



Department of Energy

Yucca Mountain Project Office

P. O. Box 98608

Las Vegas, NV 89193-8608

WBS 1.2.9.3

QA

SEP 11 1990

Richard J. Herbst  
Technical Project Officer  
for Yucca Mountain Project  
Los Alamos National Laboratory  
University of California  
N-5, Mail Stop J521  
P.O. Box 1663  
Los Alamos, NM 87545

*Copy given to  
Hooks  
Verma  
Belke - info only*

CLOSURE OF STANDARD DEFICIENCY REPORT (SDR) 468, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 89-07 OF LOS ALAMOS NATIONAL LABORATORY

SDR 468, Revision 0, has been closed based on satisfactory verification of completed corrective actions. A copy of the SDR is enclosed for your files.

If you have any questions, please contact either Catherine E. Hampton at (702) 794-7973 or FTS 544-7973, or Amelia I. Arceo at (702) 794-7737 or FTS 544-7737 of the Yucca Mountain Project QA staff.

*Catherine Hampton*

Donald G. Horton, Director  
Quality Assurance  
Yucca Mountain Project Office

QA:CEH-4840

Enclosure:  
SDR 468, Revision 0

cc w/encl:  
H. P. Nunes, LANL, Los Alamos, NM  
J. L. Day, LATA, Los Alamos, NM  
S. W. Zimmerman, NWPO, Carson City, NV  
K. R. Hooks NRC, Washington, DC ← (H)

cc w/o encl:  
J. W. Hines, OOD, AL  
A. R. Chernoff, MSD, AL  
H. E. Valencia, LAAO  
A. I. Arceo, SAIC, Las Vegas, NV, 517/T-06  
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08  
S. R. Dippner, SAIC, Las Vegas, NV, 517/T-08  
J. W. Gilray, NRC, Las Vegas, NV  
R. A. Morley, LANL, Los Alamos, NM

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**YMPO STANDARD DEFICIENCY REPORT**

N-QA-038  
4/89

Completed by Originating QA Organization

1 Date 11-17-89	2 Severity Level <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Page 1 of 3
3 Discovered During Audit 89-7	3a Identified By A. I. Arceo	4 SDR No. 468 Rev. 0
5 Organization Los Alamos Nat'l Lab	6 Person(s) Contacted P. Goulding/H. Nunes	7 Response Due Date is 20 Working Days from Date of Transmittal
8 Requirement (Audit Checklist Reference, if Applicable) (Checklist Items 16-1, 16-2, 16-3, and 16-4) NNWSI/88-9, Rev. 2, Section XVI, Para. 1.0, and LANL-YMP-QAPP, Rev. 4.4, Para. 16.1, state "The corrective Action System shall ensure that conditions adverse or potentially adverse to		
9 Deficiency Contrary to the requirements stated above:  1. Actions to prevent recurrence of significant conditions were not		
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action(s) to be taken to correct the deficiencies noted in block 9. Investigate the program, process, activities, or documentation to		

Aprvl.

11 QAE/Lead Auditor/Date <i>S. Jones 11/30/89</i>	12 Division Manager/Date <i>R. Horton 12-1-89</i>	13 Project Quality Mgr./Date <i>[Signature] 12/1/89</i>
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Completed by Organization in Block 5

14 Remedial/Investigative Action(s)  Refer to Page 4 of 4	15 Effective Date <u>2/16/90</u>
16 Cause of the Condition & Corrective Action to Prevent Recurrence  Refer to Page 4 of 4	17 Effective Date <u>2/16/90</u>
18 Signature/Date <i>[Signature] 1/12/90</i>	

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date <i>A. I. Arceo 2/1/90</i>	Division Manager/Date <i>S. Jones 2/21/90</i>	Project Quality Mgr./Date <i>[Signature] 2/21/90</i>
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date <i>A. I. Arceo 9/9/90</i>	Division Manager/Date <i>N/A</i>	Project Quality Mgr./Date <i>[Signature] 9/15/90</i>
21 Remarks <i>Response clarification, letter, R.J. Bordet to Horton dated 2/12/90</i> <i>Responses to SDRs, letter R.L. Herbst to Horton dated 1/11/90</i> <i>Extension Request 2/20/90-TWS-EES-13-02-90-045 - Accept 3/6/90-YMP:RBC-2281</i> <i>Accept Response 3/6/90-YMP:RBC-2245</i> <i>Amended Response 4/23/90-TWS-EES-13-04-90-061</i> <i>Extension Request, YMP:CEH-3465, 5-29-90</i> <i>Unsat Verification YMP:CEH-4284</i> <i>Amended Response, TWS-EES-13-08-90-059, 8-15-90</i>			

