

YMP QA AUDIT

89-5

REYNOLDS ELECTRICAL & ENGINEERING CO. (REECO)

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Department of Energy

Nevada Operations Office
P. O. Box 98518
Las Vegas, NV 89193-8518

WBS #1.2.9.3
"QA"

SEP 06 1989

*Rec'd w/ bids slt only
10/2/89*

Robert F. Pritchett
Technical Project Officer for Yucca Mountain Project
Reynolds Electrical &
Engineering Co., Inc.
P.O. Box 98521
Las Vegas, NV 89193-8521

YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) QUALITY ASSURANCE (QA)
AUDIT 89-5 OF REYNOLDS ELECTRICAL & ENGINEERING CO., INC. (REECO) SUPPORT
OF THE YUCCA MOUNTAIN PROJECT (NN1-1989- 3416)

Please be advised that a team from the Project Office will conduct a QA audit of the REECO Quality Assurance Program Plan and quality-related activities starting on September 25, 1989. Please arrange facilities for a pre-audit conference for appropriate personnel at your Las Vegas, Nevada facility beginning at 10 a.m. on Monday, September 25, 1989. The post-audit conference is tentatively scheduled for 10 a.m. on Friday, September 29, 1989.

The audit will focus on the following areas:

QA Program Elements

- 1.0 Organization
- 2.0 QA Program
- 4.0 Procurement Document Control
- 5.0 Instructions, Procedures, and Drawings
- 6.0 Document Control
- 7.0 Control of Purchased Items and Services
- 8.0 Identification and Control of Items
- 9.0 Control of Processes
- 10.0 Inspection
- 11.0 Test Control
- 12.0 Control of Measuring and Test Equipment
- 13.0 Handling, Shipping, and Storage
- 14.0 Inspection, Test, and Operating Status
- 15.0 Control of Non-Conforming Items
- 16.0 Corrective Action
- 17.0 Quality Assurance Records
- 18.0 Audits

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Robert F. Pritchett

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The audit team will consist of:

William H. Camp, Audit Team Leader/Lead Auditor, Science Applications
International Corporation (SAIC), Las Vegas, NV
Stephen P. Hans, Auditor, SAIC, Las Vegas, NV
Frederick J. Ruth, Auditor, SAIC, Las Vegas, NV
Frank J. Kratzinger, Auditor, SAIC, Las Vegas, NV
Amelia I. Arceo, Auditor, SAIC, Las Vegas, NV
Neil D. Cox, Auditor, SAIC, Las Vegas, NV
Mario R. Diaz, Auditor, U.S. Department of Energy/Yucca Mountain Project,
Las Vegas, NV
Catherine E. Hampton, Auditor-in-Training, U.S. Department of Energy/
Yucca Mountain Project, Las Vegas, NV

Observers from the State of Nevada, U.S. Nuclear Regulatory Commission,
U.S. Department of Energy/Headquarters, or other interested parties may
accompany the audit team.

If you have any questions, please contact James Blaylock of my staff at
(702) 794-7913, or Dale Hedges of SAIC at (702) 794-7239.


Edwin L. Wilnot, Acting Director
Quality Assurance Division
Yucca Mountain Project Office

YMP:JB-5725

Enclosure:
Audit Plan 89-5

SEP 06 1989

Robert F. Pritchett

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cc w/encl:

Ralph Stein, HQ (RW-30) FORS
Dwight Shelor, HQ (RW-3) FORS
J. W. Gilray, NRC, Las Vegas, NV
J. E. Kennedy, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
M. A. Fox, REECO, Las Vegas, NV
R. J. Bahorich, SAIC, Las Vegas, NV
G. P. Fehr, SAIC, Las Vegas, NV, 517/T-12
W. H. Camp, SAIC, Las Vegas, NV, 517/T-06
A. I. Arceo, SAIC, Las Vegas, NV, 517/T-06
N. D. Cox, SAIC, Las Vegas, NV, 517/T-06
S. P. Hans, SAIC, Las Vegas, NV, 517/T-06
F. J. Ruth, SAIC, Las Vegas, NV, 517/T-06
F. J. Kratzinger, SAIC, Las Vegas, NV, 517/T-06
L. G. Scherr, SAIC, Las Vegas, NV, 517/T-06
J. J. Brogan, SAIC, Las Vegas, NV, 517/T-12
T. W. Noland, W, Las Vegas, NV, 517/T-06

YUCCA MOUNTAIN PROJECT QUALITY ASSURANCE AUDIT PLAN

AUDIT 89-5

SEPTEMBER 25 - 29, 1989

1.0 PURPOSE AND SCOPE

The purpose of this audit is to evaluate the Reynolds Electrical & Engineering Co., Inc. (REECO) Quality Assurance Program Plan (QAPP), and to verify any implementation of the Quality Assurance program requirements as they relate to the Yucca Mountain Project.

