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1 Identification data

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2 Introducing the Authority

Nuclear Regulatory Authority of the Slovak Republic (the "Authority") is the central state administration body established by the law of the National Council of the Slovak Republic. The powers of the Authority are determined by the Act No. 575/2001 Coll. on organizing governmental activities and organizing state administration, as amended [2.8.1] and the Act No. 541/2004 Coll. on peaceful uses of nuclear energy and on amendments to certain laws (the "Atomic Act"), as amended [2.8.2] and other specific generally binding legal regulations defining the partial scope of the Authority.

2.1 Mission, vision and the main objective

Mission

The Authority´s mission is to exercise state supervision over nuclear safety of nuclear installations with the objective to use nuclear energy in the Slovak Republic (the "SR") so as not to endanger human health, damage to the property and the environment. This mission can be accomplished only under the conditions of existence of an independent regulator with sufficient powers and the confidence of the public. The Authority makes efforts through its activities to fully meet these conditions.

Vision

1. The Authority, with its supervisory activity, contributes significantly to creating and maintaining a high level of nuclear safety in SR so that the impact of regulated nuclear installations and operations on the staff, population and the environment was as low as reasonably achievable, and never exceeded permitted levels of radiation, and also that the nuclear safety of nuclear installations met the international expectations and was a precondition for a prospective use of nuclear energy.

2. The Authority is internationally recognized, highly professional organization with a long-term objective – to rank among the best regulators of nuclear safety worldwide. This can be achieved only by ensuring the quality of all Authority´s activities.

The main objective

The essential requirements for use of nuclear energy laid down by the Atomic Act include the internationally accepted fundamental safety objective:
"In uses of nuclear energy such level of nuclear safety, reliability, occupational health and safety and security of technical equipment, health protection against ionizing radiation, physical protection, emergency preparedness and fire protection must be achieved, that a risk to life, health, working environment or environment, according to available knowledge, is as low as reasonably achievable, while the exposure limits may not be exceeded".

2.2 Powers of the Authority and its position in the system of central state administration bodies

1. Position of the Authority in the system of central state administration bodies is shown in Figure 1.

2. Relations with the ministries and other central state administration bodies are set out in the Statute of the Authority [2.8.8]. The Authority co-operates especially with the Government Office of SR, the Ministry of Environment of SR, the Ministry of Health of SR, the Ministry of Economy of SR, the Ministry of Interior of SR, the Ministry of Foreign and European Affairs of SR, the Ministry of Defence of SR, the Ministry of Transport and Construction of SR, the Ministry of Labour, Social Affairs and Family of SR, the Ministry of Finance of SR, the Ministry of Agriculture and Rural Development of SR, the Public Health Authority of SR, the Regulatory Office for Network Industries of SR and Office for Standards, Metrology and Testing SR.

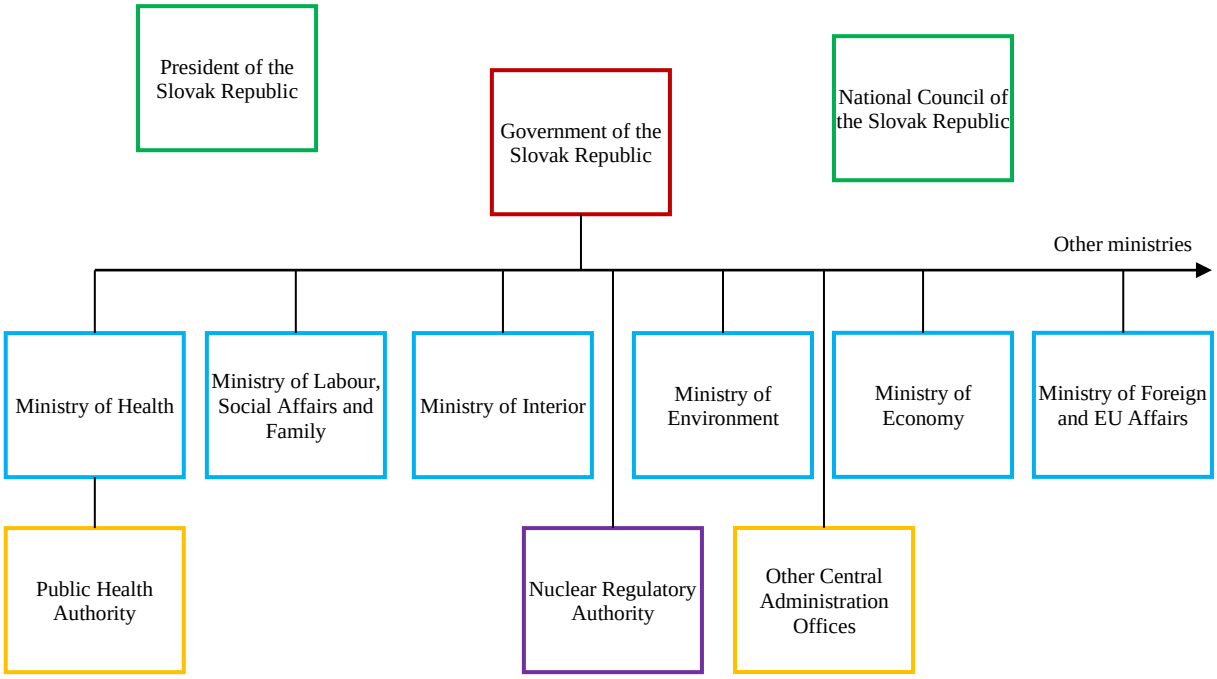

Figure 1: Position of the Authority in the system of central state administration bodies

2.3 Main activities of the Authority

1. Main activities of the Authority under the Atomic Act [2.8.2], arise from Slovakia´s membership in the European Union/European Atomic Energy Community (the "EU") and from international treaties and conventions.

2. The main activities of the Authority include the following:
   a) Exercise of state supervision over nuclear safety of nuclear installations, as well as in the field of uses of nuclear energy, including radioactive waste management and spent fuel management, physical protection and in emergency planning,
   b) Discharging the powers of a building authority for constructions of nuclear installations and buildings related to nuclear installations located within the premises that are within the boundaries of a nuclear installation, with the exception of powers in matters of zoning decisions and expropriation,
   c) Preparation of draft laws and other generally binding legal regulations and their submission to the next process to the Deputy Prime Minister of SR for Legislation,
   d) Licensing activities under the Atomic Act,
   e) Review and assessment of safety documentation,

f) Check of compliance with the principles and fulfilment of obligations set out in the Atomic Act, in other generally binding legal regulations issued on its basis and in the Authority´s decisions,
g) Maintaining a national system of accounting for nuclear materials,
h) Monitoring compliance with commitments under international treaties and ensuring international cooperation in the field of peaceful uses of atomic energy,
i) Informing the public about the state of nuclear safety of nuclear installations in Slovakia and about its activities,
j) Approval of the size of the emergency planning zones around nuclear installations for the purposes of emergency planning,
k) Verifying professional competence of licensee´s staff,
l) Imposition of sanctions for breaches of obligations.

3. The main activities of the Authority are ensured through the main processes. In addition to these processes, the Authority uses processes that support the main processes and management processes that form the components of management or decision-making. For more information see Art. 4.3.4 of this Quality Manual.

2.4 Customer definition

The Authority´s mission shows that the main customer is the public represented by the Parliament, the Government, other state and public authorities, the international community and the EU institutions and ultimately the population, since the results of the regulator´s activities not only affect the interests of the public in ensuring nuclear safety of regulated installations and activities, but also have a significant impact on the economy and the overall behaviour of regulated entities.

2.5 The Authority and the regulated entities

1. Regulated entities are all holders of permissions or authorisations for use of nuclear energy pursuant to Section 5 of the Atomic Act [2.8.2].

2. The principal regulated entities include:
   a) Slovenské elektrárne, a. s., Bratislava and its plants Jaslovské Bohunice and Mochovce,
   b) Jadrová a vyraďovacia spoločnosť, a. s., Jaslovské Bohunice,
   c) VUJE, a. s., Trnava,
   d) Jadrová energetická spoločnosť Slovenska, a. s., Bratislava.

3. Other regulated entities are:
   a) Other holders of authorisation for management of nuclear materials,
   b) Other holders of permissions or authorisations.

2.6 Civil servant ethics

1. State regulation of nuclear safety of nuclear installations is carried out by authorized civil servants who, in addition to meeting the strict requirements of the Civil Service Act [2.8.3], follow also the ethical rules [2.8.4] formulated through the basic ethical principles.

2. Ethics of the Authority´s staff is characterized by:
   a) Political neutrality,

b) Impartiality,
c) Public interest and avoidance of conflict of interest,
d) Dignity and respect in interpersonal relations,
e) Professionalism,
f) Not accepting gifts and benefits.

3. Civil servants who are public officials are governed by their duties and are responsible for their actions and decisions in accordance with the Act on the Protection of the Public Interest in the Performance of the Functions of Public Officials [2.8.5].

2.7 Impartiality in the decision-making

1. The Authority´s staff member shall ensure that his/her decision-making is objective, impartial and that the adopted solution is always consistent with the public interest and applicable legislation. In the decision-making the Authority´s employee shall not prefer personal or group interests or have been influenced by either positive or negative relations to specific individuals. An employee of the Authority shall refrain also from anything that could jeopardize the confidence in impartiality of his/her decision-making.

2. In identical or similar cases, the Authority employee acts in a way so that between individual procedures there are no disparities, which cannot be justified by objective factors, in particular by specific circumstances of the given case.

3. An Authority employee in dealings with the parties to legal relations acts objectively, and in a way not to put them into error and informs them clearly and intelligibly on their rights and obligations, all his assessments are done professionally, without any emotions, without following a personal benefit and in accordance with the law and justice.

4. The system of anti-corruption risk management, corruption risks and the measures taken to eliminate it serves to prevent and eliminate systemic failures related to corruption. For this purpose, the Authority establishes an anti-corruption coordinator, adopts anti-corruption policy and anti-corruption program and regularly evaluates and updates it on the basis of methodological guidance of the Government Office of SR. The Office ensures the confidentiality and protection of the identity of the whistle-blower of corruption and other anti-social activities [2.8.6], [2.8.7].

2.8 References

[2.8.1] Act No. 575/2001 Coll. on organizing governmental activities and organizing state administration, as amended
[2.8.2] Act No. 541/2004 Coll. on peaceful uses of nuclear energy (Atomic Act) and on amendments to certain laws as amended
[2.8.3] Act No. 55/2017 Coll. on civil service and on amendments to certain laws as amended
[2.8.4] Decree of the Government Office of SR No. 400/2019 Coll., issuing the code of ethics of a state employee
[2.8.5] Constitutional Act No. 357/2004 Coll. on the protection of the public interest in the performance of the functions of public officials
[2.8.6] Act No. 54/2019 Coll. on the protection of whistle-blowers of anti-social activities and on the amendment of certain laws

[2.8.7] Anti-corruption policy of SR
[2.8.8] Statute of the Nuclear Regulatory Authority of the Slovak republic

3 Quality Manual

3.1 Characteristics of the Quality Manual

1. Quality Manual is the basic governing document of the Authority´s management system (the "Authority´s MS"). It describes the Authority´s MS and the method of meeting the requirements of Standard STN EN ISO 9001:2016 Quality Management Systems – Requirements (the "Standard").

2. Quality Manual includes:
   a) Policy and the subject matter of the Authority´s MS,
   b) Information on the boundaries and applicability of the Authority´s MS,
   c) Identification of the Authority´s MS processes, including description of their interactions,
   d) References to documented information included in the Authority´s MS,
   e) Responsibilities and powers within the Authority´s MS,
   f) Provisions on the review, updating and management of the Quality Manual.

