed the original review unless specifically designated otherwise. The designated personnel shall have access to pertinent background information upon which to base their review and approval. *Point 12 reviews 12.4 Management Review. Sharepoint decisions. Review comments from staff and comments review*

OK 4.3.3.2 Where practicable, the altered or new text shall be identified in the document or the appropriate attachments.

Track changes (Microsoft) record of change log in sharepoint/ log. change notification (CIBER Corporate)

4.3.3.3

R/A a) If the laboratory's document control system allows for the amendment of documents by hand pending the reissue of the documents, the procedures and authorities for such amendments shall be defined.

OK b) Amendments shall be clearly marked, initialed and dated. A revised document shall be formally reissued as soon as practicable.

OK 4.3.3.4 Procedures shall be established to describe how changes in documents maintained in computerized systems are made and controlled.

Point 6 Document Standard
change log
POH 6. 6.1 CIBER ITA Point Control

4.4 Review of requests, tenders and contracts

OK 4.4.1 The laboratory shall establish and maintain procedures for the review of requests, tenders and contracts. The policies and procedures for these reviews leading to a contract for testing and/or calibration shall ensure that:

OK a) the requirements, including the methods to be used, are adequately defined, documented and understood (see 5.4.2);

OK b) the laboratory has the capability and resources to meet the requirements;

OK c) the appropriate test and/or calibration method is selected and is capable of meeting the customers' requirements (see 5.4.2).

OK d) Any differences between the request or tender and the contract shall be resolved before any work commences. Each contract shall be acceptable both to the laboratory and the customer.

Agreement
POH 7
TM 2 Negotiating
TM 2.1.1 Test Methods

NOTE 1 The request, tender and contract review should be conducted in a practical and efficient manner, and the effect of financial, legal and time schedule aspects should be taken into account. For internal customers, reviews of requests, tenders and contracts can be performed in a simplified way.

NOTE 2 The review of capability should establish that the laboratory possesses the necessary physical, personnel and information resources, and that the laboratory's personnel have the skills and expertise necessary for the performance of the tests and/or calibrations in question. The review may also encompass results of earlier participation in interlaboratory comparisons or proficiency testing and/or the running of trial test or calibration programs using samples or items of known value in order to determine uncertainties of measurement, limits of detection, confidence limits, etc.

NOTE 3 A contract may be any written or oral agreement to provide a customer with testing and/or calibration services.

OK 4.4.2 Records of reviews, including any significant changes, shall be maintained. Records shall also be maintained of pertinent discussions with a customer relating to the customer's requirements or the results of the work during the period of execution of the contract.

POH 7

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NOTE For review of routine and other simple tasks, the date and the identification (e.g., the initials) of the person in the laboratory responsible for carrying out the contracted work are considered adequate. For repetitive routine tasks, the review need be made only at the initial enquiry stage or on granting of the contract for ongoing routine work performed under a general agreement with the customer, provided that the customer's requirements remain unchanged. For new, complex or advanced testing and/or calibration tasks, a more comprehensive record should be maintained.

Project Book examined

mk 4.4.3 The review shall also cover any work that is subcontracted by the laboratory.

POM 8 SOW will identify subcontractors (style)

ek 4.4.4 The customer shall be informed of any deviation from the contract.

POM 7 TM 2

4.4.5 If a contract needs to be amended after work has commenced, the same contract review process shall be repeated and any amendments shall be communicated to all affected personnel.

POM 7 TM 2

4.5 Subcontracting of tests and calibrations

C 4.5.1 When a laboratory subcontracts work whether because of unforeseen reasons (e.g., workload, need for further expertise or temporary incapacity) or on a continuing basis (e.g., through permanent subcontracting, agency or franchising arrangements), this work shall be placed with a competent subcontractor. A competent subcontractor is one that, for example, complies with this handbook for the work in question.

POM 8, 7-Subcontracting, see 6.2.2 checklist 5/5/03

ek 4.5.2 The laboratory shall advise the customer of the arrangement in writing and, when appropriate, gain the approval of the customer, preferably in writing.

TM 2 Negotiating POM 8

C 4.5.3 The laboratory is responsible to the customer for the subcontractor's work, except in the case where the customer or a regulatory authority specifies which subcontractor is to be used.

