COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publication is available on the e-Publishing website at **www.e-Publishing.af.mil** for downloading or ordering. This instruction is also available on the Warner Robins Air Logistics Complex (WR-ALC) SharePoint site at **https://usaf.dps.mil/sites/21617/operating%20instructions/forms/allitems.aspx**.

RELEASABILITY: There are no releasability restrictions on this publication

This instruction implements Air Force Instruction (AFI) 90-201, *The Air Force Inspection System,* Air Force Materiel Command (AFMC) supplement (AFI 90-201_AFMCSUP, and WR-ALC Manual (WR-ALCMAN) 90-115*, Business and Quality Management System*. It establishes policies, procedures, and responsibilities for a uniform, standardized, comprehensive Inspector General Evaluation Management System (IGEMS) and Self-Assessment Program (SAP) within the Warner Robins Air Logistics Complex (WR-ALC), recognizing that the Complex is an aircraft maintenance depot. It tailors the IGEMS and SAP programs and makes use of reporting structures and processes within the depot environment. It applies to all WR-ALC organizations, including production areas, staff offices, and administrative areas. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Department of the Air Force (DAF) Form 847, *Recommendation for Change of Publication*. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to certification and approval. Requests for waivers must come through the chain of command from the commander or civilian director of the maintenance group or staff office seeking relief from compliance. Waiver request will be submitted using the DAF Form 679, *Department of the Air Force Publication Compliance Item Waiver Request/Approval,*

or via electronic mail (e-mail) or memorandum if the form is unavailable. Waiver requests must be submitted to the OPR; waiver authority has not been delegated. This publication is exempt from tiering pursuant to DAFMAN 90-161, *Publishing Processes and Procedures*. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) AFI 33-322, *Records Management and Information Governance Program.* See **Attachment 1** for a glossary of references and supporting information.

SUMMARY OF CHANGES

This publication should be reviewed in its entirety. Major changes include added responsibility for Commander's Inspection Management Board (CIMB) inputs, and a change in determining Management Internal Control Toolset (MICT) deficiency levels. The language attempts to mitigate possible impacts arising from incomplete and evolving guidance, procedures, or administrative and technological systems.

1. Overview.

1.1. Commander's Authority to Inspect.

1.1.1. All commanders and civilian directors are expected to inspect and assess their organization with the intent to improve unit performance, military discipline, readiness, efficiency, effectiveness and quality of life for Airmen.

1.1.2. The Complex Inspector General's Office will monitor unit performance and serve as the wing's OPR and focal point for ensuring compliance with applicable guidance.

1.2. The Inspector General (IG) Business Rules clarify the WR-ALC's implementation of the Air Force Inspection System (AFIS) and the Commander's Inspection Program (CCIP) by:

1.2.1. Defining how the Complex IG (WR-ALC/IG) manages IGEMS deficiencies and the Complex's SAP. *Note:* These Business Rules augment – but do not replace – AFI 90-201, which provides guidance to foster an Air Force-wide culture of critical self-assessment and continuous process improvement.

1.2.2. Applying AFI 90- 201_AFMCSUP to all WR-ALC units. In accordance with AFI 1-2, *Commander's Responsibilities*, commanders are expected to inspect their units and subordinates to ensure maximum effectiveness, efficiency, economy, and discipline of the force are maintained.

2. CCIP. The purpose of the CCIP is to improve readiness, efficiency, discipline, effectiveness, compliance, and surety in Air Force Wings. It affords Wing Commanders the ability to assess mission sets. Wing Commanders use the CCIP to identify a unit's ability to comply with policy and guidance, including identification of wasteful directives and areas where resource limitations may prevent compliance or increase mission risk.

3. IGEMS Business Rules. IGEMS is the Headquarters Air Force (HAF) mandated program for managing deficiencies in accordance with AFI 90-201. These IGEMS Business Rules are not meant to be used as a lesson on how IGEMS functions, but rather as a guide for how the WR-ALC/IG expects various processes to be conducted.

