

APR 04 2009

cc w/encl:

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A. G. Burningham, M&O, Las Vegas, NV
C. M. Palay, M&O, Las Vegas, NV
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W. J. Glasser, OQA/QATSS, Las Vegas, NV
H. T. Greene, OQA/QATSS, Las Vegas, NV, M/S 280
S. H. Horton, OQA/QATSS, Las Vegas, NV
E. S. Jensen, OQA/QATSS, Las Vegas, NV
D. G. Sult, OQA/QATSS, Las Vegas, NV
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OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

8. DEFICIENCY REPORT
 CORRECTIVE ACTION REPORT
NO. LVMO-00-D-062
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DEFICIENCY/CORRECTIVE ACTION REPORT

1. Controlling Document: AP-2.15Q, Work Package Planning Summaries		2. Related Report No.: N/A	
3. Responsible Organization: Applied Research & Testing		4. Discussed With: Andrew G. Burningham & Christian M. Palay	
5. Requirement: 5.2 e) states in part that the Work Package Manager will identify reviewers, provide pertinent background information and review criteria, direct reviewers to document their mandatory comments, document responses to reviewers' mandatory comments, and document comment resolution.			
6. Description of Condition: Contrary to the above requirements, AR&T personnel failed to document the reviews for the following Work Package Planning Summaries: (1) WPP-NBS-MD-000009, Rev. 00 (2) WPP-NBS-MD-000010, Rev. 00 (3) WPP-NBS-MD-000011, Rev. 00 (4) WPP-NBS-MD-000012, Rev. 00			
7. Initiator: Al Aziz Eddebbbarh <i>[Signature]</i> Date 3/27/00		9. Does a stop work condition exist? (Not required for a DR) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check One: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
10. Recommended Actions: N/A			
11. QA Review: QAR <i>[Signature]</i> Date 3/29/00		12. Response Due Date: 10 working days from issuance	
13. DOQA Issuance Approval: Printed Name Robert W. Clark Signature <i>[Signature]</i> Date 4/4/00			
22. Corrective Actions Verified QAR Date		23. Closure Approved by: DOQA Date	

TYPE RESPONSE:

- Initial
- Complete
- Amended

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DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)

14a. Immediate Actions:

Compliance Date:

14. Remedial Actions:

15. Extent of Condition:

16. Cause: (Attach results of root cause determination prepared in accordance with AP-16.4Q for a significant deficiency.)

17. Action to Preclude Recurrence:

18. Due Date:

- For submittal of complete response
- For completion of corrective action

19. Response by:

Date

Phone

20. Evaluation: Accept Partially Accept Reject

21. Concurrence:

QAR

Date

DOQA

Date