Sec. 5.4.6. for related topic

pk 4.5.4 The laboratory shall maintain a register of all subcontractors that it uses for tests and/or calibrations and a record of the evidence of compliance with this handbook for the work in question.

Approved subcontractors and/or Training Partners.

4.6 Purchasing services and supplies

pk 4.6.1 The laboratory shall have a policy and procedure(s) for the selection and purchasing of services and supplies it uses that affect the quality of the tests and/or calibrations. Procedures shall exist for the purchase, reception and storage of reagents and laboratory consumable materials relevant for the tests and calibrations.

4.6.2

pk a) The laboratory shall ensure that purchased supplies and reagents and consumable materials that affect the quality of tests and/or calibrations are not used until they have been inspected or otherwise verified as complying with standard specifications or requirements defined in the methods for the tests and/or calibrations concerned. These services and supplies used shall comply

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- NA b) with specified requirements.
- b) Records of actions taken to check compliance shall be maintained.

NA 4.6.3 Purchasing documents for items affecting the quality of laboratory output shall contain data describing the services and supplies ordered. These purchasing documents shall be reviewed and approved for technical content prior to release.

NOTE The description may include type, class, grade, precise identification, specifications, drawings, inspection instructions, other technical data including approval of test results, the quality required and the management system standard under which they were made.

4.6.4

- NA a) The laboratory shall evaluate suppliers of critical consumables, supplies and services which affect the quality of testing and calibration, and
- NA b) shall maintain records of these evaluations and list those approved.

4.7 Service to the customer

NA 4.7.1 The laboratory shall be willing to cooperate with customers or their representatives in clarifying the customer's request and in monitoring the laboratory's performance in relation to the work performed, provided that the laboratory ensures confidentiality to other customers.

POM 18 Policy & Policy Letter, TM 1 Supp

NOTE 1 Such cooperation may include:

- a) providing the customer or the customer's representative reasonable access to relevant areas of the laboratory for the witnessing of tests and/or calibrations performed for the customer;
- b) preparation, packaging, and dispatch of test and/or calibration items needed by the customer for verification purposes.

POM 18 Service to customer - on Solicit Customer Feedback

POM 18

NOTE 2 Customers value the maintenance of good communication, advice and guidance in technical matters, and opinions and interpretations based on results. Communication with the customer, especially in large assignments, should be maintained throughout the work. The laboratory should inform the customer of any delays or major deviations in the performance of the tests and/or calibrations.

OK 4.7.2 The laboratory shall seek feedback, both positive and negative, from its customers. The feedback shall be used and analyzed to improve the management system, testing and calibration activities and customer service.

Solicit Customer Feedback

NOTE Examples of the types of feedback include customer satisfaction surveys and review of test or calibration reports with customers.

4.8 Complaints

ok 4.8.1 The laboratory shall have a policy and procedure for the resolution of complaints received from customers or other parties. *Procedure Log. The 311. Handling. Customer Complaint Log. POM 18. / p's records*

C 4.8.2 Records shall be maintained of all complaints and of the investigations and corrective actions taken by the laboratory (see also 4.11). *No records or evidence Procedure (POM) in Customer Complaint Policy. BUL Assurance User Guide*

4.9 Control of nonconforming testing and/or calibration work

ok 4.9.1 The laboratory shall have a policy and procedures that shall be implemented when any aspect of its testing and/or calibration work, or the results of this work, do not conform to its own procedures or the agreed requirements of the customer. The policy and procedures shall ensure that:

- ok a) *POM 14.2 Control of Non-conformance* the responsibilities and authorities for the management of nonconforming work are designated and actions (including halting of work and withholding of test reports and calibration certificates, as necessary) are defined and taken when nonconforming work is identified;
- ok b) *included from the HPLC* an evaluation of the significance of the nonconforming work is made;
- ok c) correction is taken immediately, together with any decision about the acceptability of the nonconforming work;
- ok d) where necessary, the customer is notified and work is recalled;
- ok e) the responsibility for authorizing the resumption of work is defined.

NOTE Identification of nonconforming work or problems with the management system or with testing and/or calibration activities can occur at various places within the management system and technical operations. Examples are customer complaints, quality control, instrument calibration, checking of consumable materials, staff observations or supervision, test report and calibration certificate checking, management reviews and internal or external audits. *External*

C 4.9.2 Where the evaluation indicates that the nonconforming work could recur or that there is doubt about the compliance of the laboratory's operations with its own policies and procedures, the corrective action procedures given in 4.11 shall be promptly followed.