4. Roles and Responsibilities.

4.1. WR-ALC IGEMS Administrator/Deficiency Manager:

4.1.1. Resides within the office of WR-ALC/IGI.

4.1.2. Will grant access to and manage permissions within IGEMS. Access to IGEMS is limited, and not all unit members require IGEMS access. Unit members can request access to IGEMS by submitting a DD Form 2875, *System Authorization Access Request (SAAR)*. After approval, the IGEMS administrator will set permission levels.

4.1.3. Will send out a deficiency worksheet to the appropriate units uploading the corresponding information into IGEMS.

4.1.4. Will manage all WR-ALC deficiencies within IGEMS and sending out weekly reports to Commanders and the Group/Staff Office compliance officers.

4.1.5. Is responsible for the slides on all active IGEMS deficiencies for the monthly CIMB.

4.2. Group/Staff Office Commanders/Directors:

4.2.1. Will appoint a compliance officer.

4.2.2. Will have final approval of Root Cause Analysis (RCA) and Corrective Action Plan (CAP) for deficiency.

4.2.2.1. If deficiency is written at Squadron/Staff Office level, the responsibility is the Squadron/Staff Office Commander/Director.

4.2.3. Is responsible to report the status of IGEMS deficiencies at the monthly CIMB.

4.3. Group and Staff Office Compliance Officers:

4.3.1. Will monitor all deficiencies within their unit ensuring they are completed.

4.3.2. Does not require access to IGEMS in order to respond to deficiencies; they do so by completing a deficiency worksheet supplied by the IGEMS Deficiency Manager. Each unit with deficiencies is responsible for assigning an appropriate point of contact (POC) for each individual deficiency.

5. **Managing Deficiency Resolutions.**

5.1. Group/Staff Office Compliance Officer. Will work with the IGEMS deficiency OPR to ensure corrective action plans are completed using the IGEMS Worksheet. The compliance officer will ensure the IGEMS deficiency OPR completes the IGEMS Deficiency worksheet by providing: Problem Breakdown, Root Cause, RCA Methodology and CAP/Countermeasures. The IGEMS deficiency worksheet will be forwarded to the IGEMS Deficiency Manager.

5.1.1. Any supporting information/documentation (Eight Step Problem Solving form (A3), request for extension, etc.) will be forwarded to the IGEMS Deficiency Manager to be uploaded into IGEMS.

5.1.2. The compliance officer will follow the progress of the recovery plan at each milestone and forward that information to the IGEMS Deficiency Manager for input into IGEMS.

5.2. Deficiencies will be tracked on the WR-ALC/IG SharePoint site and maintained by the IGEMS Deficiency Manager.

5.2.1. The IGEMS Deficiency Manager will send out a weekly email with the status of all open deficiencies. This will include the deficiency status, the number of days in status, and the total number of days the deficiency has been open.

5.2.2. Once the CAP has been completed, the compliance officer will contact the IGEMS Deficiency Manager to request closure.

5.2.2.1. The Deficiency Manager will validate the CAP before forwarding the closure request.

5.2.2.2. The closing authority for minor deficiencies is the WR-ALC/IGI, Director of Inspections.

5.2.2.3. The closing authority for critical/significant deficiencies is the WR-ALC/IG, Inspector General.

5.3. Deficiency status and timelines will be managed and tracked utilizing WR-ALC/IG's Art of the Possible (AoP) gated system. Extensions may be granted with a written request and approval from the IG.

5.3.1. Open. Open status designates the deficiency is documented in IGEMS; unit has received deficiency worksheet to determine the root cause and develop the correct action plan. If deficiency is a Critical or Significant an A3 will also be required (see **para 5.1.1**). Unit will submit the completed documentation to the Deficiency Manager within 45 days.

5.3.2. Proposed. Proposed status designates the deficiency worksheet has been returned to IG for approval of Root Cause and Corrective Action Plan (CAP). The Deficiency Manager will respond to unit with approval or rejection within 15 days.