3.2 Quality Manual structure

1. Quality Manual structure is based on the relevant requirements of the standard [3.4.1].

2. Quality Manual is divided into chapters and sections; further it is subdivided into articles, paragraphs and points. Each chapter of the Quality Manual is generally structured as follows:
   a) Purpose and scope,
   b) Responsibilities,
   c) Activities and principles,
   d) References to internal/external documented information of the Authority´s MS.

3.3 Principles of management of the Quality Manual

1. The management representative for the quality (the "Representative") set out in Art. 5.3.4.3 point 2 b) of this Quality Manual is responsible for the description of the MS in the Quality Manual, including the links to other documented information from MS.

2. The Representative is responsible for reviewing of the Quality Manual and its annexes within the scheduled deadline and its timely update.

3. The Quality Manual, as the document owner, is reviewed by the Representative and is approved by the Authority´s Chairman, both of them authorizing the Quality Manual by a signature on the cover page.

4. Management of the Quality Manual (development, publishing, distribution, registration, reviewing timeliness, making changes) is carried out by the Representative according to the Procedure [3.4.2].

5. Chapters 4 to 10 describe the Authority´s MS according to the structure of chapters and articles of the Standard [3.4.1].

3.4 References

[3.4.1] Standard STN EN ISO 9001:2016 Quality Management Systems – Requirements
[3.4.2] Processing and updating of management acts

4 Context of the organization

4.1 Purpose and scope

The purpose of Chapter 4 is to describe, how the Authority monitors changes in the internal and external environment, in which it operates and carries out its activities, how it cooperates with the stakeholders, for which activities the Authority´s MS applies and how the MS and its processes are set up.

4.2 Responsibilities

1. Chairman of the Authority is responsible for:
   a) Monitoring changes to the internal and external environment, requirements and expectations of stakeholders and ensuring activities related to their management,
   b) Determining the subject matter, boundaries and applicability of the Authority´s MS,
   c) Development, documenting, implementing, maintaining and improvement of the Authority´s MS,
   d) Reviewing the Authority´s MS in scheduled intervals, i.e., documented assessment of the status and the scope of application of MS at the Authority.

2. The Representative (Vice-chairman of the Authority) is responsible for:
   a) Maintaining and improvement of the Authority´s MS on the level of the whole Authority.
   b) Establishing and maintaining processes needed for the MS,
   c) Information for the Authority management about the performance and the needs for improvement of the MS, including providing information on changes to internal and external environment, requirements and expectations of the stakeholders.

3. Process owner:
   a) Management, monitoring, review and continual improvement of the efficiency of the entrusted process.

4. Authority staff are responsible for:
   a) Provision of information on changes to internal and external influences, requirements and expectations of the stakeholders,
   b) Notification of the Representative of the identified shortcomings and removal of deficiencies according to the Procedures [4.4.6] and [4.4.8].

4.3 Activities and principles

4.3.1 Understanding the organization and its context

1. The Authority´s management and the heads of the organizational units during briefings and working meetings on a regular basis deal with information related to changes in internal and external environment and their impacts on the mission, objectives, main tasks and the Authority´s MS. Forms of internal communication are stated in Art. 7.3.4.1 of this Quality Manual.

2. Information on changes in internal and external environment, which may have an impact on the Authority´s MS are part of management review and review by the Council for the Management System of the Authority pursuant to the Statute [4.4.5].

4.3.2 Understanding the needs and expectations of the stakeholders

1. The stakeholders that may have an impact on the Authority´s MS, are based on the mission and the main activities of the Authority, identification of internal and external influences according to Art. 4.3.1 of this Quality Manual.

2. Chapter 2 of the Quality Manual contains information about internal and external stakeholders that may influence or influence the Authority´s MS. The method and the scope of internal and external communication with the stakeholders, including obtaining information on their expectations and requirements, are stated in Art. 7.3.4 of the Quality Manual.

3. Monitoring and reviewing information on the expectations and requirements of the stakeholders is part of deliberations of the Authority´s management and other meetings held within the organizational units of the Authority. The method and forms of internal communication within the Authority are stated in Art. 7.3.4.1 of the Quality Manual.

3. Information on changes in the requirements of the stakeholders is subject of management review of the Authority´s MS and of review of the Council for the Management System of the Authority pursuant to the Statute [4.4.5].

4.3.3 Determining the subject of the management system

1. The subject of the Authority´s MS is based on the main activities of the Authority arising from the Atomic Act [4.4.1], from the Act No. 575/2001 Coll. as amended [4.4.2], from Slovakia´s membership in the EU and from the international treaties and conventions. The main activities, products and provided services of the Authority are stated in Section 2.3 of the Quality Manual.

2. The scope and applicability of the Authority´s MS covers all processes required by the Standard [4.4.3] and the main processes, management and support processes stated in Art. 4.3.4 of this Quality Manual. As the basis for quality assurance of the Authority´s activities are adopted:
   a) The Standard [4.4.3],
   b) The IAEA document GSR Part 2 [4.4.4],

c) Relevant procedures of the Authority, as well as the system of management acts, planning documentation, inspection procedures and other documentation.

3. Partially, the requirements of Standard STN EN ISO 9004:2018 managing for the sustained success of the organization are applied. Moreover, the Authority´s MS has built-in important provisions of GBLR on OHS, FP, risk management, public procurement, public information, financing and accounting, information security and cyber security, anti-corruption activities, etc.

4. Subject of the Authority´s MS considers internal and external influences, requirements and expectations of the stakeholders, products and services provided by the Authority referred to in Section 2.3. There is no exemption from the requirements of Standard [4.4.3] in Authority´s MS.

4.3.4 Management system and its processes

1. The Authority has developed, implemented, maintained and continually improved MS, which includes processes and their mutual links in accordance with the requirements of Standard [4.4.3].

2. Processes of the Authority´s MS in terms of their nature and focus are divided to:
   a) Key – processes related to the fulfilment of the Authority´s mission and requirements of the stakeholders,
   b) Management – processes related to the implementation of the key management functions (planning, management, organization, checking, communication),
   c) Support – resource processes providing support activities for the processes – core and management.

3. The process map and their interrelations are shown in Figure 2.

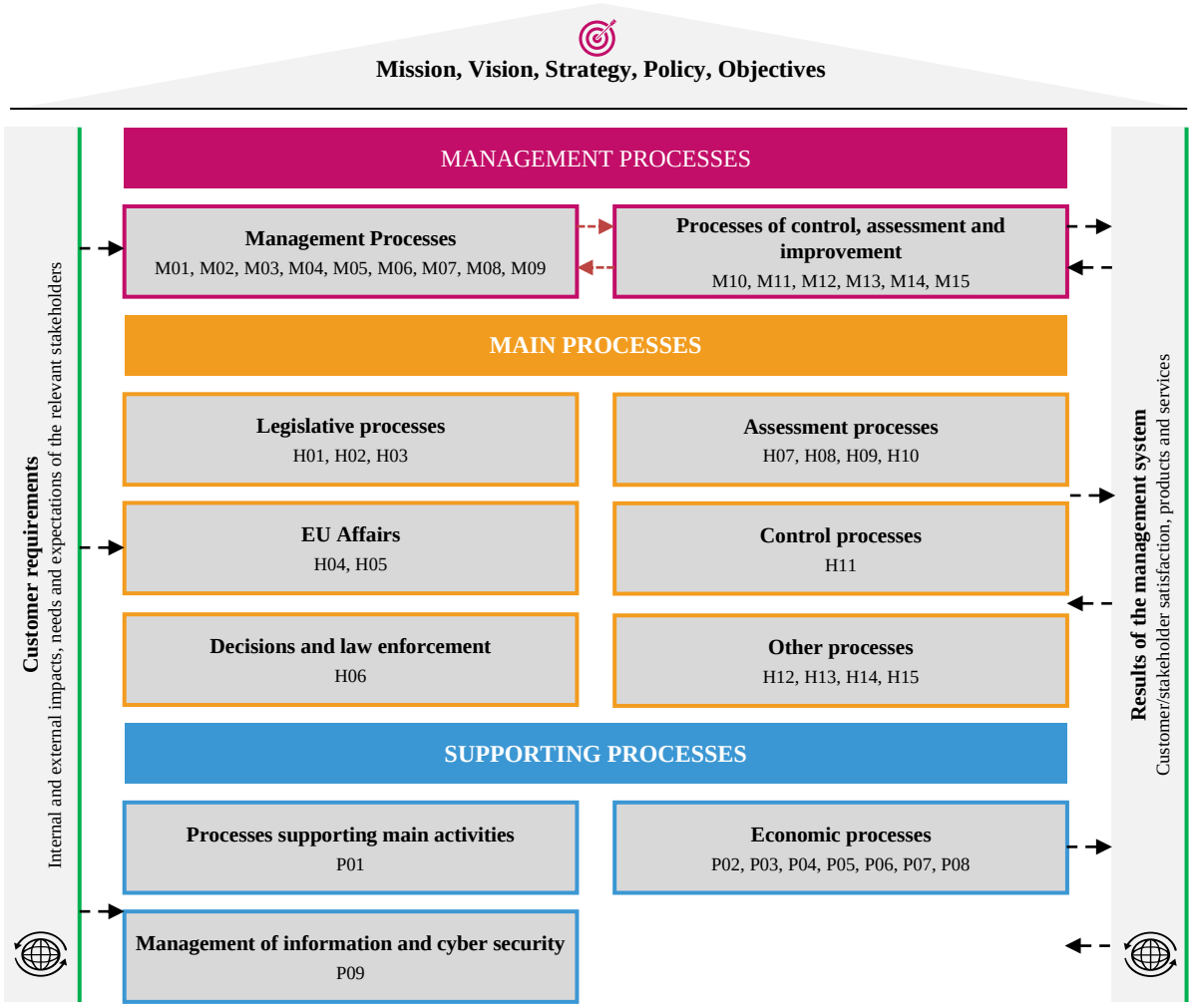

Figure 2: Process map of the management system of the Authority and their main interlinks

4. Structure of the key, management and support processes of the Authority´s MS, including their main interactions is shown in Annex 2 to the Quality Manual.

5. The processes have their sponsors (owners), who are responsible for their management, monitoring, review and continual improvement of their efficiency. The list of processes with functional assignment of process owners is shown in Annex 3 to this Quality Manual.

6. Processes are developed into related guidelines and operating procedures to further describe the activities carried out in implementing the process. Each process is defined by:
   a) Required inputs and expected outputs,
   b) The sequence of activities and interconnection of the processes,
   c) Criteria, methods and performance indicators (indicators and quality targets) necessary for ensuring effective operation and process management,
   d) Resources that the process needs,
   e) Responsibilities and authority for process management and performing process activities,
   f) Reference to the register of risks and opportunities that the process may potentially cause,

g) References to documented information (documents and records).

7. Structure of documented information (documents/records) of the Authority´s MS is shown in Art. 7.3.5 of this Quality Manual.