14.2 Control of Non-conformance. Slight rewording needed to delete references to only audit records

4.10 Improvement

♦ The laboratory shall continually improve the effectiveness of its management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management review.

POM 19 can provide information & management review. Need to work for improvement in Audit, Analysis, Corrective Action

4.11 Corrective action

4.11.1 General

OK The laboratory shall establish a policy and a procedure and shall designate appropriate authorities for implementing corrective action when nonconforming work or departures from the policies and procedures in the management system or technical operations have been identified.

NOTE A problem with the management system or with the technical operations of the laboratory may be identified through a variety of activities, such as control of nonconforming work, internal or external audits, management reviews, feedback from customers and from staff observations.

*From 14.3 - Suggestions, Issues, Corrective Action
CIBER is responsible for analysis of (CA) and corrective action response*

4.11.2 Cause analysis

OK The procedure for corrective action shall start with an investigation to determine the root cause(s) of the problem.

NOTE Cause analysis is the key and sometimes the most difficult part in the corrective action procedure. Often the root cause is not obvious and thus a careful analysis of all potential causes of the problem is required. Potential causes could include customer requirements, the samples, sample specifications, methods and procedures, staff skills and training, consumables, or equipment and its calibration.

From 14.3, Step 4.5 QM 4.4.1, 8.4.1

4.11.3 Selection and implementation of corrective actions

OK a) Where corrective action is needed, the laboratory shall identify potential corrective actions. It shall select and implement the action(s) most likely to eliminate the problem and to prevent recurrence.

NA b) Corrective actions shall be to a degree appropriate to the magnitude and the risk of the problem.

OK c) The laboratory shall document and implement any required changes resulting from corrective action investigations.

*From 14.3, Step 6 QM 4.4, 6.4.1
ditto step 7 (CA worksheet)*

4.11.4 Monitoring of corrective actions

C The laboratory shall monitor the results to ensure that the corrective actions taken have been effective.

4.11.5 Additional audits

OK Where the identification of nonconformities or departures casts doubts on the laboratory's compliance with its own policies and procedures, or on its compliance with this handbook, the laboratory shall ensure that the appropriate areas of activity are audited in accordance with 4.14 as soon as possible.

NOTE Such additional audits often follow the implementation of the corrective actions to confirm their effectiveness. An additional audit should be necessary only when a

*From 14.3 QM 4.4.1, 8.4.1
Review current corrective action log (etc)
1. audit
2. previous audit result same*

*From 14.3 within 10-day
CIBER audit manual*

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serious issue or risk to the business is identified.

4.12 Preventive action

4.12.1

- OK a) Needed improvements and potential sources of nonconformities, either technical or concerning the management system, shall be identified. *Form 19 Process Improvement Prevention Action Process Form*
- OK b) When improvement opportunities are identified or if preventive action is required, action plans shall be developed, implemented and monitored to reduce the likelihood of the occurrence of such nonconformities and to take advantage of the opportunities for improvement.

OK 4.12.2 Procedures for preventive actions shall include the initiation of such actions and application of controls to ensure that they are effective. *Form 19 Process Improvement Prevention Action P.*

NOTE 1 Preventive action is a proactive process to identify opportunities for improvement rather than a reaction to the identification of problems or complaints. *Form 19 Process Improvement Prevention Action Process Form*

NOTE 2 Apart from the review of the operational procedures, the preventive action might involve analysis of data, including trend and risk analyses and proficiency-testing results.

4.13 Control of records

4.13.1 General

OK 4.13.1.1 The laboratory shall establish and maintain procedures for identification, collection, indexing, access, filing, storage, maintenance and disposal of quality and technical records. Quality records shall include reports from internal audits and management reviews as well as records of corrective and preventive actions. *follows CIBER Record Management*

4.13.1.2

OK a) All records shall be legible and shall be stored and retained in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage or deterioration and to prevent loss. *Form 15, Record Collection, info information, some retention*

C b) Retention times of records shall be established. *Note customer complaints log is not directly accessible to ITA. Product circuit, R&D customer solicitation, some ITA. (Share point) ITA Portal Form 15 Records Collection criteria Form 6 Document*