5.3.3. Accepted. Accepted status designates the Root Cause and CAP are accepted by IG and awaiting unit implementation. Unit will implement the CAP within 60 days.

5.3.4. Implemented. Implemented status designates the unit has notified IG the CAP has been fully implemented. The IG will validate implementation for closure within 10 days.

5.3.5. Rejected. Rejected status designates the IG rejected proposed root cause/CAP or the IG has re-inspected and deficiency still exists.

6. Self-Assessment Program (SAP) Business Rules.

6.1. The SAP Business Rules. These business rules provide a tool for leaders to create a climate for compliance readiness through first-hand supervisory and Airmen involvement by providing direction, methodology, roles and responsibilities, program implementation, and documentation requirements. Commanders/Directors must promote a culture of critical self-assessment and reward self-identification for MICT assessments without reprisal. All Air Force personnel should speak the truth and identify issues in their program ("Embrace the Red") for all MICT Self-Assessment Checklist (SAC) questions. A trusted SAP is the cornerstone of the Air Force Inspection System. A robust SAP finds observations and improves mission readiness IAW AFI 1-2. A unit's SAP shows compliance with established directives and its ability to execute the assigned mission, leadership effectiveness, management performance, and aspects of unit culture and command climate. MICT is a communication tool that Airmen can quickly and easily update as part of their daily battle rhythm, where the data is value-added to all levels in the command chain and/or functional channels.

7. Roles and Responsibilities.

7.1. WR-ALC Unit Self-Assessment Program Manager (USAPM):

7.1.1. Resides within the office of WR-ALC/IGI.

7.1.2. Will conduct quarterly meetings with Group, Squadron, and Staff Office USAPMs.

7.1.3. Will report unit MICT statistics for the Monthly CIMB.

7.1.4. Will monitor MICT for non-compliance to AFI 90-201 and this publication.

7.2. Group, Squadron, and Staff Office Directors:

7.2.1. Will assign a primary and alternate USAPMs by appointment letter. Appointment letters shall be forwarded to the WR-ALC USAPM at **wr-alc.ig.workflow@us.af.mil** within 20 days of appointment.

      7.2.1.1. All new primary and/or alternate USAPMs must receive MICT/SAP training from the WR-ALC USAPM within 20 days of being appointed.

7.3. Group, Squadron, and Staff Office USAPMs:

      7.3.1. Will ensure a primary assessor and validator are assigned to each tracked SAC in MICT.

      7.3.2. Will ensure all observations are assigned an observation level. The level of severity must be determined for each finding. Severity is determined by the responsive commander, director, or staff office chief, but must be justifiable and defensible upon review, audit, or inspection. Use the ALC/IGI Deficiency Criticality Matrix in **Figure 1** and subparagraphs below to determine the observation level.

Figure 1. Deficiency Criticality Matrix.

IMPACT (Effect of Potential Deficiency)		PROBABILITY (Frequency of Occurrence Over Time)				
		Frequent (Continuously experienced)	**Likely** (Will occur frequently)	**Occasional** (Will occur several times)	**Seldom** (Unlikely; can be expected to occur)	**Rarely** (Improbable; but possible to occur)
	Catastrophic (Death, complete loss of asset, 100% reduction of unit (wing/center) mission capability and/or readiness)	C	C	S	S	M
	Critical (Severe injury or damage to asset, significantly degraded unit mission capability and/or readiness)	C	S	S	M	N/A
	Moderate (Minor injury or damage to asset, degraded mission capability and/or unit readiness)	S	M	M	N/A	N/A
	Negligible (Minimal injury or damage to asset, little impact to mission capability and/or unit readiness)	M	N/A	N/A	N/A	N/A

Deficiency Severity Levels			
N/A=Leave behind with local supervisor	M=Minor	S=Significant	C=Critical

Deficiency Severity Levels (MICT Does NOT have the N/A option – Must select Minor, Significant, or Critical)

N/A=Leave behind with local supervisor M=Minor S=Significant C=Critical

Note: Probability must take into account the vulnerability of our operations and the capabilities of an adversary to exploit an issue.

