

June 30, 2000

MEMORANDUM TO: B. L. Jorgensen, Chief, Decommissioning Branch
FROM: William Snell, Health Physics Manager */RA/*
SUBJECT: FOLLOW UP OF LABORATORY SELF-ASSESSMENT ITEMS

Attached is an update to the tracking list developed to track our follow up and resolution of the recommendations from Dr. Blair Nicholas' assessment of our lab on June 10-11, 1999. Most of the items that are still open will be addressed as part of a two-year procedure review requirement. Since most of our procedures are within six months of reaching the two-year limit, we will begin these reviews in the near future.

Attachment as stated.

cc w/attach: C. Pederson, RIII
R. Caniano, RIII
G. Bonano, RIII

DOCUMENT NAME: G:\SEC\LabFollowup.wpd

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NAME	Snell:js		Jorgensen				
DATE	06/30/00		06/30/00				

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JUNE 10-11, 1999 RIII LABORATORY ASSESSMENT

RECOMMENDATIONS FOLLOWUP

	Recommendation	Action
1	Establish an offset/stagger in 2-year procedure review cycle to avoid having to review all 40 procedures within a short period in late 2000.	COMPLETED - The HPM (Health Physics Manager) was already aware of this issue, and is the person assigned responsibility to ensure the 2-year review is completed. As such, the HPM has a printout of all the procedures, their current date of revision, and the date when their next revision is due. Many of the procedures have already been revised since initial issuance, and revisions are planned in the near future for others. This will help to spread the work out. In addition, the HPM intends to begin the reviews by mid-2000 to spread out the work load caused by these reviews.
2	Keep the "controlled" mobile laboratory copy of the procedures <u>in</u> the mobile lab	COMPLETED - Because the detector for the mobile lab had been out for repair for an extended period of time, the mobile lab procedures had been kept in the fixed lab where updates could be easily inserted.
3	Send a "controlled" copy of the NMSS QA Manual and RIII Lab Procedures to Region IV.	COMPLETED - A controlled copy of the procedures was provided to Region IV. A copy of the QA Manual was also provided, but not as a controlled copy since the QA Manual is the responsibility of NMSS and is not handled as a controlled document.
4	Establish a mechanism to positively "control" satellite copies of the QA Manual and RIII Lab Procedures; i.e. require signed return acknowledgment or return of replaced pages.	COMPLETED - A form was generated and is being used that requests recipients of controlled copies of the procedure revisions to sign and return as a verification that they have received the revision. No similar action will be taken for the QA Manual since it is the responsibility of NMSS, and is not handled as a controlled document.
5	Develop and implement a technique to "mark" revised text in the margins when procedures are changed.	COMPLETED - The methodology for marking the right margins with a vertical line to indicate a revision has been learned. All future procedure revisions will show changes in this manner.
6	Incorporate new (source material) QC check standards into procedure(s).	COMPLETED - The use of QC standards are already addressed in the procedures, and we see no need to address these specifically. No action will be taken in response to this recommendation.
7	Develop a "protocol" (official procedure not needed) to consistently guide all analysts on the determination and interpretation of analytical results on total uranium and thorium.	This item is still under review..

8	Establish a process to ensure the occurrence of the "annual" audit, or remove it from the RIII procedure (NMSS has control authority for this audit).	The requirement for an "external" annual audit is based on the QA Manual. NMSS has the responsibility for determining the scope and scheduling of an annual "external" audit. Region III has the responsibility for conducting periodic "internal" audits that are not tied to any set frequency. The procedures were written to address only the "internal" audit. Since this was not clear to Dr. Nicholas, the appropriate procedure(s) will be revised to ensure this is clear.
9	Provide a training session for RIV inspection staff: expectations, techniques, etc.	COMPLETED - Training on the laboratory procedures for Region IV was completed on February 8, 2000.
10	Develop a file, including support documents/evidence for lab analyst "certifications".	This item is under review.
11	Document and file evidence to support ongoing activities to maintain certifications	This item is under review.
12	Not all samples being received are labeled in accordance with Laboratory Procedure #100. Create standard label with all procedural information requirements and issue labels to inspectors with sampling supplies.	The feasibility of pre-printed labels is under review. A review will also be conducted to examine the information required on the labels and the information not being provided versus what is necessary to determine if any changes should be made.
13	Establish "trending" charts for liquid scintillation system.	The software already does this internally. This item is under review to determine the need to do any additional external trending.
14	Procure additional "independent" quenched standards for liquid scintillation.	COMPLETED - These have been received.
15	Establish QC activities, per Laboratory Procedure 415, before using proportional counting system for sample quantification.	COMPLETED - QC activities for the proportional counting system are not being performed per Procedure 415 since it is not used for quantification, but only for screening.
16	Establish a process to ensure quarterly external comparisons are accomplished or remove from RIII procedure (NMSS has control of this activity).	The procedure (750) does not make any reference to periodicity of external comparisons. The procedure is intended to address how external samples (e.g., RESL samples) are to be handled when received. However, since it appears to have created some confusion, we will review the procedure and change the wording as appropriate to clarify this issue.
17	Provide a method to track the required ongoing training for laboratory personnel.	This item is under review.

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