4.4 References

[4.4.1] Act No. 541/2004 Coll. on the peaceful uses of nuclear energy (the Atomic Act) and on amendments to certain laws as amended
[4.4.2] Act No. 575/2001 Coll. on organizing governmental activities and organizing state administration, as amended
[4.4.3] Standard STN EN ISO 9001:2016 Quality Management System – Requirements
[4.4.4] INTERNATIONAL ATOMIC ENERGY AGENCY, Leadership and Management for Safety. Vienna: IAEA, IAEA Safety Standards Series, General Safety Requirements Part 2, No. GSR Part 2
[4.4.5] Statute of the Council for the Management System of ÚJD SR
[4.4.6] Processing and updating of management acts
[4.4.7] Procedure for the development of objectives and plan of main tasks of ÚJD SR
[4.4.8] Management of nonconformities and opportunities for improvement

5 Leadership

5.1 Purpose and scope

The purpose of Chapter 5 is to describe how the Authority´s management demonstrates leadership and commitment to its MS and the stakeholders, establishes and communicates the quality policy, determines and allocates responsibilities and powers.

5.2 Responsibilities

1. The Chairman of the Authority is responsible for:
   a) Demonstrating leadership and commitment recognizing the Authority´s MS,
   b) Effectiveness of the Authority´s MS.

2. The Representative is responsible for:
   a) Ensuring compliance of the Authority´s MS with the requirements of the Standard [5.4.2] and the IAEA document GSR Part 2 Leadership and Management for Safety,
   b) Reporting to the Authority management about the performance of the Authority´s MS and opportunities for improvement,
   c) Ensuring integrity of the Authority´s MS, if changes are planned and implemented.

3. Head of the organizational unit is responsible for:
   a) Processes and their outcomes quality assurance within the subordinated units,
   b) Ensuring and implementation of activities described in the individual procedures/ working procedures and related MS documents.

4. Employees are responsible for:
   a) Familiarization with the quality policy and the application of its principles in activities performed,

b) Familiarization with their responsibilities and powers within their activities.

5.3 Activities and principles

5.3.1 Leadership and commitment

1. The Management of the Authority demonstrates its leadership and commitment to the Authority´s MS. The Chairman of the Authority in cooperation with the process owners/heads of organizational units ensures the following:
   a) Developing and communicating policy and quality objectives and their compatibility with the strategy, objectives and major tasks of the Authority,
   b) Support the focus on requirements and expectations of the stakeholders,
   c) Promoting the use of process approach and risk and opportunity management in all activities of the Authority,
   d) Ensuring the availability of resources for the Authority´s MS,
   e) Communicating the importance of the Authority´s MS,
   f) Motivation and encouraging managers and all employees of the Authority to effectiveness of MS,
   g) Promoting improvement,
   h) Promoting management and senior staff of the Authority in application of leadership principles within the organizational units entrusted to them.

2. Ensuring the effectiveness of the Authority´s MS and achieving the planned performance of processes is the task of each process owner/head of the organizational unit [5.4.5].

5.3.2 Customer focus

1. Definition of the customer resulting from the Authority´s mission is set out in Section 2.4 of this Quality Manual. The Authority´s management in relation to meeting customer requirements provides for:
   a) Compliance with the legislative and regulatory requirements related to the activities carried out by the Authority, products and services of the Authority in accordance with the Atomic Act [5.4.1] and the follow-up legislation,
   b) Identification of risks and opportunities and implementation of measures related to the conformity of products and services provided by the Authority according to the Procedure [5.4.8],
   c) Increasing customer satisfaction.

5.3.3 Policy

1. The Authority´s management has developed, implemented and maintains a quality policy applicable to all staff of the Authority. The Quality Policy follows the mission, strategy, objectives and main tasks of the Authority.

2. The Quality Policy is available and maintained as documented information. The Representative ensures its communication during the joint staff meetings of the Authority. The Quality Policy is set out in Annex 1 to this Quality Manual.

3. Authority´s policies are developed according to the Procedure [5.4.7].

5.3.4 Organizational roles, responsibilities and powers

5.3.4.1 Statute of the Authority

1. Based on a generally binding legislation the Statute of the Authority [5.4.3] further defines the powers and the role of the central state administration body, sets out the principles of action and principles of its internal organization and relations with other central state administration bodies and other authorities and organizations.

2. The Authority´s Statute shall be authorized by the Slovak Government.

5.3.4.2 Organizational regulations of the Authority

1. Organizational regulations [5.4.4], together with the organizational structure are the essential organizational norms that define the mission, scope of powers and responsibilities of the Authority´s managers, the powers and interrelations of individual organizational units within the Authority. Organizational regulations are approved by the Chairman of the Authority. The Organizational structure of the Authority is shown in Figure 3.

2. Changes in the organizational structure of the Authority are evaluated according to their impact on the activities and services provided by the Authority. Each change has to be justified before it is approved.

3. Implementation of changes in the organizational structure of the Authority is planned, controlled, communicated, monitored and recorded to ensure that the change does not endanger state administration and state regulation of nuclear safety of nuclear installations.

4. Responsibilities and powers of the organizational units and the staff of the Authority are listed in the regulations [5.4.4], [5.4.5] and [5.4.6].

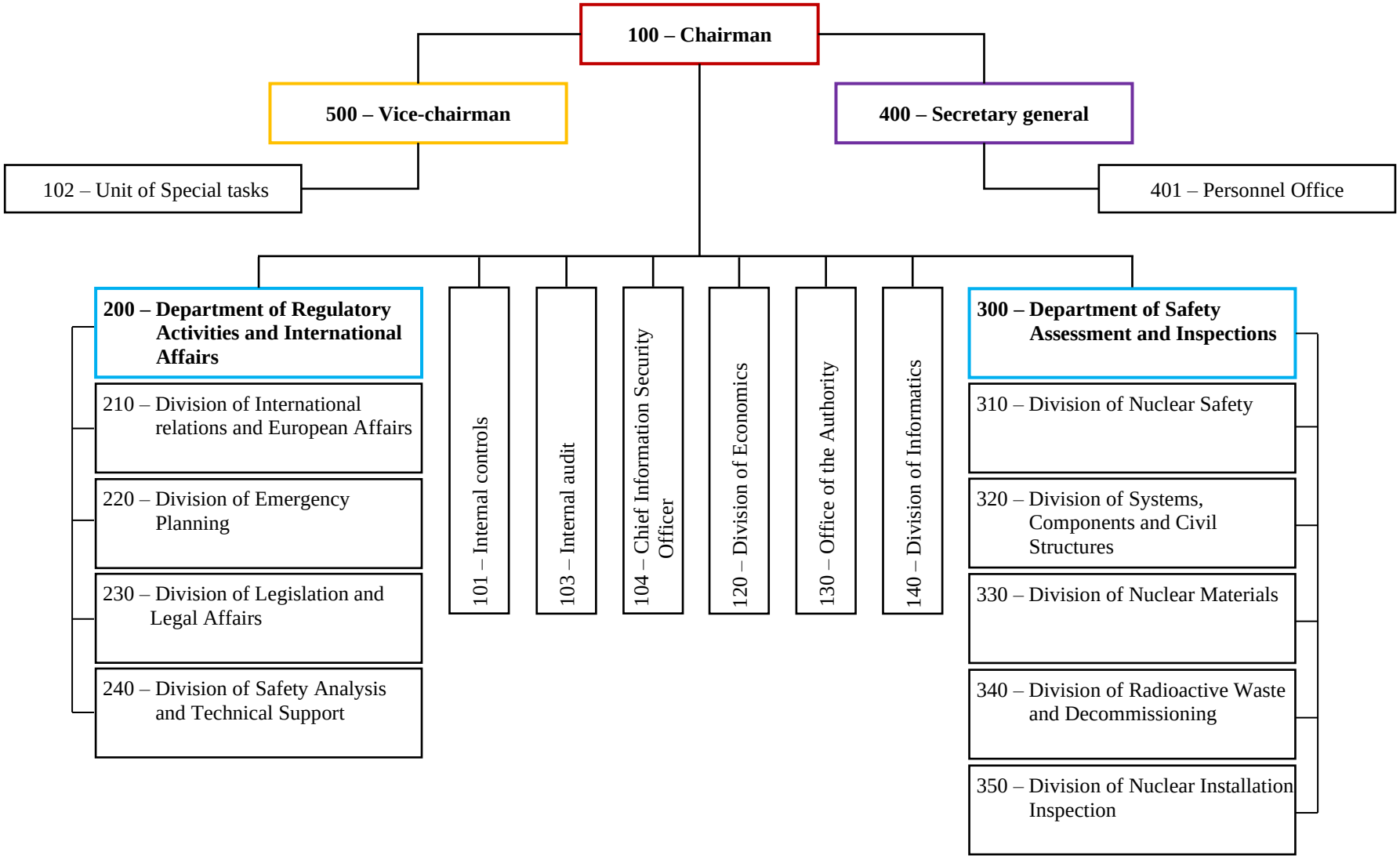

Figure 3: Organizational structure

5.3.4.3 Responsibility (for the quality) within the Authority´s management system

1. Quality assurance according to the description in individual sections of the Quality Manual and chapters of the successive documents of the Authority´s MS, is the responsibility of every employee of the Authority to the extent of their functional classification, and therefore:
   a) They perform their tasks at the workplace according to the specification and within the given deadline,
   b) They check correctness of the entries for their activities performed within the process (documentation, material) and the results of his/her work, any deficiencies found and any nonconformities shall be documented and removed within their competence, and if this is not possible, they notify their supervisor,
   c) They take action that no document or service, non-compliant with the specified requirements, are released for further processing, use or shipping/delivery,
   d) Within their powers they perform and document implementation of corrective and preventive actions, and/or propose such actions to their supervisor with aim to prevent a possible recurrence of deficiencies and nonconformities.

2. Responsibilities of selected managers for quality are as follows:
   a) The Chairman of the Authority shall be responsible for:
      a. Determining the quality policy, ensuring the definition of quality objectives and commitments relating to quality,
      b. Appointment of a representative responsible for the Authority´s MS,
      c. Approval of the Authority´s MS documentation,
      d. Securing resources for the effective functioning of the Authority´s MS,
      e. Training of staff,
      f. Approval of the plan of internal quality audits for the relevant period,
      g. Approval of the external audits plan of the Authority´s MS,
      h. Periodic review of the performance and efficiency of MS and imposing measures for its improvement.
   b) The Representative (Vice-chairman):
      a. Is responsible for the maintenance and improvement of the Authority´s MS,
      b. Is responsible for the development and maintenance of the Quality Manual and the Authority´s MS documentation,
      c. Submits to the Chairman for approval the draft internal quality audits for the relevant period,
      d. Submits proposals for updating the policy and quality objectives of the Authority and supervises their implementation,
      e. Is responsible for the preparation, approval and issuance of the plan for internal quality audits and monitors its implementation,
      f. Checks implementation of adopted corrective and preventive measures resulting from internal and external quality audits, self-assessment and other initiatives,
      g. Develops and submits to the management for review a report on assessment of the MS for the relevant period in a specified structure and date.
   c) Heads of organizational units:
      a. Are responsible for familiarizing their subordinates with the quality policy,
      b. Create conditions in the area of resources to train employees and provide technical means for implementation and improvement of the Authority´s MS,
      c. Are responsible for taking corrective and preventive measures to remedy within the powers of the organizational unit the identified weaknesses in the MS,

   d. Are responsible for reviewing the state of effectiveness of the Authority´s MS in set intervals and for taking appropriate action leading to correction within the scope of their organizational units.
d) Process owners:
   a. Are involved in the creation and improvement of the documentation for conducting relevant process,
   b. Check the process documentation in terms of its completeness and consistency with the other documents of the Authority´s MS,
   c. Formulate quality indicators and objectives and monitor their fulfilment,
   d. Perform evaluation of meeting quality objectives,
   e. Propose and implement measures for continual process improvement.

