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OF THE AIR FORCE**



**WARNER ROBINS AIR LOGISTICS
COMPLEX INSTRUCTION 90-302**

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Special Management

***INSPECTOR GENERAL EVALUATION MANAGEMENT
SYSTEM AND SELF-ASSESSMENT PROGRAM BUSINESS RULES***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Kevin Hamilton)

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This publication implements Department of the Air Force Instruction (DAFI) 90-302, *The Inspection System of the Department of the Air Force*, Air Force Materiel Command (AFMC) supplement (DAFI90-302_AFMCSUP). It establishes policies, procedures, and responsibilities for a uniform, standardized, comprehensive Inspector General Evaluation Management System (IGEMS) and Management Internal Control Toolset (MICT) within the Warner Robins Air Logistics Complex (WR-ALC), recognizing that the Complex is an aircraft maintenance depot. It tailors the application of IGEMS and MICT systems and makes use of reporting structures and processes within the depot environment. It applies to all civilian employees and uniformed members assigned to 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 document is substantially revised and must be reviewed in its entirety. The intent behind this revision is to simplify, improve, and provide consistent inspection execution throughout the WR-ALC. If any part of this instruction impedes a commander's ability to effectively or efficiently meet mission requirements or take care of Airmen, contact Warner Robins Air Logistics Complex Inspector General (WR-ALC/IG) for timely resolution.

Chapter 1

PROGRAM OVERVIEW

1.1. Overview.

1.1.1. Commander's Authority to Inspect

1.1.2. Inspections are an inherent responsibility of commanding officers and civilian directors of military organizations at all levels IAW Title 10 United States Code Section 9233, *Requirement of Exemplary Conduct*, and AFI 1-2, *Commander's Responsibilities*. The purpose of inspecting is to improve and evaluate readiness, economy, efficiency, discipline, effectiveness, compliance, performance, and surety. Commanders or staffs conduct inspections of subordinate units/organizations.

1.1.3. DAFI 90-302 provides additional guidance for how commanders and civilian directors at all levels will meet the above inspection requirements.

1.1.4. The WR-ALC/IG's Office is tasked with managing, administering, planning, and executing all DAFI 90-302 Commander's Inspection Plan (CCIP) requirements for the WR-ALC/CC.

1.1.5. WR-ALC is identified as a Wing for *The Inspection System* purposes in DAFI 90-302_AFMCSUP.

1.2. The Inspector General (IG) business rules clarify the WR-ALC's implementation of DAFI 90-302 and CCIP by defining how IGEMS and MICT are managed. **Note:** These business rules augment but do not replace DAFI 90-302 which provides guidance to foster an Air Force-wide culture of critical self-assessment and continuous process improvement.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. IGEMS Business Rules. IGEMS is the Headquarters Air Force (HAF) mandated program for managing deficiencies in accordance with DAFI 90-302. The rules contained in this instruction details functional management of IGEMS deficiencies within WR-ALC.

2.1.1. Roles and Responsibilities.

2.1.1.2. WR-ALC IGEMS Administrator/Deficiency Manager:

2.1.1.3. Resides within the office of WR-ALC/Director of Inspections.

2.1.1.4. 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 Department of Defense Form 2875, *System Authorization Access Request (SAAR)*. After approval, the IGEMS administrator will set permission levels.

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

2.1.1.6. Will manage all WR-ALC deficiencies within IGEMS and communicate statuses to CCs and the group/staff office compliance officers.

2.1.1.7. Is responsible for aggregating slides on all active IGEMS deficiencies for the monthly Commander's Inspection Management Board (CIMB).

2.1.2. Group/Staff Office CCs/Directors:

2.1.2.1. Will appoint a compliance officer.

2.1.2.1.1. Updated appointment letter will be forwarded to WR-ALC/IG Workflow, wr-alc.ig.workflow@us.af.mil.

2.1.2.2. Will approve root cause analysis (RCA) and the corrective action plan (CAP) for any deficiencies.

2.1.2.2.1. If deficiencies are written at squadron/staff office level, the responsibility is the squadron/staff office CC/director.

2.1.2.3. Will ensure updated deficiency information is provided to the WR-ALC/IG and reporting deficiency statuses during CIMB.