7.3.2.1. Relevant Considerations.

7.3.2.1.1. How much help does the Commander need to get an issue fixed? Are resources for resolution scarce or readily available?

7.3.2.1.2. How much oversight do unit personnel need to resolve the issue? Is this a repeat finding? Were unit personnel resistant to feedback?

7.3.2.1.3. How severe does the POA feel this issue is? How is the reference tiered? Is risk acceptance outside of the Commander's control?

7.3.2.1.4. What is the long and short term operational impact?

7.3.2.1.5. Is this a Commander focus area?

7.3.2.1.6. How long will it take to resolve an issue? Keep in mind that labeling a deficiency CRITICAL insinuates a Commander should drop other issues and focus resources immediately. If a severe issue will take years to resolve, it dilutes the intent of a CRITICAL deficiency.

7.3.3. The Squadron Director or Group Director is the closing authority for Critical observations. The observation can be closed by the designed appointed USAPM or the Validator of the area the observation is against in MICT. Significant and Minor observations can be closed by the designated appointed USAPM or the supervisor of the area the observation is against in MICT.

7.3.4. Will ensure all SAC questions scored with a "No" have a CAP or an approved waiver IAW DAFMAN 90-161 to resolve the non-compliance MICT item.

7.3.5. Will not create local SACs without first communicating with the WR-ALC USAPM to ensure intended SACs are not duplicating HAF/major command (MAJCOM) existing MICT SACs. The WR-ALC USAPM will not create or be responsible for local SACs.

7.3.6. Will ensure all observations have comments, CAP, observation level, observation cause code, major graded area (MGA), status (opened, reviewed, closed), date opened, suspense date, and estimated completion date.

7.3.7. Will ensure all observations have a CAP within 30 days, and are updated to show what is being done to close the observation at a minimum of every 30 days until closed.

7.3.8. Will ensure all observations are closed within 12 months. If an observation cannot be closed within 12 months, a waiver request must be submitted on AF Form 679, *Air Force Publication Compliance Item Waiver Request/Approval*, (signed by the Group/Squadron/Staff Office Director) to the WR-ALC USAPM. The Group, Squadron and Staff Office USAPM with an approved waiver must submit monthly updates of the corrective action plan status until the observation is closed.

7.3.9. Will review the IGEMS Weekly Deficiency Report to determine if a MICT observation is a duplicate of a deficiency in IGEMS. If the findings are the same, the USAPM or applicable supervisor must close the observation in MICT. To close a duplicated observation, the USAPM or applicable supervisor must upload a copy of the IGEMS report into MICT and reference the IGEMS deficiency number in the CAP.

7.4. MICT Assessor:

7.4.1. An assessor is an employee who has been assigned a SAC in MICT and is responsible for answering each of the questions associated with the assigned checklist. An assessor can be, but is not limited to, subject matter experts (SMEs), supervisors, flight chiefs, and Commanders or Directors. To the greatest extent possible, selected assessors should have the expertise and experience necessary to interpret and answer all SAC questions correctly and truthfully. Therefore, assessors should be familiar with the work of the organization and the governing policies, procedures, technical orders, and regulations that are related to each assigned SAC. An assessor is not an employee who uses any form of communication (e.g., e-mail) to send the checklist to another employee for completion and then uploads that information into MICT. The assessor will be trained by the USAPM prior to being assigned to assess a checklist.

7.4.2. Will ensure each applicable assigned SAC shows current, accurate and timely data in MICT. *Note*: Personal identifiable information or classified information will not be entered into any area of MICT.

7.4.3. Will review and update their MICT SACs and assessment notes as changes occur for their program status. Should provide comments in the assessor box for the validator if needed.

