

Quality Management Plan

For

Title of Contract

Contract Number

QMP Performance Period (start and end dates)

Contractor's Name

Contractor Corporate Address

APPROVALS:

Contractor's Top Level Manager Name [*Ultimate Corporate Responsible Person*] Date _____
Contractor's Top Level Manager Title

Contractor's QMP Project Manager Name (*optional*) Date _____
Contractor's QMP Project Manager Title

Contractor's Quality Assurance Manager Name Date _____
Contractor's Quality Assurance Manager Title

EPA Contracting Officer's Representative Name Date _____
EPA Contracting Officer's Representative

EPA Contracting Officer Name Date _____
EPA Contracting Officer

Linda Himmelbauer Date _____
EPA Region 8 QA Manager

***Note: These are the minimum information expected on a Contract QMP Approval Page.
Name, title, and signatures are to occur as listed above.***