5.4 References

[5.4.1] Act No. 541/2004 Coll. on peaceful uses of nuclear energy (the Atomic Act) and on amendments to certain laws as amended
[5.4.2] Standard STN EN ISO 9001:2016 Quality Management Systems – Requirements
[5.4.3] Statute of the Nuclear Regulatory Authority of SR
[5.4.4] Organizational regulations of ÚJD SR
[5.4.5] ÚJD SR staff regulations
[5.4.6] Signing regulations of ÚJD SR
[5.4.7] Procedure for processing designated Authority´s documents
[5.4.8] Risk management procedures

6 Planning

6.1 Purpose and scope

Chapter 6 describes how the management of the Authority ensures activities related to the management of risks and opportunities, by determining quality objectives and planning their achievement, planning changes to the Authority´s MS.

6.2 Responsibilities

1. Chairman of the Authority is responsible for:
   a) Planning the Authority´s MS,
   b) Managing risks and opportunities within all processes and activities of the Authority,
   c) Determining quality objectives and planning their achievement,
   d) Reviewing and approving changes to the Authority´s MS.

2. The Representative is responsible for:
   a) Reporting to the management of the Authority about the state of quality objectives fulfilment, changes to the Authority´s MS and effectiveness of measures to address the risks and opportunities.

3. Process owner/head of the organizational unit is responsible for:
   a) Risk management in the processes and activities performed,
   b) Implementation of quality objectives within the required time, scope and costs,
   c) Submitting requests for changes in the Authority´s MS.

4. The employees are responsible for:
   a) Implementation of quality objectives and measures to address risks and opportunities within the defined scope,
   b) Submitting requests for changes in the Authority´s MS according to the Procedure [6.4.2] and [6.4.4].

6.3 Activities and principles

6.3.1 Measures to manage risks and opportunities

1. Management of the Authority within the setting of targets and major tasks for the relevant year considers the internal and external influences (see Art. 4.3.1) and the requirements and expectations of the stakeholders (see Art. 4.3.2) and addresses the risks and opportunities that may have an impact on the successful implementation of objectives and tasks.

2. Risks and opportunities are identified, analysed and evaluated according to the Procedures [6.4.3]. Managing risks and opportunities is ensured by the process owners/heads of organizational units in cooperation with the staff of relevant organizational units.

3. Central risk register is maintained and updated by the process owner of risk management.

4. Evaluation of the effectiveness of the implemented measures to address the risks and opportunities is an input for the review of the Authority´s MS by the management and the Council for the Management System in accordance with the Statute [6.4.1].

6.3.2 Quality objectives and planning to achieve them

1. Measurable objectives and performance indicators for processes are set out in the relevant procedures or working procedures according to the Procedure [6.4.2].

2. Planning to achieve them is included in the plan of major tasks for the relevant year and is within the competence of process owners/heads of organizational units.

3. State of objectives fulfilment and performance indicators for processes is continually monitored by the process owner/head of the relevant organizational unit implementing the process.

4. Fulfilment of the objectives and performance indicators for processes is evaluated once a year by the process owner/head of the relevant organizational unit on the basis of data from individual organizational units involved in the process activities.

5. Evaluation of fulfilment, as well as of an informative value of the set objectives and performance indicators for the process are subjects to annual assessment of the Authority´s MS according to the Statute [6.4.1].

6.3.3 Planning changes

1. Any employee of the Authority may submit a request for changes in the Authority´s MS in accordance with the Procedure [6.4.2]. Changes in the Authority´s MS are included in the report on the state of the Authority´s MS.

2. The relevance of changes in the Authority´s MS is examined by the management of the Authority and approved by the Chairman. Approval of changes in the Authority´s MS is preceded by assessment of:
   a) The purpose of changes and their impact on the activities of the Authority,
   b) Integrity of the Authority´s MS,
   c) The availability of resources,
   d) Allocation or redistribution of responsibilities and powers.

3. External communication process is described in Art. 7.3.4.2 of this Quality Manual.

6.4 References

[6.4.1] Statute of the Council for the Management System of ÚJD SR
[6.4.2] Processing and updating of management acts
[6.4.3] Risk management procedure
[6.4.4] Management of nonconformities and opportunities for improvement

7 Support

7.1 Purpose and scope

The purpose of Chapter 7 is to describe how the management of the Authority determines and provides the necessary internal and external resources for the development, implementation, maintenance and continuous improvement of the Authority´s MS.

7.2 Responsibilities

1. The Chairman of the Authority is responsible for:
   a) Determination and provision of resources for the Authority´s MS,
   b) Setting priorities within the Authority in case of lack of resources.

2. The Representative is responsible for:
   a) Submitting requests for resources for the Authority´s MS,
   b) Assessing the effectiveness of the Authority´s MS resource management.

3. The process owner/head of the organizational unit is responsible for:
   a) Identification and justification of resource needs for the Authority´s MS processes and fulfilment of tasks,
   b) Setting priorities within the organizational unit in case of lack of resources (upon agreement with the Chairman of the Authority),
   c) Application of graded approach principles within their processes,
   d) Accepting works exceeding the level of allocated resources.

4. The employee is responsible for:
   a) Implementation of graded approach principles into practice.

7.3 Activities and principles

7.3.1 Resources

7.3.1.1 General

1. Ensuring human and financial resources is a prerequisite for fulfilment of the Authority´s mission and functioning of the MS. For the Authority, due to its limited resources, it is mainly about a rational use of staff qualification and allocation of financial resources according to defined priorities.

2. Graded approach
   a) The role of a graded approach is to determine resources for the management (methods and procedures) adequate to the risk level identified, aimed at achieving confidence that the identified risks are under control. Risk management is carried out in accordance with the Procedure [7.4.24],
   b) Implementation of the MS requirements is graded so that resource allocation is performed by taking into account:
      a. The significance and complexity of each product and activity,
      b. Threats and the size of potential risk associated with safety, health, environment, physical security, quality and cost of each product and activity,
      c. Potential consequences, if a product fails or an operation is performed incorrectly,
   c) Grading implementation of MS requirements is applied to products and activities of each process,
   d) Responsibility for implementing principles of graded approach to practice is on all staff of the Authority. Process owners ensure application of graded approach principles in their processes.

3. Financial resources
   a) The funds form a separate chapter of the state budget approved annually by the National Council of SR,
   b) The allocation of funds is approved by the Chairman of the Authority after consulting it at the meeting of the chairman so as to cover mainly the priority areas in the given year,
   c) Requirements on financial resources are applied by the Authority in the preparation of the state budget for the following year according to the tasks imposed on the Authority,
   d) A medium-term outlook for financial resources needs is developed in terms of regulatory activities, Slovakia´s membership in international organizations and other requirements, arising for example, from international cooperation.

7.3.1.2 Employees

1. The number of employees of the Authority is set by the Ministry of Finance of SR for each calendar year. The distribution of the assigned number of employees is done by the Chairman of the Authority on the basis of his own consideration, the needs of individual organizational units or on the basis of decisions of higher state authorities.

2. The requirements for the number of employees are taken into account when preparing the state budget for the following year according to the tasks imposed on the Authority.

3. There is a medium-term outlook for human resources need in terms of development of activities, Slovakia´s membership in the EU and other requirements.

7.3.1.3 Infrastructure

1. Management of the Authority determines, provides and maintains within the allocated financial resources suitable buildings, workspace, associated equipment, work equipment, information systems, vehicles and personal protective equipment for quality performance of the Authority´s activities and fulfilment of tasks.

2. To ensure good awareness of all employees and communication, the management provides for operation of a computer network and access for all employees to the data needed for their activities.

3. Maintenance of infrastructure is planned and carried out by internal staff of the Authority or as required provided externally. Description of activities related to preventive maintenance of infrastructure is set out in relevant procedures/working procedures [7.4.27], [7.4.28], [7.4.29], [7.4.30], [7.4.31], [7.4.36] and [7.4.37].

7.3.1.4 The environment for running processes

1. The Authority´s management determines, provides and maintains the environment necessary for operation of processes and for the quality performance of activities and fulfilment of tasks of the Authority in accordance with the Procedure [7.4.26].

2. A Health and Safety Policy is established. Management´s duties related to working environment are specified in the Staff Regulations [7.4.10].

3. Authority´s employees have at the headquarters and workplaces suitable conditions for their activities. Occupational Health and Safety and Occupational Health Service and compulsory staff training are under the law on OHS [7.4.3] and other related legislation carried out by an external provider under the Procedure [7.4.26].

4. Analysis of risks related to the suitability of work environment is prepared for the whole Authority under the Procedure [7.4.26]. Safety measures are in place. PPEs are allocated and registered under the law on OHS [7.4.3] and other related legislation and the Procedure [7.4.26].

5. Fire protection and activities of the fire patrol are provided by an external provider in accordance with the law on fire protection [7.4.4] and under the Procedure [7.4.27].

7.3.1.5 Sources of monitoring and measurement

1. Measuring devices are used in the processes of Emergency Planning and maintaining a state system of registration of nuclear materials, special materials and equipment for informative measurements for the needs of Authority´s inspectors.

2. Meters and measuring devices used in the course of inspection and other activities of the Authority are categorized according to the law on metrology [7.4.5]. Records of meters are carried out under the provisions of the working procedure [7.4.33].

3. Measuring devices are identified to determine their applicability and validity of the verification under the Procedure [7.4.33]. Verification and maintenance of meters and measuring devices are carried out by the internal staff of the Authority and also by an external provider, as needed. Records with the results of verification are maintained in accordance with the working procedure [7.4.33].

4. Training of staff (members of mobile dosimetry) to use the meters and measuring devices is conducted once a year as a part of the Emergency planning process [7.4.16].

7.3.1.6 Knowledge of the organization

1. The nature of activities carried out by the Authority places great emphasis on identifying, collecting, maintaining and preserving knowledge of the Authority´s staff that are necessary for the proper performance of its activities and meeting of its mission.

2. Knowledge is gathered from internal and external sources. They are kept in paper and electronic form. Their availability for the staff is ensured through Intranet of the Authority and knowledge portal in accordance with the process and related procedures [7.4.23].

3. Through programs and planning of systematic staff training, the update and complementing knowledge and continuous knowledge transfer from knowledge holders to the staff of the Authority is ensured.

7.3.2 Competence

7.3.2.1 Competence of the staff

1. Qualification requirements for the Authority´s staff are set out in the GBLR. For the civil servants the qualification requirements are listed in the Annex to the Civil Service Act [7.4.2], for the staff performing work in public interest, in the job catalogue according to Government Ordinance [7.4.7].

2. The special qualification requirements for the nuclear safety inspectors are set out in a special regulation, which is the Atomic Act [7.4.1]. The details on obtaining special professional competence and its verification are laid down in the Procedure [7.4.20].

7.3.2.2 Training of staff by professions

1. Education of staff is ensured on the basis of individual training plan (IPOP) for nuclear safety inspectors and on training for other target groups of civil servants in accordance with the Procedure [7.4.21].

2. The Service Office draws up an annual plan of staff training in accordance with the Procedure [7.4.21], the content of which follows from the requirements for the professional competences of the Authority's staff.

3. Training of all employees in the field of mandatory recurrent training on OSH, PPEs, and licensed employees and nuclear safety inspectors in the field of radiation protection and procedures related to entry and movement in nuclear facilities is provided at specified intervals.

7.3.2.3 Preparation of the staff on the Authority´s MS (quality)

1. Every newly recruited employee of the Authority is acquainted with the Quality Policy, the general principles for establishment and functioning of the Authority´s MS.

2. Authority´s staff is trained to apply the Authority´s MS. The staff is actively involved in preparation of the Authority´s MS documentation and assessment of the MS.