7.4.4. Will answer "Yes", "No" or "N/A" to all SAC items/questions with current data and information in the assessment notes block. All questions answered "N/A" will be assigned a canned statement from a drop-down list. The assessor should provide a supporting narrative in the assessment notes why the response is "N/A" if they select "Tenant Unit – Performed at the Host Unit, "Not applicable at this functional level" or "Not Applicable – Other." *Note*: Items marked "Yes" should have comments in the assessment notes column that states "how" the program complies with the referenced question, instructions, or law. Items marked "No" indicate the area is not in compliance and will drive an observation/record. Once the non-compliance is corrected, the MICT assessor will update the observation comments in MICT. If marked "N/A", the unit is indicating that the MICT question is not applicable to their unit's program or process. Restating the item question is not acceptable for the required response.

7.4.5. Once the non-compliance is corrected, the assessor will reassess that question in MICT.

7.5. MICT Validator:

7.5.1. The Validator will conduct a thorough review of the checklist, verifying responses are accurate and complete. The Validator is an employee assigned to review an assessed SAC in MICT to determine if the responses and justifications provided by the assessor are correct and complete within the context of the organization's work and applicable regulatory guidance. Validators can be, but are not limited to, the assessor's shop supervisor, flight chief, or lead. To the greatest extent possible, validators shall be assigned based on their experience and expertise necessary to review SAC questions and answers to ensure that they are accurate and in compliance with regulatory requirements. Validators should be familiar with the work of their organization, processes, governing policies, procedures, technical orders, and regulations related to their assigned SAC. The validator

should work with the assessor if there are any concerns/questions/comments regarding the answers to the SAC. Together they can determine the correct answer to the SAC questions. In the event that they are unable to reach a consensus, the USAPM will make the final decision. The validator will be trained by the USAPM prior to being assigned to validate a SAC. The validator will be assigned the "Manager" role in MICT. *Note*: The assessor and validator cannot be the same person. The SAC must be validated within 15 business days after the assessor has locked the SAC for validation.

    7.5.1.1. How to validate a MICT Self-Assessment Communicator:

    7.5.1.1.1. Step 1: Select the SAC.

    7.5.1.1.2. Step 2: Click the "validate" button to complete the SAC validation. *Note*: If the validator has the assessment open for more than 5 minutes, the system will auto save (auto save will only happen if you have that option checked in your personal settings) and the validator will be assigned as the assessor for that SAC. If this occurs, the validator will not be able to validate that assessment. To correct this, contact your USAPM to reset the SAC.

    7.5.1.1.3. Step 3: Click "OK". This saves the current answers as a new open assessment that is editable.

    7.5.1.1.4. Step 4: To verify validation, go to the "assessment history" tab (magnifying glass icon) to see if the communicator shows as validated, there should be a history date and a new open version. *Note:* MICT SAC reports and history will not show the SAC as validated until after midnight. MICT automatically unlocks and returns the assessment to an "open" status immediately following the validation process, allowing future updates.

7.6. MICT Administration.

    7.6.1. Only WR-ALC/IGI personnel, Group, Squadron, and Staff Office level USAPMs (and alternates) will be assigned as MICT administrators, responsible for controlling and setting their respective organizational permissions, manage SAC POCs, customize units, and create/change work centers. The MICT manager's role may be assigned to Supervisors, Commanders and Directors who may need oversight of their unit programs within MICT.

    7.6.2. MICT Self-Assessments will illustrate current compliance status at all times. This will support continual evaluation, both internal to the unit and higher echelons and to external inspectors. This will be indicated by the date in the "Assessed By/Validated By" column on the Commander's Dashboard in MICT. New SACs or updated SACs will be assessed within 30 days of the revised date, which can be found by clicking on the SAC title under the "Title" column on the Commander's Dashboard. New or revised SACs are denoted by red font. The red font will change to blue once the assessment is complete. All tracked SACs will be assessed and validated annually (365 days from the last dated assessed) except for the Financial Management SACs, they are required at least twice a year.