22

QA CLOSURE	QAE/Lead Auditor/Date <i>Amelia S. Arceo 9/15/90</i>	Division Manager/Date <i>N/A</i>	PQM/Date <i>[Signature] 9/15/90</i>
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Std. dtd 1/11/90 - TWS-EES-13-01-90-065

ENCLOSURE

YMPO STANDARD DEFICIENCY REPORT  
CONTINUATION SHEET

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8 Requirement ( continued )

quality are identified promptly and corrected as soon as practical." NNWSI/88-9, Rev. 2, Section XVI, Para. 1.1, and LANL-YMP-QAPP, Rev. 4.4, Para. 16.2, state "For significant conditions adverse to quality, the identification, cause, and corrective action taken to prevent recurrence shall be documented and reported to immediate management and upper levels of management for review and assessment... Upon discovering or receiving notification that a significant condition adverse to quality or unusual occurrence exists, each NNWSI Project Participant shall ensure that:

- o Immediate actions have been taken to remedy the specific condition(s).
- o Causative factors have been determined.
- o Controls have been reviewed, implemented, monitored, and revised, if necessary.
- o Affected managers at all levels have been notified of adverse condition(s) and of lessons to be learned to improve conditions or avoid similar occurrences."

NNWSI/88-9, Rev. 2, Section XVI, Para. 1.2, and LANL-YMP-QAPP, Rev. 4.4, Para. 16.3, state "The QA organization shall document concurrence of the adequacy of proposed corrective actions to assure that QA requirements will be satisfied. Follow-up action shall be taken by the QA organization to verify proper implementation of this corrective action and to close out the corrective action. The organization responsible for implementing the corrective action shall assure that the corrective action is completed in a timely manner." NNWSI/88-9, Rev. 2, Sec. XVI, Para, 1.3, and LANL-YMP-QAP Rev. 4.4, Para. 16.4, state "The QA organization shall periodically analyze corrective action reports to establish quality trends. The results shall be reported to the TPO and QAPL for review and assessment." TWS-QAS-QP-16.1, Rev. 1, Para. 6.3, states "A copy of the CAR Log is sent to the RPC annually in the first quarter of the calendar year."

9 Deficiency ( continued )

indicated on the CARs reviewed (CAR Nos. 043; 043, Rev. 1; 044; 046; 055, and 055, Rev 1).

2. Verification of corrective action implementation was not documented on the CAR other than the signature of the person who performed the verification. There were no references as to what was performed (survey, desk survey, or audit) or documents reviewed to verify corrective action implementation.
3. CARs were revised; however QP-16.1, Rev. 1, does not provide for revisions to CARs.
4. CARs and CAR Log do not provide information as to why the CARs were revised. The CAR Log showed that the CARs were voided, but in reality,

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*CPM*

9 Deficiency ( continued )

the CARs were revised (CAR No. 043, 046, and 055).

5. The CAR Log was not sent to the RPC as required by QP-16.1, Rev. 1.
6. The form used for CAR does not reflect all the information required by the example form in QP-16.1, Rev. 1.
7. Some CARs (043, 044, and 055) were not completed in a timely manner.
8. CARs were not analyzed to establish quality trends.
9. Corrective Action Reports were issued to identify procedural noncompliance instead of "...significant breakdown in the QA Program or repeated nonconformances." Procedural noncompliance should be identified in another deficiency reporting system and when it becomes repetitive, then a CAR should be written.

10 Recommended Actions ( continued )

determine the extent and depth of similar deficient conditions listed as examples on the SDR. Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**14 Remedial/Investigative Action(s)**

**Remedial Actions:** For the deficiency reported in Block 9, point #9, transmit a copy of the NCR Log for calendar years 1988 and 1989 to the RPC.

**Investigative Actions:** Each open CAR and NCR will be evaluated against the deficiencies noted in Block 9, points 1 through 9, revised as necessary and written documentation of the review will be placed in the CAR and NCR files.