3. Evaluation of the effectiveness of measures adopted to obtain the necessary competence is an input for reviewing the MS by the management of the Authority and by the Council for the Management System of the Authority according to the Statute [7.4.9].

7.3.2.4 Job descriptions

1. Each post assigned to the Authority has a description of the civil service position within the framework of the systemisation of the national civil service positions or a description of work activities in accordance with the job catalogue for performing work in public interest.

7.3.3 Awareness

1. Authority´s staff and external providers performing work managed by the Authority are informed about the quality policy and quality objectives, their role and contribution to an effective MS, including the benefits of improved performance, impacts, if not complying with the requirements of the Authority´s MS.

2. Priority to safety
   a) Safety is always paramount and must override all other requirements.

3. Safety culture
   a) Safety culture is a fundamental principle of management ensuring prevention of human factor failure and exploiting the positive aspects of human behaviour; what results in a significant contribution to safety, its achievement and increasing in all areas of activities and processes.
   b) Safety culture is achieved in particular by qualification, knowledge, skills and good practices gained through exercises and practice, involvement of individuals in achieving the objectives and problem solving, motivation through specific rewards and sanctions, supervision at various levels, and exact definition of powers and responsibilities.
   c) The basic principles for the application of safety culture are: critical attitude, accurate and cautious approach and communication; these principles are used at the management level, as well as at the level of each individual/employee.
   d) The Authority promotes and supports a strong safety culture.

7.3.4 Communication

1. Successful operation of the Authority and uniformity of procedure are ensured by access to relevant information by employees and clearly defined rights and obligations in the governing acts.

2. Internal communication is ensured through briefings, the MS documentation, management acts, distribution of information to Authority´s employees and other forms of communication (e-mail communication between employees, video conferencing, notice board, Intranet).

3. The Authority informs employees about the Authority´s management acts by electronic notification to the employees' e-mail box. Staff members are required to acquaint themselves immediately and properly with the approved management acts of the Authority. Electronic delivery of the notification of approved Authority´s management acts to the employee's e-mail box is considered to be proper acquaintance of the employee with the Authority´s management act.

7.3.4.1 Internal communication

1. Meetings
   a) Staff meetings regarding essential tasks and results of activities are convened and chaired based on set agenda by the Chairman of the Authority, usually twice a year. They are also used as OHS trainings, training of defence and radiation protection at nuclear facilities; Meeting minutes are not made; there are only attendance lists serving as a record on training completion.
   b) Meetings of the Chairman of the Authority (the “PP“) convened by the Chairman of the Authority with the participation of heads of organization units are usually held once every two or three weeks. Minutes from the PP briefly describe the agenda and the specified tasks; minutes are approved by the Chairman of the Authority.
   c) Meetings of the organizational units are convened ad hoc with the content: information from the PP, distribution of tasks, short-term planning of activities, preparation of opinions for the PP, resolving issues of the organizational units, informing about activities. Minutes from the meetings of organizational units are not made as a rule.
   d) Special meetings convened ad hoc by the managerial staff or by authorized staff to discuss and prepare major internal and external documents (international cooperation, tasks of R&D development, and other). Minutes are made as needed.

2. Management acts
   a) Normative management acts:
      a. Order,
      b. Working procedure,
      c. Service Regulation,
      d. Procedure, strategy/concept, policy,
      e. Statute,
   b) Operative management acts:
      a. Plan,
      b. Order of the Chairman,
      c. Order of the Secretary General,
      d. Minutes from PP,

3. Further internal communication
   a) Internal system of electronic communication includes:
      a. Inspection plan and results of inspections,
      b. Tasks from the Government Resolutions,
      c. Information about Authority´s activities (website of the Authority),
      d. Tasks from the PP,
      e. Reports from business trips abroad,
      f. Internal commenting procedures,
      g. Contract recording,
      h. Other.
   b) Personal communication is:
      a. By phone with a record or without record in the file,
      b. Using electronic communication or fax,
      c. Personal.

4. Nonconformity in the MS and implementation of quality documentation found by Authority´s staff are governed by provisions defined in Art. 8.3.7 and 10.3.2 of the Quality Manual.

5. Website of the Authority is designed primarily for informing and communicating with the public and for providing with available electronic services of the e-Government, but the information is used also for internal communication.

7.3.4.2 External communication

1. Communication with regulated entities
   a) The assessment activity is carried out under the Procedure for nuclear safety assessment [7.4.13] and the Procedure for assessment of documentation [7.4.14].
   b) Inspections are carried out under the Atomic Act [7.4.1], the relevant decrees, procedure for inspection activities [7.4.15] and inspection procedures (manuals).
   c) Decisions on imposition of fines are issued based on violations of GBLR and decisions of the Authority according to the Procedures for law enforcement.
   d) Meeting between the Authority´s management and the top management of major regulated entities is held at least once a year. Minutes are prepared from these meetings.
   e) Records are maintained on communication under Art. 7.3.4.2, points a) to c).

2. Communication with other bodies of state and public administration
   1. Written communication with state authorities and public administration is governed by the File Registry and archiving plan [7.4.11].
   2. A report on the state of nuclear safety of nuclear installations in the Slovak Republic and on the activities of the Nuclear Regulatory Authority of SR is submitted to the Slovak Government and Parliament by the Authority annually, in April of the following year. The responsibility for its preparation is set out in the Procedure [7.4.13].
   3. The Authority annually submits the Draft Final Account of the Nuclear Regulatory Authority of the Slovak Republic for the previous year to the Ministry of Finance of the Slovak Republic and for information to the Government of the Slovak Republic and the National Council of the Slovak Republic by April of the following year [7.4.6].
   4. The preparation of materials submitted to state and public administration bodies is governed by the Procedure [7.4.19] and the instructions of these bodies.

3. Other external communication
   a) A report on the state of nuclear safety of nuclear installations in the Slovak Republic and on the activities of the Nuclear Regulatory Authority of SR (in Slovak and in English) is published annually, for the public, bodies of state and public administration, the Slovak Embassies and embassies in Slovakia. There is a Procedure [7.4.17] on how to prepare this report.
   b) Dissemination of information is carried out in accordance with the Procedure [7.4.18].
   c) The Authority organizes press conferences on the results of regulatory activity, on the state of nuclear safety of nuclear installations in SR, significant events at nuclear installations in SR and abroad and on other significant events in the field of nuclear safety. The Office of the Authority is responsible for their preparation.

4. Communication with foreign organizations
   a) Communication with the EU institutions and international organizations and NGOs is provided through participation in various conferences and working meetings. Based on the EU legislation, on demand or based on international conventions, the Authority provides for submission of reports and filling in different questionnaires. The preparation of national reports is governed by the Procedure [7.4.18].
   b) Communication on the basis of bilateral agreements on cooperation and on exchange of information is carried out through meetings of governmental experts and experts from various organizations. During the meetings, oral and written information is exchanged on previous experience in the field of regulatory activities and operation of nuclear installations.

7.3.5 Documented information

1. The Authority´s MS includes documented information (documents/records) required by the standard [7.4.8], Authority and relevant stakeholders. The hierarchy in the structure of documented information is shown in Figure 4.

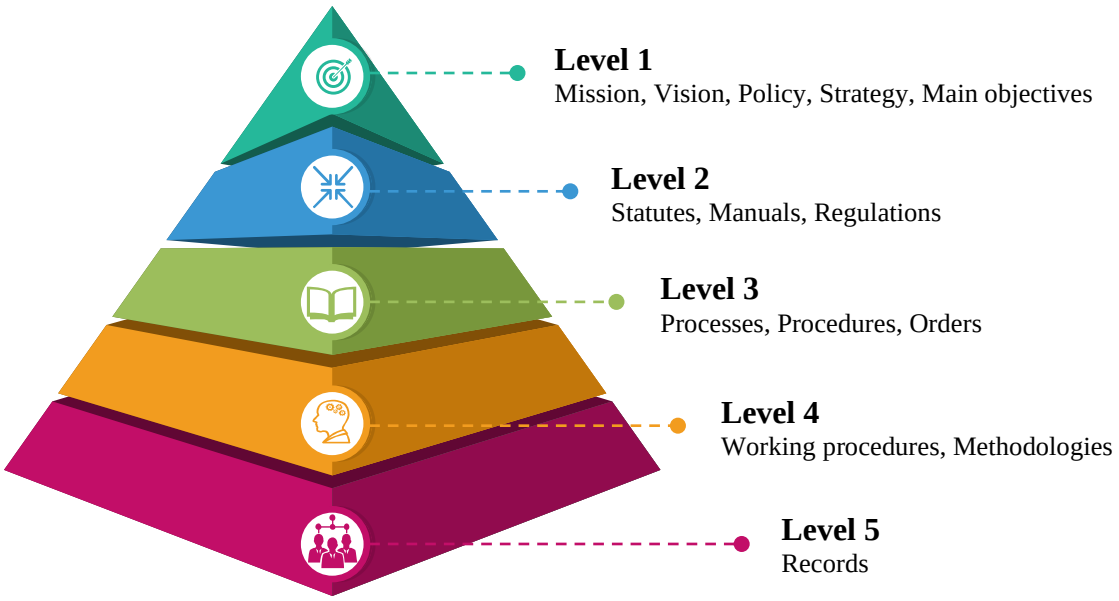

Figure 4: Documentation structure in the management system of the Authority

2. Quality Manual is the principal governing document of the Authority´s MS, which describes the elements and structure of the Authority´s MS, processes and activities to ensure functioning of the Authority. It is prepared within the range of chapters as specified in the standard [7.4.8]. It includes references to related documentation of the Authority´s MS describing the Authority´s activities in more details.

3. Quality procedures represent a set of MS documentation describing processes or their parts which are usually common for all or several organizational units of the Authority, and establish responsibility and authority for activities affecting the quality outputs from individual organizational units and outputs from the Authority. They also contain references to external documentation (GBLR, technical standards, decisions, etc.), generally used as inputs for the process solution.

4. Working procedures represent a system of the MS documentation detailing the activities, responsibilities and detailed management of activities:
   a) Inspection procedures,
   b) Working procedures governing the information and cyber security management system,
   c) Work regulations (for example, regulations for operation of equipment),
   d) System of governing acts that ensure tasking and transfer of information necessary for management, such as internal letters, etc.,
   e) Methodologies, guides and planning documentation.

5. Working procedures contain, in addition to references to procedures, also references to external documentation (GBLR, technical standards, decisions, etc.), usually as inputs for solutions.

6. Records for each process are specified in the relevant procedures, or in the working procedure. The most important records include decisions, protocols and records of inspections.

7. Types of quality records:
   a) Review of the quality policy,
   b) Review of the Quality Manual,
   c) Reviewing procedures and working procedures,
   d) Objectives and plans – their evaluation,
   e) List of internal audits and their evaluation,
   f) Implementation of corrective and preventive measures,
   g) Review of functionality and effectiveness of the Authority´s MS,
   h) The Authority´s staff acquaintance with the Authority´s MS, objectives and quality policy.

8. Other records are kept based on requirements set out in the procedures/working procedures.

9. Responsibility for record keeping is set out in relevant internal management acts.

10. The Authority´s staff shall handle the records (data and information) available to the Authority in accordance with the GBLR and internal management acts [7.4.19], [7.4.22], [7.4.34] and [7.4.35].