7.6.3. All questions and/or concerns about a SAC must be sent to the WR-ALC USAPM at **wr-alc.ig.workflow@us.af.mil**, who will contact the Functional Area Manager for the SAC.

7.6.4. Units are responsible for identifying and tracking all applicable SACs, to include Base Operating Support (BOS) and By-Law programs. If units are not sure which functional SACs should be tracked, they should contact BOS and By-Law program OPRs to determine which BOS/By-law SACs apply to their unit.

7.6.5. All non-compliance observed during a SAC inspection by the MICT assessor can be corrected on the spot; however, an observation must be open to show that a non-compliance existed. The assessor must document how the non-compliance was corrected in the CAP section and state that the non-compliance was corrected on the spot. The assessor then needs to have the USAPM or appropriate supervisor close the observation.

JENNIFER HAMMERSTEDT
Brigadier General, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 1-2, *Commander's Responsibilities,* 8 May 2014

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020;
Incorporating Change 1, 28 July 2021

DAFMAN 90-161, *Publishing Processes and Procedures,* 15 April 2022

AFI 90-201, *The Air Force Inspection System*, 20 November 2018; AFI90-201_AFGM2021-02,
17 December 2021

AFI 90-201_AFMCSUP, *The Air Force Inspection System,* 10 January 2020, AFI90-
201_AFMCSUP_AFMCGM2021-01

WR-ALCMAN 90-115, *Business and Quality Management System*, 19 August 2021

Adopted Forms

DAF Form 679, *Department of the Air Force Publication Compliance Item Waiver Request/
Approval*

DAF Form 847, *Recommendation for Change of Publication*

DD Form 2875, *System Authorization Access Request (SAAR)*

Abbreviations and Acronyms

AF—Air Force

AFI—Air Force Instruction

AFIS—Air Force Inspection System

AFMAN—Air Force Manual

AFMC—Air Force Materiel Command

AFRIMS—Air Force Records Information Management System

AoP—Art of the Possible

BOS—Base Operating Support

CAP—Corrective Action Plan

CC—Commander

CCIP—Commander's Inspection Program

CIMB—Commander's Inspection Management Board

DAFI—Department of the Air Force Instruction

DODI—Department of Defense Instruction

HAF—Headquarters Air Force

HHQ—Higher Headquarters

HQ—Headquarters

I—Instruction

IAW—In Accordance With

IG—Inspector General

IGEMS—Inspector General Evaluation Management System

MAJCOM—Major Command

MGA—Major Graded Area

MICT—Management Internal Control Toolset

OPR—Office of Primary Responsibility

POC—Point of Contact

RCA—Root Cause Analysis

RDS—Records Disposition Schedule

SAC—Self-Assessment Checklist

SAP—Self-Assessment Program

SME—Subject Matter Expert

USAPM—Unit Self-Assessment Program Managers

WR-ALC—Warner Robins Air Logistics Complex

Terms

Note—Definitions provided herein are applied specifically to IGEMS and SAP in the maintenance depot environment. Usage is therefore more specialized and narrower than general usage in technical literature.

Assessor—An employee assigned to answer each of the questions on a checklist; formerly known as "checklist evaluators"; also known as "checklist champions."

Chief—See "Commander."

Commander—Superior officer over a unit. In this instruction, the terms "commander" and "director" are used repeatedly to denote persons of similar authority. Civilian equivalents of commanders are directors. In some cases, the term "chief" is used for identifying some managers of similar stature. Manager may refer to a commander, director, or chief with sufficiently high rank (grade) and responsibility for people, programs, and/or funds.

Containment—Any action or series of actions designed or intended to mitigate a problem, lessen its severity, control its spread, or reduce its impact, including, but not limited to, a temporary or permanent solution.