NOTE Records may be in any media, such as hard copy or electronic media. *Hand copy stored in QA (in same file) with electronic copy. Note: EAC has general log suggest. U.S. of systems & sign.*

OK 4.13.1.3 All records shall be held secure and in confidence. *Form 15, 6 Project EIMSC retains access limits on complaints and*

4.13.1.4 The laboratory shall have procedures to protect and back up records stored electronically and to prevent unauthorized access to or amendment of these records. *Records Management Process (CIBER) some internal. TM 13-1 Archiving of electronic artifacts*

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4.13.2 Technical records

4.13.2.1

- ck a) The laboratory shall retain records of original observations, derived data and sufficient information to establish an audit trail, calibration records, staff records and a copy of each test report or calibration certificate issued, for a defined period. *Form 15, 6*
- ck b) The records for each test or calibration shall contain sufficient information to facilitate, if possible, identification of factors affecting the uncertainty and to enable the test or calibration to be repeated under conditions as close as possible to the original. *TM 13.1 Step 2 observations, errors and calculations in Observations Log*

- C c) The records shall include the identity of personnel responsible for the sampling, performance of each test and/or calibration and checking of results. *Form 15/16*

NOTE 1 In certain fields it may be impossible or impracticable to retain records of all original observations. *recorded in electronic hard copy archive*

NOTE 2 Technical records are accumulations of data (see 5.4.7) and information which result from carrying out tests and/or calibrations and which indicate whether specified quality or process parameters are achieved. They may include forms, contracts, work sheets, work books, check sheets, work notes, control graphs, external and internal test reports and calibration certificates, customers' notes, papers and feedback.

- ck 4.13.2.2 Observations, data and calculations shall be recorded at the time they are made and shall be identifiable to the specific task.
- 4.13.2.3 *Procedure IIA Observation Log, to all points and handwritten at time of observation. TM 2.1.2*

- C a) When mistakes occur in records, each mistake shall be crossed out, not erased, made illegible or deleted, and the correct value entered alongside. All such alterations to records shall be signed or initialed by the person making the correction. *TM 13, para 6 13.1 Step 13 does specify instructions*

- sh b) In the case of records stored electronically, equivalent measures shall be taken to avoid loss or change of original data.

4.14 Internal audits *TM 13.1 Step 3*

4.14.1

- ck a) The laboratory shall periodically, and in accordance with a predetermined schedule and procedure, conduct internal audits of its activities to verify that its operations continue to comply with the requirements of the management system and this handbook. The internal audit program shall address all elements of the management system, including the testing and/or calibration activities. It is the responsibility of the quality manager to plan and organize audits as required by the schedule and requested by management. *Form 4/12/12 Rain, 13 Status Report*

- j) recommendations for improvement;
- k) other relevant factors, such as quality control activities, resources and staff training.

NOTE 1 A typical period for conducting a management review is once every 12 months.

NOTE 2 Results should feed into the laboratory planning system and should include the goals, objectives and action plans for the coming year.

NOTE 3 A management review includes consideration of related subjects at regular management meetings.

4.15.2

- a) Findings from management reviews and the actions that arise from them shall be recorded. *To be forwarded.*
- b) The management shall ensure that those actions are carried out within an appropriate and agreed timescale.

5 Technical requirements for accreditation

5.1 General

5.1.1 Many factors determine the correctness and reliability of the tests and/or calibrations performed by a laboratory. These factors include contributions from:

- i) human factors (5.2);
- ii) accommodation and environmental conditions (5.3); *Part 4.2 Risk & Responsibility*
- iii) test and calibration methods and method validation (5.4); *per TM 4 Test Plan*
- iv) equipment (5.5); *TM 2.1 Determining Uncertainty*
- v) measurement traceability (5.6 and Annex B); *TM 3.1 Product submitted, Determining & Validating method for testing*
- vi) sampling (5.7); *non-sterile field*
- vii) the handling of test and calibration items (5.8).