11. Quality check of records is performed by the relevant managerial staff or authorized personnel.

12. Check of records is subject to internal audits in accordance with the Procedure [7.4.25]. Check of selected records, including their quality, is under scrutiny of the Supreme Audit Office of SR (NKÚ SR), the Government Office of SR (ÚV SR), the Ministry of Finance of SR (MF) and other competent bodies.

13. Documented information (documents and records) is developed, maintained and preserved in paper and electronic form. Creating, update, management, protection and information security of documented information of the Authority´s MS is controlled according to the Procedure [7.4.11]. It lays down procedures also for the management of documents and records of external origin.

14. The emergency regulations are governed by special provisions [7.4.16].

7.4 References

[7.4.1] Act No. 541/2004 Coll. on the peaceful uses of nuclear energy (Atomic Act) and on amendments to certain laws as amended
[7.4.2] Act No. 55/2017 Coll. on civil service
[7.4.3] Act No. 124/2006 Coll. on occupational health and safety and on amendments to certain laws as amended
[7.4.4] Act No. 314/2001 Coll. on fire protection, as amended
[7.4.5] Act No. 157/2018 Coll. on metrology and on amendments to certain laws as amended
[7.4.6] Act No. 523/2004 Coll. on budgetary rules of public administration and on amendments to certain acts, as amended
[7.4.7] Regulation of the Government of the Slovak Republic No. 354/2018 Coll., amending the Regulation of the Government of the Slovak Republic No. 341/2004 Coll., which establishes catalogues of work activities in the performance of work in the public interest and on their amendments, as amended
[7.4.8] Standard STN EN ISO 9001:2016 Quality Management Systems – Requirements
[7.4.9] Statute of the Council for the Management System of ÚJD SR
[7.4.10] ÚJD SR staff regulations
[7.4.11] File Registry and archiving plan of ÚJD SR
[7.4.12] Signing order of ÚJD SR
[7.4.13] Procedure on the assessment of the nuclear safety of operating nuclear installations with a nuclear reactor in SR
[7.4.14] Procedure for assessment of documentation
[7.4.15] Procedure for inspection activities
[7.4.16] Procedure on ensuring notification and putting the emergency staff of ÚJD SR in a state of readiness for rapid intervention and on fulfilling the tasks of the liaison point of the Slovak Republic
[7.4.17] Procedure for the preparation of the Report for the Government and the Annual Report of ÚJD SR
[7.4.18] Procedure for processing designated Authority´s documents
[7.4.19] Procedure for the protection of classified information in the field of administrative security
[7.4.20] Staff regulation on inspector examination

[7.4.21] Procedure determining the details of staff training
[7.4.22] Procedure for collection and handling of personal data for ÚJD SR
[7.4.23] Knowledge management procedure
[7.4.24] Risk management procedure
[7.4.25] Planning and conducting internal audits of the management system of ÚJD SR
[7.4.26] Procedure for the performance of tasks of safety at work
[7.4.27] Procedure for the performance of fire protection tasks
[7.4.28] Procedure on the provision and use of personal protective equipment
[7.4.29] Procedure for the organization of car fleet at ÚJD SR
[7.4.30] Staff regulation laying down the conditions for granting extra pay for driving official motor vehicle and for taking care of the official motor vehicle
[7.4.31] Procedures for the stock taking of assets, liabilities and difference in assets and liabilities of ÚJD SR
[7.4.32] Procedure for use of mobile phones at ÚJD SR
[7.4.33] Procedure for the record keeping and verification of measuring instruments for monitoring and measuring radioactive radiation
[7.4.34] Procedure on the identification and deletion of sensitive information in documentation for making available to the public
[7.4.35] Procedure for handling of documentation classified as trade secret
[7.4.36] Procedure on the state property management
[7.4.37] Procedure on the use of telephone landlines and reimbursement of costs incurred with their operation in ÚJD SR

8 Implementation

8.1 Purpose and scope

Chapter 8 describes how the implementation and management of processes are ensured in the Authority´s MS, to fulfil the tasks of the Authority in the required quality and deadlines, and meet the expectations of the customer, especially the public.

8.2 Responsibilities

1. Chairman of the Authority is responsible for:
   a) Reviewing and approval of plans,
   b) Securing resources for the implementation and management of processes.

2. The representative is responsible for:
   a) Ensuring administrative work associated with the record keeping, evaluation and management of nonconformities, corrective actions and evaluation of proposals to improve the quality,
   b) Records of nonconformities,
   c) Deciding on the method for nonconformity handling,
   d) Approval of corrective measures to address nonconformities.

3. Head of the organizational unit is responsible for:
   a) Defining quality objectives and output requirements from the process,
   b) Planning the tasks and activities of the unit,
   c) Process management and management of implementation activities,
   d) Review and management of nonconformities and corrective measures,

e) Evaluation of effectiveness of corrective measures,
f) Monitoring and checking activities during process implementation,
g) Management of records and changes during process implementation.

8.3 Activities and principles

8.3.1 Planning and management of Authority´s activities

1. The activities within the Authority´s individual processes and actions identified in the framework of identification, analysis and assessment of risks and opportunities shall be planned and managed in such a way that the objectives and tasks are met systematically and on a timely basis, while setting priorities and method of communication.

2. The Chairman of the Authority is responsible for drawing up plans [8.4.6] based on the mission and the tasks of the Authority. The heads are responsible for the detailed planning of the tasks of individual organizational units.

3. Plans under point 2 shall normally be elaborated for a period of one year or shorter. Other plans related to processes that involve multiple organizational units, are approved at PP, or are part of the plans under point 2. They may be developed without the approval of PP based on agreement of the heads of organizational units.

4. Plans contain the deadlines, method of quality control during and after their completion, required resources, and acceptance criteria for the processes, products and services, required documented information.

5. In case of jeopardizing the implementation of the planned tasks in terms of their quality and deadlines (including interim deadlines) the responsible organizational unit or the authorized employee evaluates the impact of these threats and prepares a proposal for measures to implement or change the plan. Approving of the plan change is done in the same way as when approving of the original plan.

6. Plans developed by individual organizational units to ensure their own processes are documented when defining the plans (usually by a deadline or based on instruction on a file).

7. Outsourced processes are planned and managed according to the Procedure [8.4.7] and [8.4.8].

8.3.2 Requirements for products and services

1. Communication with the customer defined under Art. 4.3.4 of this Quality Manual includes the provision of information on activities and services of the Authority, processing and handling of customer and stakeholder requests, obtaining opinions and customer and stakeholder satisfaction, including petitions and complaints.

2. The head of the responsible organizational unit and the collaborating organizational unit shall evaluate competence of the staff to carry out the process. The main criterion is to achieve the required quality of process outputs. In case of inadequate competence of the staff, the head of the responsible organizational unit shall propose measures to achieve the

required quality of process outputs. Short-term measures address one-time quality assurance. Long-term arrangements provide systemic quality assurance in processes (staff training, recruitment of new employees, permanent contracts, etc.).

3. The head of the organizational unit responsible for the implementation of the process, shall evaluate availability of other resources needed for process quality assurance. For example, software and hardware equipment, enough internal services or financial resources.

4. In case of lack of other resources, the head of the responsible organizational unit shall propose measures of short-term and long-term nature to ensure quality of process outputs. These proposals will be discussed with the relevant section Director General, who will decide about the next steps.

5. External process requirements going beyond the originally planned processes shall be subject to a review in terms of other resources to the relevant section Director General and the Chairman of the Authority.

6. If the review reveals a lack of competence of the staff to carry out the process, then the head of the responsible organizational unit shall ensure a high-quality one-time process execution or its parts by an external organization. In doing so, he or she proceeds in the planning according to Art. 8.3.1 and further according to 8.3.6.1 and 8.3.6.2, adequately applied to external organization.

7. Changes in product and service requirements resulting from the process implementation are arranged by the head of organizational unit. The head shall inform the changes to the affected staff of the Authority involved in the implementation of processes.

8.3.3 Draft and development of products and services

8.3.3.1 Planning and inputs into the draft and development

1. The definition of the decrees is laid down in empowering provisions of the relevant law. The procedure for the development of the decree and inputs into draft and development, are laid down by the Procedure [8.4.2] and the legislative rules of the Government of SR. This does not affect the competence of the Deputy Prime Minister under Act No. 134/2020 Coll.

2. Responsibility for setting the requirements for the safety guide development is set out in the Procedure [8.4.3], where it stipulates the procedure for development, approval and validation of safety guides.

3. Responsibility for setting the requirements for other document development is assigned ad hoc to the managerial staff that was requested to develop the document. Specification or modification of these requirements may be made only by the managerial staff, who requested the document to be developed.

8.3.3.2 Management activities, outputs and changes to draft and development

1. Internal review of the decree development shall be done according to the relevant Procedure [8.4.2]. External review of the development of the drafted decrees shall be made by:
   a) The Office of the Government of the Slovak Republic in accordance with the competencies of the Deputy Prime Minister of the Slovak Republic pursuant to Act No. 134/2020 Coll.,
   b) Assessment of the draft by selected license holders concerned (as needed),
   c) Inter-ministerial commenting procedure,
   d) The relevant Standing Working Committee of the Legislative Council of the Government of SR,
   e) The European Commission bodies.

2. Responsibility for the process of reviewing the decree development is laid down in the Procedure [8.4.2].

3. Development of the safety guides, their review and approval are laid down by the procedure [8.4.3]. The safety guides are issued for a trial period of one year and are distributed to potential users for their validation before final release. The responsibility for the review is set out in the Procedure [8.4.3].

4. Verification of the decrees shall be carried out internally before sending a decree for discussion to the Standing Working Committee of the Legislative Council of the Government of SR. The head of the competent department and the director of the legislative and legal department are responsible for the checking.

5. Validation is provided by feedback when checking implementation of decrees.

6. Verification of the safety guides shall be carried out internally by responsible employee under the Procedure [8.4.3].

7. Validation of the safety guides is done by feedback from the trial use of the safety guide, usually for one year. The head of the competent department is responsible for validation, to ensure the review and incorporation of possible changes in the safety guide.

8. The final output of draft and development is the decree or the safety guide published on the website of the Authority also in electronic form.

8.3.4 Management of externally provided processes, products and services

1. The long-term needs for technical support of the main activities are provided by the tasks of research and development (the “R&D”). The Vice-chairman of the Authority is responsible for planning of R&D tasks. The draft plan of tasks shall be drawn up on the basis of suggestions from the Authority´s departments. The economic department shall provide for allocation of funds for R&D tasks in the budget of the Authority.

2. Plan of R&D tasks contains partial stages and names of persons responsible for their solution. The Plan of R&D tasks is approved by the Chairman of the Authority after discussing it at the PP.

3. Procurement of services for the R&D tasks shall be carried out in accordance with the Procedure [8.4.7].

4. Contracts to support Authority´s operations provide technical support to the Authority´s current/acute needs in a given year.

5. Requirements for the contracts shall be submitted by the organizational units of the Authority in the preparation of the proposed budget for the next year, and shall be specified in the preparation of the plan for public procurement and plan for contracts to ensure support activities for the given year after approval of the Authority´s budget by the National Council of SR.

6. Priorities of the contracts shall be proposed by the section Directors General. Plan of contracts shall be approved by the Chairman of the Authority.

7. Procurement shall be carried out according to the Procedure [8.4.7] and [8.4.8]. Externally are procured those processes, products and services that relate in particular to:
   a) Renting the buildings, in which the Authority is located,
   b) The OHS, health service and FP services,
   c) Purchase of tangible assets, intangible assets, and air tickets,
   d) Data protection management system services in any form.