2.1.3. Group and Staff Office Compliance Officers:

2.1.3.1. Will monitor all deficiencies within their unit ensuring completion.

2.1.3.2. Does not require access to IGEMS 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.

2.1.3.3. Provide information updates for IGEMS Deficiencies as requested, e.g. CIMB slides.

2.2. Managing Deficiency Resolutions.

- 2.2.1. Group/Staff Office Compliance Officer will work with the IGEMS deficiency OPR to ensure CAPs 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.
- 2.2.1.1. Any supporting information/documentation (practical problem-solving method (PPSM) on an A3-sized PPSM, request for extension, etc.) will be forwarded to the IGEMS Deficiency Manager to be uploaded into IGEMS.
- 2.2.1.2. 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.
- 2.2.2. Deficiencies will be tracked on the WR-ALC/IG SharePoint site and maintained by the IGEMS Deficiency Manager.
- 2.2.2.1. 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.
- 2.2.2.2. Once the CAP has been completed, the compliance officer will contact the IGEMS Deficiency Manager to request closure.
- 2.2.2.2.1. IG-designated subject matter expert (SME) will validate the CAP before forwarding the closure request.
- 2.2.2.2.2. The closing authority for minor deficiencies is the WR-ALC/IGI.
- 2.2.2.2.3. The closing authority for critical/significant deficiencies is the WR-ALC/IG.
- 2.2.3. Deficiency status and timelines will be managed and tracked utilizing WR-ALC/IG's Art of the Possible gated system. Extensions may be granted with a written request and approval from the IG.
- 2.2.3.1. Open. Open status designates the deficiency is documented in IGEMS; unit has received deficiency worksheet to determine the Root Cause and develop the CAP. If deficiency is a critical or significant, completion of the PPSM on an A3-sized PPSM will also be required (see **para 5.1.1.**). Unit will submit the completed documentation to the Deficiency Manager within 45 days.
- 2.2.3.2. Proposed. Proposed status designates the deficiency worksheet has been returned to IG for approval of root cause and CAP. The Deficiency Manager will respond to unit with approval or rejection within 15 days.
- 2.2.3.3. 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.
- 2.2.3.4. 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.
- 2.2.3.5. Rejected. Rejected status designates the IG rejected proposed root cause/CAP or the IG has re-inspected, and deficiency still exists.

Chapter 3 GUIDANCE AND PROCEDURES

3.1. Management Internal Control Toolset (MICT) Business Rules.

3.1.1. The MICT Business Rules. These business rules provide a tool for leaders to create a climate for compliance readiness through first-hand supervisory and employee involvement by providing direction, methodology, roles and responsibilities, program implementation, and documentation requirements. CCs/directors must promote a culture of critical self-assessment and reward self-identification for MICT assessments without reprisal. All Air Force (AF) personnel should speak the truth and identify issues in their program ("Embrace the Red") for all MICT Self-Assessment Checklist (SAC) questions. A trusted Self-Assessment Program (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.

3.2. Roles and Responsibilities.

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

3.2.1.1. Resides within the office of WR-ALC/IG.

3.2.1.2. Is responsible for aggregating MICT information for the monthly CIMB.

3.2.1.3. Will monitor MICT for non-compliance to DAFI 90-302, AFMC supplements, and this publication.

3.2.2. Group, Squadron, and Staff Office Directors:

3.2.2.1. 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 30 days of appointment.

3.2.2.1.1. All new primary and/or alternate USAPMs must receive MICT/SAP training from the WR-ALC USAPM prior to being permitting administrative roles in MICT.

3.2.2.2. Will ensure personnel assigned to execute SAP functions (program managers, assessor and validators) are:

3.2.2.2.1. SMEs or personnel capable of researching and evaluating program compliance.

3.2.2.2.2. Provided sufficient time to conduct accurate and value-added assessments.


3.2.3. Group, Squadron, and Staff Office USAPMs:

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

3.2.3.1.1. USAPM will ensure that assessor and validators understand the assigned role and associated responsibilities.

3.2.3.2. Will ensure all observations are assigned an observation level. An observation level expresses the severity the deficient area can or is impacting the affected unit. There are three observation levels: critical, significant, and minor. 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 Deficiency Criticality Matrix in **Figure 1** and subparagraphs below to assist in determining the observation level.

Figure 1. Deficiency Criticality Matrix.

		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)
IMPACT (Effect of Potential Deficiency)	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 (MCT 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.						

3.2.3.3. Relevant Considerations.

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

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

- 3.2.3.3.3. How severe does the Pertinent Oversight Authority feel this issue is? How is the reference tiered?
- 3.2.3.3.4. Is risk acceptance outside of the CC's control?
- 3.2.3.3.5. What is the long- and short-term operational impact?
- 3.2.3.3.6. Is this a CC focus area?
- 3.2.3.3.7. How long will it take to resolve an issue? Keep in mind that labeling a deficiency CRITICAL insinuates a CC 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.
- 3.2.4. The squadron, group, or staff office director is the closing authority for critical observations. The observation can be closed by the appointed USAPM or the validator of the area the observation is against in MICT. Significant and minor observations can be closed by the appointed USAPM or the supervisor of the area the observation is against in MICT.
- 3.2.5. 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.
- 3.2.6. 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.
- 3.2.7. Will ensure all observations have comments, CAP, observation level, observation cause code, major graded area, status (opened, reviewed, closed), date opened, suspense date, and estimated completion date.
- 3.2.8. Will ensure all observations are updated (at least) monthly to show countermeasure implementation and overall corrective action status.
- 3.2.9. Will ensure all observations are closed within 12 months. If an observation cannot be closed within 12 months, unit leadership should consider requesting a waiver be submitted on DAF Form 679. Observations extending beyond 12 months will be briefed during the CIMB regardless of severity level.
- 3.2.10. Will review all information provided and respond to all information requests by WR-ALC USAPM.
- 3.2.11. Will develop an assessment plan approved by unit commanders or directors. Approval can be accomplished by signature or email concurrence.
- 3.2.12. Will formalize commander or director notification process.
 - 3.2.12.1. Notification process can be consolidated at group level.
 - 3.2.12.2. Process must specify any differences based on observation severity.
- 3.2.13.3. Methods of notification can include, in-person, email, telephone, weekly meetings, etc.
- 3.3. MICT Assessor:
 - 3.3.1. An assessor is an individual assigned in MICT by the USAPM to evaluate any assigned SACs. Assessors should be, the greatest extent possible, SME of the information contained within the SAC and how it applies to the applicable unit. At a minimum, assessors must have the ability to accurately review questions and guidance to determine if the unit is compliant. If non-