 5.1.2

The extent to which the factors contribute to the total uncertainty of measurement differs considerably between (types of) tests and between (types of) calibrations. The laboratory shall take account of these factors in developing test and calibration methods and procedures, in the training and qualification of personnel, and in the selection and calibration of the equipment it uses.

with us services to not expect to find specific instrument only as some are on 10 days

TM 3.1 Product submitted Inventory log Test methods for the Control Plan

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5.2 Personnel

5.2.1

sk a) The laboratory management shall ensure the competence of all who operate specific equipment, perform tests and/or calibrations, evaluate results, and sign test reports and calibration certificates. *Per 5.2 Personnel*

Ch b) *5.2.1 Training Responsibilities*
When using staff who are undergoing training, appropriate supervision shall be provided. Personnel performing specific tasks shall be qualified on the basis of appropriate education, training, experience and/or demonstrated skills, as required. *5.2.1 includes language for personnel whose training are under supervised per 5.2.1*

NOTE 1 In some technical areas (e.g., nondestructive testing) it may be required that the personnel performing certain tasks hold personnel certification. The laboratory is responsible for fulfilling specified personnel certification requirements. The requirements for personnel certification might be regulatory, included in the standards for the specific technical field, or required by the customer.

NOTE 2 The personnel responsible for the opinions and interpretation included in test reports should, in addition to the appropriate qualifications, training, experience and satisfactory knowledge of the testing carried out, also have:

- i) relevant knowledge of the technology used for the manufacturing of the items, materials, products, etc. tested, or the way they are used or intended to be used, and of the defects or degradations which may occur during or in service;
- ii) knowledge of the general requirements expressed in the legislation and standards; and
- iii) an understanding of the significance of deviations found with regard to the normal use of the items, materials, products, etc. concerned.

5.2.2

sk a) The management of the laboratory shall formulate the goals with respect to the education, training and skills of the laboratory personnel. *in performance appraisal and (5.2.1) assignment to tasks*

d b) The laboratory shall have a policy and procedures for identifying training needs and providing training of personnel. *From 5.2.1*

sk c) The training program shall be relevant to the present and anticipated tasks of the laboratory. *5.2.1 Training for IIA personnel includes: ...*

R d) The effectiveness of the training actions taken shall be evaluated. *Security on all products, from 5.2.1 Training responsibilities*

5.2.3

sk a) The laboratory shall use personnel who are employed by, or under contract to, the laboratory. *Per 8 Subcontracting, management's sub qualifications sub contract questions*

such as to facilitate correct performance of the tests and/or calibrations.

TM 3.1 13.1 on site security include environmental protection housekeeping.

The laboratory shall ensure that the environmental conditions do not invalidate the results or adversely affect the required quality of any measurement. Particular care shall be taken when sampling and tests and/or calibrations are undertaken at sites other than a permanent laboratory facility.

OK b)

The technical requirements for accommodation and environmental conditions that can affect the results of tests and calibrations shall be documented.

5.3.2

TM 10.1 clean facility *Exclude test flow area*
Observation
Test Report

NA a)

The laboratory shall monitor, control and record environmental conditions as required by the relevant specifications, methods and procedures or where they influence the quality of the results. Due attention shall be paid, for example, to biological sterility, dust, electromagnetic disturbances, radiation, humidity, electrical supply, temperature, and sound and vibration levels, as appropriate to the technical activities concerned.

OK b)

Tests and calibrations shall be stopped when the environmental conditions jeopardize the results of the tests and/or calibrations.

NA 5.3.3

There shall be effective separation between neighboring areas in which there are incompatible activities. Measures shall be taken to prevent cross-contamination.

NA 5.3.4

Access to and use of areas affecting the quality of the tests and/or calibrations shall be controlled. The laboratory shall determine the extent of control based on its particular circumstances.

OK 5.3.5

Measures shall be taken to ensure good housekeeping in the laboratory. Special procedures shall be prepared where necessary.

IT & Security

5.4 Test and calibration methods and method validation

5.4.1 General

C a)

The laboratory shall use appropriate methods and procedures for all tests and/or calibrations within its scope. These include sampling, handling, transport, storage and preparation of items to be tested and/or calibrated, and, where appropriate, an estimation of the measurement uncertainty as well as statistical techniques for analysis of test and/or calibration data.

NA b)

The laboratory shall have instructions on the use and operation of all relevant equipment, and on the handling and preparation of items for testing and/or calibration, or both, where the absence of such instructions could jeopardize the results of tests and/or calibrations.

Test methods. Not used

1. Not used
2. TM 3.1
3.
4.
5.

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