8. Suppliers are selected based on their ability to provide processes, products or services in accordance with the established requirements. In evaluation of bids the supplier´s qualification is assessed based on predetermined criteria, including in particular:
   a) The price level of the bid,
   b) The technical level of the bid; the supplier´s assessment is carried out by the relevant organizational unit in cooperation with the legislative and legal department and the economic department.

9. The checking milestones for the defined stages of the delivery process are specified in the agreements for R&D tasks and contracts. The designated employee is responsible for checking the execution of the process. In case of a short-term contract, it is possible to abandon the checking in the process, which must be stated in the relevant agreement.

10. The check of the procurement process output of contracts for science and research tasks and contracts for support activities (expertise, analyses, assessments, proposals of methodologies) by means of reviewing results is carried out by the responsible staff member, who confirms in written the checking performed, the method of its execution, prepares a proposal for acceptance of the results, or a recommendation to perform an additional checking of the output, which can be performed by an independent entity.

11. Acceptance of the output is approved by the head of the competent organizational unit, who also assesses the costs of solution and proposes a measure in case of non-acceptance of the output.

8.3.5 Realization of the Authority processes and provision of services

1. Realization of processes represents a set of step-by-step activities such as planning, execution, input and output checking and quality check of processes and products.

2. Controlled conditions are clearly set for the process and its performance and the responsible organizational units of the Authority or its staff.

3. The output requirements from the process (product) are specified. Their identification and protection are ensured in accordance with the File registry and archiving plan [8.4.4].

4. The heads of the organizational units are responsible for carrying out the processes according to the approved documentation (procedures, working procedures and safety guides). If there is no approved documentation, heads of organizational units are responsible for quality execution of the process while using cooperation based on their own consideration. This case is documented and a relevant procedure is modified or developed for potential future use.

5. The head of the designated organizational unit or authorized staff member is responsible for the coordination of works (including change management) on the process.

6. Coordination of works on the process is carried out by authorized staff. All cooperating organizational units or staff are acquainted with their mandate for coordination by means of an order of the Chairman, internal letter or notice by internal electronic mail.

7. The heads of the organizational units are responsible for identifying conditions that negatively affect the quality of the work and are responsible for proposing corrective measures addressed to the organizational unit responsible for the preparation of the approved documentation and to the representative.

8. The property of the State, stakeholders or external providers available to the Authority shall be handled carefully by staff and in accordance with GBLR and internal management acts (assets may include material, equipment, tools, intellectual property, data on supervised nuclear installations, personal data, etc.).

8.3.6 Release of products and services

8.3.6.1 Checking inputs and outputs

1. Formal checking of completeness of external inputs for the process is performed according to the File registry and archiving plan [8.4.4] by the Secretariat of the Chairman and secretariats of the organisational units (Note: mainly, the completeness of annexes according to the text of input).

2. Checking the quality of inputs is carried out by the staff member assigned to the task in accordance with the relevant procedures.

3. Any changes in the inputs must be approved by the head of the responsible organizational unit.

4. Employees are responsible for the language correctness of process outputs. To check language correctness the electronic language proof-reader and the basic codification guides – Slovak Spelling Rules (available also on the website www.juls.savba.sk/psp_2013.html) and Short Dictionary of Slovak Language (https://www.juls.savba.sk/kssj_4.html) are used. To check foreign language text the external translation services are used, too.

5. The senior staff is responsible for the quality, factual accuracy and formal aspect of the process output.

6. Heads of organizational units cooperating on the process are responsible for the quality check of partial inputs into the process.

8.3.6.2 Process quality checking

1. Each employee shall exercise his/her own checking over the work progress, the quality achieved and meeting the milestones. In case of a threat to the quality of works and problems encountered in the process, he/she is obliged to inform about the situation the responsible supervisor or cooperating organizational unit on time, who takes action within his/her own organizational unit to achieve the required quality.

2. The head of the responsible organizational unit checks the progress of works on the process, a compliance with the relevant generally binding legal regulations, internal procedures, safety guides, Authority´s decisions and application of recommendations of professional organizations.

3. The head of responsible organizational unit shall determine, if necessary, the checking milestones for the progress of work to check the quality of performed work, meeting the deadline and preparation of outputs.

4. In case of detecting a threat to the quality of work or meeting the deadline, the head of the responsible organizational unit shall discuss the situation with the Director General of the section or with other supervisor, who shall determine the next steps.

5. The head of the responsible or collaborating organizational unit shall, in case of detecting deficiencies in the MS documentation is required to identify this deficiency as nonconformity and to proceed according to the provisions of Art. 8.3.7 and 10.3.2 of this Quality Manual.

8.3.7 Nonconformity outputs control

1. Nonconformity being a failure to meet the requirements for the quality system, such as for example, incomplete or improper procedures, usually requires modification in the documentation of the Authority´s MS.

2. Nonconformity being a systematic failure to meet the requirements of the Authority´s MS, related procedures and corrective measures usually requires training of staff and organizational measures.

3. Nonconformity being a failure to meet product requirements (in Authority conditions requirement for external or internal output), requires cause analysis of the nonconformity and taking corrective measures inside the Authority (e.g., increasing staff qualification, procedures modification, etc.).

4. Nonconformity being a failure to meet the customer requirements (public, license holder) such as deficiencies in a decision, in a protocol, public information, etc., requires cause analysis of the nonconformity and taking systemic measures at the Authority.

5. Nonconformity being an improper input into the process requires its modification in cooperation with the provider of input and impact assessment on the quality of output (time factor).

6. Non-conformities are documented according to the Procedure [8.4.5].

7. The procedure and the responsibility in addressing corrective measures are specified in the Procedure [8.4.5].

8.4 References

[8.4.1] Act No. 343/2015 Coll. on public procurement and on amendments to certain laws as amended
[8.4.2] Procedure for preparation and adoption process of generally binding legal regulations
[8.4.3] Procedure for issuing safety guides
[8.4.4] File registry and archiving plan of ÚJD SR
[8.4.5] Management of nonconformities and opportunities for improvement
[8.4.6] Procedure for development objectives and plan of main tasks of ÚJD SR
[8.4.7] Public procurement procedure
[8.4.8.] Public procurement procedure for small-scale contracts

9 Performance assessment

9.1 Purpose and scope

1. The purpose of Chapter 9 is to describe how to secure activities related to the measurement, analysis and improvement of MS. Based on adopted criteria the methods on assessment of the MS and its effectiveness are established.

9.2 Responsibilities

1. The Chairman of the Authority is responsible for:
   a) Reviewing and approving outputs from implementation activities and the Authority´s MS,
   b) Providing feedback from reviewing the Authority´s MS.

2. The representative is responsible for:
   a) Planning and execution of internal audits,
   b) Submission reports on the state of performance and effectiveness of the Authority´s MS,
   c) Execution of tasks resulting from reviewing the Authority´s MS,
   d) Providing information on the state of the Authority´s MS.

3. Process owner is responsible for:
   a) Evaluation of quality objectives and preparation of submittals for assessment of MS,
   b) Implementation of measures arising from reviews and audits of the Authority´s MS.

4. An employee is responsible for:
   a) Submitting proposals for improvement in accordance with the Procedure [9.4.4].

9.3 Activities and principles

9.3.1 Monitoring, measurement, analysis and assessment

1. The Authority´s Management and the Council for the Management System of ÚJD SR assess performance and effectiveness of the Authority´s MS in accordance with the Statute [9.4.3].

2. It specifies:
   a) What is to be monitored and measured,
   b) What methods of monitoring, measurements, analyses and assessment are needed to secure validated results,
   c) When monitoring and measurement must be carried out,
   d) When the results of monitoring and measurement must be analysed and assessed.

3. The level of customer satisfaction is primarily determined by feedback to Annual Reports of the Authority submitted to the Government and the National Council of SR, opinion polls, by achieved recognitions, praises and awards, complaints and petitions in accordance with the Procedure [9.4.8]. Methods of obtaining, monitoring and reviewing this information are specified.

4. The results of analyses of activities shall be used to assess:
   a) Conformity of products and services,
   b) Degree of customer satisfaction,
   c) Performance and effectiveness of the Authority´s MS,
   d) Effectiveness of planning implementation,
   e) Effectiveness of measures taken to manage risks and opportunities,
   f) Performance of external providers (suppliers),
   g) Improvements needed in the Authority´s MS.

5. The results of analysis, assessment and findings shall be submitted together with proposals for corrective measures to the PP meeting and for approval to the Chairman of the Authority according to the Procedure [9.4.5].

6. The overall assessment of performance and effectiveness of the Authority´s MS has set objectives and quality indicators, which are primarily focused on meeting the requirements of the main customer – the public.

7. Self-assessment of the MS is carried out according to the Procedure [9.4.6].

9.3.2 Internal audit

1. Internal audit of the Authority´s MS shall be carried out in accordance with the Procedure [9.4.7]. The annual audit plan is approved by the Authority´s Chairman. The plan includes the subject, frequency, methods, responsibilities, criteria and designated auditors.

2. The subject of audits is to verify compliance with the requirements of the standard [9.4.1], the requirements of the IAEA GSR Part 2 [9.4.2], the requirements defined in documented information of the Authority´s MS, legal regulations and other stakeholder requirements.

3. The selection of auditors shall be ensured in such a way as to ensure the objectivity and independence of the audit process. The Authority has trained auditors with the appropriate competence.

4. The results of audits shall be submitted for review to the management of the Authority. Where appropriate, measures are taken to address the findings (nonconformities) from the audit.

5. Responsibility for dealing with identified nonconformities and how to determine and check implementation of corrective measures are provided in Art. 8.3.7 and 10.3.2 of this Quality Manual.

9.3.3 Management review

1. The performance and effectiveness of the Authority´s MS (review) shall be assessed by the Council for the Management System once a year based on the Report on the state of Authority´s MS submitted by the representative. The review is carried out under the Statute [9.4.3].

2. The Authority´s MS status report contains information about:
   a) Measures from previous reviews,
   b) Changes in internal and external impacts related to the Authority´s MS,
   c) Performance and effectiveness of the Authority´s MS, including trends in:
      a. Customer satisfaction and feedback from relevant stakeholders,
      b. The extent, to which the quality objectives are met,
      c. Process performance and conformity of products and services,
      d. Nonconformities and corrective measures,
      e. Results of monitoring and measurements,
      f. Results of audits,
      g. Performance of external providers (suppliers),
   d) The adequacy of resources,
   e) The effectiveness of measures taken to manage risks and opportunities,
   f) Opportunities for improvement.

3. Following the discussions on the Report, the Chairman of the Authority shall take measures to improve the MS, taking advantage of the proposals of the representative and conclusions resulting from other evaluations, in particular assessments by the customer.

4. Measures to improve the MS are discussed at the PP and adopted as tasks in accordance with the procedure [9.4.5].

9.4 References

[9.4.1] Standard STN EN ISO 9001:2016 Quality management system – Requirements
[9.4.2] INTERNATIONAL ATOMIC ENERGY AGENCY, the Management System for Facilities and Activities. Vienna: IAEA, 2016, IAEA Safety Standards Series, General Safety Requirements Part 2, No. GSR Part 2
[9.4.3] Statute of the Council for the Management System of ÚJD SR
[9.4.4] Management of nonconformities and opportunities for improvement

[9.4.5] Procedure for the form and content of material for the discussion at the Meeting of the Authority´s Chairman
[9.4.6] Procedure for self-assessment of the ÚJD SR management system efficiency
[9.4.7] Planning and conducting internal audits of the management system of ÚJD SR
[9.4.8] Procedure for handling complaints and petitions
[9.4.9] Procedure for development of objectives and plan of main tasks of ÚJD SR

10 Improvements

10.1 Purpose and scope

The purpose of Chapter 10 is to describe how the Authority ensures improvements of the Authority´s MS, nonconformity management and corrective measures.