Corrective action plan (CAP)—The series of actions or steps necessary to bring about one or more solutions to an actual event, condition, or situation that has occurred. The CAP is a means of reaching the solutions.   It includes most or all of those steps that are necessary and sufficient to resolve the problem, including administrative measures, regulation, investigation, design, construction, procurement, and contracts. CAPs identify who does what and when, lay out milestones and tollgates along a scheduled timeline, identify resource requirements and barriers to be overcome, and estimate the completion date. While not strictly necessary, CAPs may incorporate verification and/or validation steps. Significant and critical findings require a CAP. Detailed requirements for CAPs are provided in higher headquarters (HHQ) instructions.

Defect—Any nonconformance or noncompliance with regulation or requirement or any substandard property or characteristic of a process or product. Defects may be latent (hidden) or readily apparent. Latent defects are not readily apparent at the time they occur and often go undetected during testing, analysis, or inspection. Latent defects are normally found some time after the fact in manufactured products or regulatory language.

Deficiency—Synonym for defect and finding as used in this instruction. Other usages may distinguish a deficiency as a lack of output/production capability/achievement or delivery shortfall (for example, a report delivered 4 days late or a production run that is 75 percent of the contracted amount). In this usage, the term "deficiency" does not relate to the quality of the product, its usability, or compliance with any regulatory requirement, whereas a "defect" would refer to a loss in quality, usability, conformance, or compliance of a product/process.

Finding—An identified defect or deficiency as used in this instruction. See "defect" and "deficiency."

Isolated Incident—A problem confined in scope, frequency, and cause such that extensive or thorough RCA is deemed unlikely to prevent recurrence, efforts to resolve the problem are unlikely to be successful over the long term, and economic costs from expending resources to reduce probability of occurrence are likely to exceed opportunity costs. Isolated incidents are "not worth it." The determination that a problem is an isolated incident is usually based on empirical data and results derived from inspections, investigations, analyses, tests, or demonstrations, can also be based on professional judgment and experience of a SME. The containment of an isolated incident may eventually be treated as a solution. Isolated incidents are correctable and shall be corrected, but they will not lead to development of a CAP or Preventative Action Plan (PAP).

Management Internal Control Toolset (MICT) (pronounced mick—tee)—The official repository for HHQ standing checklists and the official repository for findings and responses on those checklists. The Complex SAP manager directs subordinate units on their roles—if any— for using MICT. The capability exists to load local checklists into MICT.

Manager—See "Commander."

May—An auxiliary verb used to denote potential, discretion, permission, or potential. "The commander may..." means that the commander has discretion or permission. In this document, the phrase "may not" does not mean prohibit or disallow; it indicates that there is a chance for something not to occur. "May not" is not synonymous with "shall not."

Measurable—Describes a property or characteristic that can be found repeatable and reproducible, and ascribed a numeric value that can be used for comparison, contrast, and computation. Measurable processes normally rely on tools, analyses, or calculations.

Metric—A measurable property or characteristic that can be used to determine success or failure, improvement or deterioration. Metrics are quantities that should be directly related to the mission and function of an organizational unit. Metrics may exist with fixed extrema (such as 0% and 100%) or they may be unbounded (such as the number of widgets produced per month or the ratio of defects to labor hours). Performance of an organization is gauged by comparing and contrasting actual values with pre-set target values, goal values, and action levels for meaningful metrics. The decision to use a particular metric is substantially subjective and usually tied to the requirements or demands levied by a customer, examiner, benefactor, or other external decision- maker.

MICT checklist (MICT SAC)—Any checklist that can and must be accessed through MICT and whose findings and responses shall be loaded into MICT. Contrasts with non-MICT checklists that are not available through MICT and whose findings and responses cannot be loaded into MICT.

Must—An auxiliary verb synonymous with "shall" (see below).

Preventative action plan (PAP)—The series of actions or steps necessary to prevent issues from happening. The PAP is a means of maintenance to upkeep of an equipment.