compliance is found assessors will answer SAC questions in such a manner to record the non-compliance as an observation. An assessor is not an individual who consolidates responses from others.

3.3.2. 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.

3.3.3. 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.

3.3.4. Will answer “Yes”, “No” or “N/A” to all SAC items/questions with current data and information in the assessment notes block. **Note:** Yes=Compliant, No=Not Compliant, N/A=Not Applicable.

3.3.5. Items marked “Yes” should have comments in the assessment notes column that states “how” the program complies with the referenced question, instructions, or law.

3.3.6. 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 and reassess that question in MICT. **Note:** All non-compliance identified during a SAC inspection will be documented in MICT regardless if the non-compliance can be corrected on the spot; however, an observation must be opened 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.

3.3.7. Items marked "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”. 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.

3.4. MICT Validator:

3.4.1. A MICT validator is one who, like an assessor, is a SME or adequately familiar with the subject matter (SAC) and work area they have been assigned to assess. The validator’s purpose is 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. 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 can be, but are not limited to, the assessor’s shop supervisor, flight chief, or lead. The validator will conduct a thorough review of all assigned SAC questions and associated guidance, verifying responses are accurate and complete. Any comments the validator has shall be made in the applicable comment box at the bottom of the assessment screen. 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. If they are unable to reach a consensus, the USAPM will make the final decision. **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.

3.4.1.1. How to validate a MICT Self-Assessment Checklist (SAC):

3.4.1.1.1. Step 1: Select the SAC.

3.4.1.1.2. Step 2: Click the “validate” button to complete the SAC validation. *Note:* If the validator has the assessment open for more than five 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 a validator for the SAC, requiring MICT an Assessor role in MICT. If this occurs, the validator will not be able to validate that assessment. To correct this, contact your USAPM to reset the SAC.

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

3.4.1.1.4. Step 4: To confirm validation, go to the “assessment history” tab (magnifying glass icon) to see if the checklist 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.

3.5. MICT Administrator:

3.5.1. 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, CCs and directors who may need oversight of their unit programs within MICT. Administrator roles will be limited to those who have been appointed in writing and have completed required training.

3.5.2. Will ensure all tracked SACs are assessed and validated annually except for those required more frequently IAW guidance or the functional area manager (FAM) via MICT.

3.5.3. 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 FAM for the SAC.

3.5.4. 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.

JON A. EBERLAN
Brigadier General
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

10 USC § 9233, *Requirement of Exemplary Conduct*, 1 December 2023
AFI 1-2, *Commander's Responsibilities*, 8 May 2014
AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020
DAFMAN 90-161, *Publishing Processes and Procedures*, 18 October 2023
DAFI 90-302, *Department of the Air Force Instruction*, 15 March 2023
DAFI 90-302_AFMCSUP, *The Inspection System of the Department of the Air Force*, 28 March 2024
WR-ALCMAN 90-115, *Business and Quality Management System*, 17 August 2023

Prescribed Forms

None

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
AFMC—Air Force Materiel Command
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
DAFMAN—Department of the Air Force Manual
HAF—Headquarters Air Force
HHQ—Higher Headquarters
IAW—In Accordance With
IG—Inspector General
IGEMS—Inspector General Evaluation Management System
MAJCOM—Major Command
MICT—Management Internal Control Toolset
OPR—Office of Primary Responsibility
POC—Point of Contact
PPSM—Practical Problem-Solving Method or Model
RCA—Root Cause Analysis
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.

A3-sized PPSM—Standard documentation for the PPSM, named after the size of paper that commercial Continuous Process Improvement (CPI) practitioners use for this purpose. The term ‘A3-sized PPSM’ is based on the international paper size standard and is 11.7 inches wide by 16.5 inches in height making it approximately twice the size of the typical sheet of printer paper. It is used to succinctly capture the CPI effort in a storyboard briefing format.

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).

Practical Problem-Solving Method (PPSM)—Standardized approach to properly define a problem, its root cause, countermeasures, and countermeasure implementation. Provides a

concise and common format for presentation of data, problem solving facts and information. Eases benchmarking and sharing of leading practices when similar problems arise in other areas. The structure provides a common language which more easily translates into common understanding.

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.