10.2 Responsibilities

1. The Chairman of the Authority is responsible for:
   a) Motivation, leadership and promotion of improvements in the Authority´s MS,
   b) Review and approval of measures and proposals for improvement of the Authority´s MS.

2. The representative is responsible for:
   a) Collection and submission of measures and proposals for improvements in the Authority´s MS,
   b) Coordination of actions related to implementation of measures and improvements.

3. The process owner is responsible for:
   a) Submission of measures and proposals for improvement of processes and the Authority´s MS,
   b) Coordination of actions related to implementation of measures and improvements within the process/organizational unit.

4. An employee is responsible for:
   a) Submission of proposals for improvements in accordance with the Procedure [10.4.7].

10.3 Activities and principles

10.3.1 General

1. Improving the Authority´s MS is a continuous process. It uses feedback from the customer and the stakeholders [10.4.8], identified nonconformities during activities of the Authority, results of controls and evaluations [10.4.5] and [10.4.6].

2. Management of the Authority actively identifies and selects opportunities for process improvements and Authority´s MS and ensures the implementation of measures to meet the customer and stakeholder requirements [10.4.3].

10.3.2 Nonconformity and corrective action

1. In case of nonconformities measures are taken for their management and correction, and the relevant process owner/procedure shall be involved in determining their causes, impacts on activities and outputs, determining whether such nonconformities could recur in the future.

2. The corrective measures taken to address nonconformities are evaluated after their implementation [10.4.7]. If necessary, an updated risk and opportunities register under the Procedure [10.4.4], if applicable, changes in Authority´s MS are made [10.4.2].

3. Evaluation of the effectiveness of measures is an input for reviewing the Authority´s MS [10.4.1].

10.3.3 Continual improvement

1. Management of the Authority shall ensure continual improvement of the suitability, appropriateness and effectiveness of the Authority´s MS. The results of the analyses, evaluations and outputs from the MS review shall be taken into account.

2. Improvements may be submitted by all staff of the Authority in accordance with the Procedure [10.4.7]. Registration of proposals for improvements of the Authority´s MS is ensured by the representative.

3. The proposal for quality improvement is submitted by the employees as documented information on “Proposal for quality improvement” record. It is sent to the representative in electronic form.

4. The representative, in cooperation with the proposer, communicates and assesses the proposal for improvement of MS and identifies further steps. Proposal for improvement of the Authority´s MS is approved by the representative, in case of major changes by the Authority´s management.

5. The improvement is implemented and managed by the process/procedure owner, who at the same time keeps records on its fulfilment. The process/procedure owner informs the representative on the state and results of implementation of improvements up to their completion and evaluation of benefits from improvements.

10.4 References

[10.4.1] Statute of the Council for the Management System of ÚJD SR
[10.4.2] Processing and updating of management acts
[10.4.3] Procedure for the form and content of material for discussion at PP
[10.4.4] Procedure on risk management
[10.4.5] Procedure for self-assessment of the ÚJD SR management system efficiency
[10.4.6] Planning and conducting internal audits of the management system of ÚJD SR
[10.4.7] Management of nonconformities and opportunities for improvement
[10.4.8] Procedure for handling complaints and petitions

11 Cancellation clause

The Quality Manual (S 500 006:21) issued in the Collection of normative and operational management acts dated 28.01.2021 is cancelled.

12 Abbreviations used

EN	European Standard
EU	European Union
FP	Fire protection
GBLR	Generally binding legal regulations
IAEA	International Atomic Energy Agency
MS	Management system
OECD/NEA	Organization for Economic Cooperation and Development, the Nuclear Energy Agency
OHS	Occupational Health and Safety
PP	Meeting of the Authority´s Chairman
PPE	Personal protective equipment
R&D	Research and development
STN	Slovak Technical Standard
SR	Slovak Republic
ÚJD SR	Nuclear Regulatory Authority of the Slovak Republic

13 Terms and definitions

The terms used in this Quality Manual are in accordance with the terms and definitions given in the Standard STN EN ISO 9000:2016.

14 Annexes

Annex 1:	Quality Policy
Annex 2:	Breakdown of Authority´s MS processes and process interactions
Annex 3:	List of processes with functional specifying of process owners

Quality Policy

The Nuclear Regulatory Authority of the Slovak Republic supervises nuclear safety of nuclear installations with the aim to use nuclear energy in Slovakia so that there are no risks related to threat to the health of the public, damage to property and environment. Our motto is:

"Safety has always paramount importance and must prevail over any other requirements."

The management of the Authority recognizes its leadership and commitment and through its effective management system and its activities it seeks to fully comply with these conditions. In order to achieve this intention, elimination of risks and maximize stakeholder satisfaction, it adopts the following commitments:

- Continual improvement of effectiveness of the Authority´s management system, inform employees of this quality policy and ensure its implementation,
- Setting, planning implementation, checking and reviewing quality objectives and anti-corruption objectives and ensure availability of the necessary resources for the Authority´s management system,
- Unambiguous and precise determination of the responsibility, powers and competences in the processes and documents of the Authority´s management system,
- Maintain the legislation and requirements for nuclear safety at the level of currently available and applicable scientific and technical knowledge,
- Follow the policy, principles and strategy for the further development of nuclear safety,
- Develop employee awareness of procedural approach and risk management, to ensure the availability of information and to develop their knowledge to ensure effective implementation of the Authority´s activities,
- Maintain high competence of staff, their motivation to further increase their professional level and pro-active fulfilment of tasks, also using knowledge management portals,
- Create an environment that motivates employees to transfer and share knowledge,
- Systematically use international experience in the field of safe use of nuclear energy,
- Apply the principles of safety culture in activities of the Authority and regulated entities,
- Communicate with the stakeholders – be open to the public, media and regulated entities,
- Improvement of information security and cyber security management system,
- Strengthen the prevention of corruption, minimize the scope for corruption and the emergence of corruption risks,
- Identify and manage risks and opportunities and evaluate their effectiveness, review the Authority's management system on a regular basis.

The Quality Policy is published, communicated, understood, reviewed and accessible to all stakeholders. It is applied through measurable quality objectives developed for the relevant processes, units and functions of the Authority.

On behalf of the Authority´s management and its staff

Marta ŽIAKOVÁ
Chairperson

Type:		Process:	Interactions with the processes
MAIN PROCESSES			
Legislative Processes			
	H01	Elaboration of laws and regulations	M03
	H02	Assessment of legislative proposals from other public administration bodies	M03
	H03	Issuing Safety Guides	M03
EU Affairs			
	H04	Assessment of the EU legislative proposals and other documents of the EU Council and the European Commission	M03
	H05	Fulfilment of obligations arising from primary and secondary EU legislation and from Slovakia´s membership in the EU	M03
Issuing Decisions and Law Enforcement			
	H06	Issuing licenses or approvals and law enforcement	H07, H10, H11, M03, P01
Assessment Processes			
	H07	Documentation assessment	H11, H10, H03, M03, P01
	H08	Assessment of events at nuclear installations	H11, H13, M03, P01
	H09	Assessment of nuclear safety of nuclear installations	H08, H10, H11, H13, M03
	H10	Verification of competence of selected staff and lecturers of license holders	H07, M03
Control Processes			
	H11	Inspections	H07, H12, M03
Other Main Processes			
	H12	Emergency planning	H07, H11, M03, P01
	H13	Public information	H08, H09, M03
	H14	Maintaining the national accounting system for NM, special materials and facilities	H11, M03
	H15	Concluding international agreements and their implementation	M03

Type:		Process:	Interactions with the processes
MANAGEMENT PROCESSES			
Management Processes			
	M01	Management of the organization	M02, M03, M04, M07, M13, M14
	M02	Development and approval of internal management acts	M01, M03

		M03	Documentation and records keeping	
		M04	Elaboration of policy documents of the Authority	M01, M03
		M05	Management and monitoring international projects	M03
		M06	Classified information handling	M03
		M07	HR management	M03
		M08	Knowledge management	M03
		M09	Risk management	M03
	Processes of control, assessment and improvements			
		M10	MS management	M03, M10, M11, M12
		M11	Self-assessment of MS efficiency	M03, M09
		M12	Internal audits	M02, M03, M09
		M13	Internal controls	M01, M03
		M14	Assessment of meeting the main priorities, main tasks	M01, M03
		M15	Management of anti-corruption activities	M01, M03

Type:		**Process:**		**Interactions with the processes**
SUPPORTING PROCESSES				
	Processes supporting the main activities			
		P01	Safety analyses	M03
	Processes in the economic field			
		P02	Budget preparation and implementation	M03
		P03	Preparation and assessment of contracts	P04, M03
		P04	Public procurement (purchasing in general)	P03, M03
		P05	OHS and fire protection	M01, M03
		P06	Ensuring safe and effective car fleet service	M03
		P07	-	-
		P08	Management of material and financial resources	M03
	Processes in the field of information and cyber security			
		P09	Management of information and cyber security	M03, M09, M12

MAIN PROCESSES	
Legislative Processes	
H01 Elaboration of laws and regulations	director of division 230
H02 Assessment of legislative proposals from other public administration bodies	director of division 230
H03 Issuing Safety Guides	director of division 230
EU Affairs	
H04 Assessment of the EU legislative proposals and other documents of the EU Council and the European Commission	director of division 210
H05 Fulfilment of obligations arising from primary and secondary EU legislation and from Slovakia´s membership in the EU	director of division 210
Issuing Decisions and Law Enforcement	
H06 Issuing licenses or approvals and law enforcement	director of division 320
Assessment Processes	
H07 Documentation assessment	director of division 310
H08 Assessment of events at nuclear installations	employee of division 310
H09 Assessment of nuclear safety of nuclear installations	director of division 310
H10 Verification of competence of selected staff and lecturers of license holders	employee of division 310
Control Processes	
H11 Inspections	director of division 310
Other Main Processes	
H12 Emergency planning	director of division 220
H13 Public information	director of division 130
H14 Maintaining the national accounting system for NM, special materials and facilities	director of division 330
H15 Concluding international agreements and their implementation	director of division 210

MANAGEMENT PROCESSES	
Management Processes	
M01 Management of the organization	chairman
M02 Development and approval of internal management acts	vice-chairman
M03 Documentation and records keeping	director of division 130
M04 Elaboration of policy documents of the Authority	vice-chairman
M05 Management and monitoring international projects	director of division 210
M06 Classified information handling	vice-chairman
M07 HR management	secretary general
M08 Knowledge management	employee of division 310
M09 Risk management	chairman
Processes of control, assessment and improvements	
M10 MS management	vice-chairman
M11 Self-assessment of MS efficiency	vice-chairman
M12 Internal audits	internal auditor
M13 Internal controls	internal controller
M14 Assessment of meeting the main priorities, main tasks	director of division 130

M15 Management of anti-corruption activities	secretary general

SUPPORTING PROCESSES	
Processes supporting the main activities	
P01 Safety analyses	director of division 240
Processes in the economic field	
P02 Budget preparation and implementation	director of division 120
P03 Preparation and assessment of contracts	vice-chairman
P04 Public procurement (purchasing in general)	director of division 120
P05 OHS and fire protection	vice-chairman
P06 Ensuring safe and effective car fleet service	director of division 120
P07 –	
P08 Management of material and financial resources	director of division 120
Processes in the field of information and cyber security	
P09 Management of information and cyber security	chief information security officer