Problem—Any actual nonconformance; substandard process, deliverable, or product; actual regulatory or statutory noncompliance; or situation, condition, or circumstance with the potential to result in any of the aforementioned. In other words, all identified defects and deficiencies are problems, but not all problems represent actual defects or deficiencies. A problem may also be a collection of inter-related or similar phenomena that constitute a nonconformance, substandard outcome, or noncompliance when taken together as a whole even if they do not do so individually.

Repeatable—Describes a process that yields the same result when performed in multiple cycles all in a row (closely related in space, time, and usually with the same operator and tools). Repeatability is a measure of precision when there is a high degree of control over the conditions of the experiment. Repeatable metrics give the same value when determined repeatedly. An example of a process set up to assess repeatability is a machinist making five measurements of a shaft diameter with the same caliper. Contrasts with *reproducible*.

Response—The action or actions taken after a problem is identified. For a presumed isolated incident, the response may be correction followed by an investigation to confirm that the incident was in fact isolated. For problems that are not isolated incidents and that constitute significant or critical findings, response must include documentation of the problem, containment (when possible), RCA, CAP, and PAP. Whether the CAP and PAP are commingled or entirely separate depends on the nature of the problem and the solutions. However, the response must fix or resolve the existing noncompliance or nonconformance whenever possible, stop ongoing occurrence, and prevent recurrence.

Root cause analysis (RCA)—Any of the systematic approaches designed to elucidate one or more sources of deviation, nonconformance, or noncompliance with the aim of devising effective, sustainable, and complete solutions.

Shall—An auxiliary verb used to denote a mandatory requirement that is synonymous with "must." In this document, "the commander shall..." and "the commander must..." both mean that the commander is required and directed to perform whatever follows. The phrase "shall not" expresses a prohibition or proscription.

Should—An auxiliary verb used to denote an optimal, ideal, or desired—but not required or mandatory—condition, result, or output.

Solution—Any action or series of actions designed or intended to eliminate, obviate, correct, or otherwise resolve a problem. A solution may be temporary (also called a stop-gap measure) in that it is not viewed as sustainable, viable, or effective over the long term, but rather is intended and expected to be replaced. A solution may also be permanent; however, even permanent solutions may be replaced when better science or technology become available.

Staff Office—An office established by WR-ALC/CC to carry out functions necessary for the business, operation, administration, and technical management of the Complex unless otherwise identified as part of a group or squadron. Staff offices are represented by two-letter codes (e.g., AS, DS, EN, FM, OB, QA, SE, SL). The command section is also treated as a staff office for the purpose of this instruction.   In specific cases, the appropriately modified term may also be used to refer to a group staff office, which represent staff members assigned to the group commander or director without reporting through a lower level organizational unit, such as squadron, flight, or section.

Standing HHQ Checklist—A SAP checklist created by HHQ that is required by AFI 90-201 to be evaluated at least yearly and relates to a permanent program for which compliance is routinely assessed. The Complex SAP manager shall direct subordinate SAP managers how to access any non-MICT checklists.

Validation—The process of determining whether a process has achieved the desired goal or end point. Validation of a containment means that the spread was stopped or the impact was limited. Validation of a CAP means that the defect has been fixed. Validation of a PAP means that the defect does not recur. Validation is about the getting the big picture result (fixing a problem). Validation contrasts with *verification* in that it does not concern itself whether the steps were completed or the plan was followed. Validation is about checking to see if the plan worked.

Verification—The process of comparing performance against a defined standard.   Verification of a containment, CAP, or PAP involves checking whether all of the steps were done correctly. Verification contrasts with *validation* in that it does not concern itself whether the goal was achieved, but rather focuses on adherence to the steps and whether what took place was true to what was planned or intended. Verification is about matching what happened with what was supposed to happen. Alternatively, it is about checking to see if what was recorded was in fact true or correct.

Will—An auxiliary verb used to denote a future event or condition. "The commander will..." means that the commander expects to do or experience whatever follows. In this document, "will" does not imply a mandatory or required action.