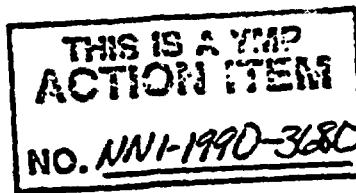
**16 Cause of the Condition & Corrective Action to Prevent Recurrence**

**Cause of the Condition:** Personnel error and procedural inadequacies.

**Corrective Action to Prevent Recurrence:** Revise the entire deficiency reporting system, QP-15.1 and QP-16.1. Retrain personnel to the revised deficiency reporting system.

# Los Alamos

Los Alamos National Laboratory  
Los Alamos, New Mexico 87545



WBS 1.2.9.3  
QA

August 15, 1990

TWS-EES-13-08-90-059

**QA RECEIVED**

AUG 20 1990

Mr. Donald Horton  
Yucca Mountain Project Office  
U. S. Department of Energy  
P. O. Box 98608  
Las Vegas, NV 89193-8608

Dear Mr. Horton:

**SUBJECT: REVISED RESPONSE, STANDARD DEFICIENCY REPORT NO. 468, ACTION ITEM NO. NN1-1990-3680**

**Reference: Letter, Horton to Herbst, dated July 30, 1990**

For your review is our revised response to the referenced standard deficiency report.

**Block 16 - Cause of Condition & Corrective Action to Prevent Recurrence**

**Cause - Personnel error and procedural inadequacies**

Amend the response to state: Read Training has been completed for the Deficiency Reporting Procedure, QP-15.2, R1. All reading acknowledgement forms have been received and filed, see attached copies. The one individual who has not responded, is a subcontractor under our software stop work. He has performed no quality affecting work and is barred from submitting charges to the Project until this read training is complete and the stop work lifted.

**Block 17 - Effective date August 10, 1990**

If you have any questions, please contact Henry Nunes at (FTS) 843-8039, for information regarding this standard deficiency report response.

Sincerely,

A handwritten signature in black ink, appearing to read "R. J. Herbst".

R. J. Herbst

HPN/kb

Mr. Donald Horton  
TWS-EES-13-08-90-059  
August 15, 1990  
Page 2

Cy:

J. Brogan, DOE/YMP, Las Vegas, NV  
C. Hampton, DOE/YMP, Las Vegas, NV  
S. Dana, SAIC, Las Vegas, NV

Cy w/o att. (Limited Value Material):

S. L. Bolivar, EES-1, MS D462  
K. E. Brackhahn, EES-13, MS J521  
D. E. Broxton, EES-1, MS D462  
K. Campbell, A-1, MS F600  
J. A. Canepa, EES-13, MS J521  
B. A. Carlos, EES-1, MS D462  
M. J. Clevenger, EES-15, MS J495  
E. M. Cole, LATA, MS M321  
G. P. Cort, EES-13, MS J521  
B. M. Crowe, EES-13/LV, MS J900/527  
J. L. Day, LATA, MS M321  
C. J. Duffy, INC-7, MS J514  
M. H. Ebinger, EES-15, MS J495  
K. G. Eggert, EES-5, MS F665  
C. D. Harrington, EES-1, MS D462  
L. E. Hersman, LS-2, MS M880  
D. E. Hobart, INC-11, MS G739  
H. N. Kalia, EES-1/LV, MS J900/527  
S. S. Levy, EES-1, MS D462  
A. Meijer, INC-7, MS J514  
T. L. Morgan, INC-7, MS J519  
D. E. Morris, INC-11, MS G739  
R. A. Morley, EES-1/LV, MS J900/527  
J. T. Fabryka-Martin, INC-7, MS J514  
H. P. Nunes, EES-13, MS J521  
E. S. Patera, INC-DO, MS J514  
B. A. Robinson, EES-4, MS D443  
R. S. Rundberg, INC-11, MS J514  
L. W. Schempp, MEE-9, MS J521  
E. P. Springer, EES-13, MS J521  
S. R. Sebring, MAT-3, MS P274  
D. N. Simundson, LATA, MS M321  
K. W. Thomas, INC-11, MS J514  
I. R. Triay, INC-11, MS J514  
D. T. Vaniman, EES-1, MS D462  
K. A. West, EES-13, MS J521  
D. L. Williams, LATA, MS M321  
RPC File (2), LATA, MS M321  
TWS-EES-13 File, MS J521  
QAS File, LATA, M321  
CRM-4, MS A150