The scope of the audit will be to verify that the REECO Quality Assurance (QA) program meets the requirements of NNWSI/QAP-88-9, Revision 2, and project administrative procedures, and to verify the adequacy of implementation of the QA program. In addition, the Yucca Mountain Project Office is attempting to consolidate the number of calibration vendors who currently serve the project participants. REECO has been requested to provide such services for mechanical types of calibrations within their capabilities. These calibration services are to be performed in accordance with the Quality Assurance requirements contained within the project Quality Assurance Plan (QAP), NNWSI/88-9. The Project Office will attempt to verify that the REECO calibration program does meet the QA requirements of the QAP. Discrepancies identified during the previous audits/surveillances that have not been closed will be added to the scope of the audit to determine whether REECO has taken effective corrective actions.

2.0 ORGANIZATION TO BE AUDITED

Reynolds Electrical & Engineering Co., Inc.

3.0 AUDIT SCHEDULE

Pre-Audit Team/Observer Meeting	8:00 a.m., September 25, 1989, Las Vegas, NV
Pre-Audit Conference	10:00 a.m., September 25, 1989, Las Vegas, NV
Audit Activities	12:30 p.m. - 4:00 p.m., September 25, 1989, Las Vegas/ Mercury, NV
Audit Activities	8:00 a.m. - 4:00 p.m., September 26 - September 27, 1989, Las Vegas/Mercury, NV

3.0 AUDIT SCHEDULE (CONTINUED)

Audit Activities	8:00 a.m. - 11:00 a.m., September 28, 1989, Las Vegas/ Mercury, NV
Post-Audit Conference	10:00 a.m., September 29, 1989, Las Vegas, NV

4.0 REQUIREMENTS TO BE AUDITED AND APPLICABLE REFERENCES

NNWSI/QAP-88-9, Revision 2
NNWSI Administrative Procedures REECo QAPP, 568-DOC-115, Revision
7
REECo Quality Procedures

The conduct of the audit will be guided by the documents listed below:

- o QAP-18-01, "Audit System for the Waste Management Project Office,"
Revision 3
- o QMP-16-03, "Standard Deficiency Reporting System," Revision 1
- o Quality Assurance Audit Task Organization
- o Audit Observer Inquiry
- o Policy for Participation of State, Tribal, and NRC Representatives as
Observers on Department of Energy (DOE) Audits, dtd. July 14, 1987
- o HLW Division Procedure for Conducting Observation Audits of DOE/HLWR
Program Quality Assurance Audits
- o Headquarters Observation of Project Office Quality Assurance Audits

5.0 ACTIVITIES TO BE AUDITED

The activities to be audited during the audit include the following:

Programmatic Elements:

All program elements identified in the REECo QAPP will be audited. The assessment of Section III will be confined to:

- o Change Control
- o Technical Assessment Review

Technical Areas:

No technical work has been identified. Interviews will be performed with technical personnel when warranted.

6.0 AUDIT TEAM MEMBERS

William H. Camp, Audit Team Leader/Lead Auditor, Science Applications International Corporation (SAIC), Las Vegas, NV
Stephen P. Hans, Auditor, SAIC, Las Vegas, NV
Frederick J. Ruth, Auditor, SAIC, Las Vegas, NV
Frank J. Kratzinger, Auditor, SAIC, Las Vegas, NV
Neil D. Cox, Auditor, SAIC, Las Vegas, NV
Amelia I. Arceo, Auditor, SAIC, Las Vegas, NV
Mario R. Diaz, Auditor, U.S. Department of Energy/Yucca Mountain Project, Las Vegas, NV
Catherine E. Hampton, Auditor-in-Training, U.S. Department of Energy/Yucca Mountain Project, Las Vegas, NV

7.0 AUDIT CHECKLISTS, ANNEXES, AND ATTACHMENTS

Annex A - DOE Procedure on Protocol (July 1987)
Annex B - NRC Draft QA Procedure for Observing DOE/OGR/HLWR Program Audits
Annex C - DOE/HQ/OGR Observation of YMP QA Audits (Draft)
Attachment 1 - YMP Quality Assurance Audit Task Organization
Attachment 2 - YMP Audit Observer Inquiry
Attachment 3 - Objectives for the Technical Phase of the Quality Assurance Audit (as amended)

Prepared By: W. H. Camp
W. H. Camp, Lead Auditor

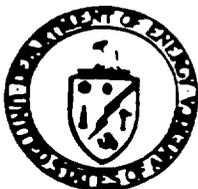
Date: 8-21-89

Prepared By: Dale Hedges
Dale Hedges, Verification
Department Manager

Date: 8-30-89

Prepared By: _____
Edwin L. Wilmot, Acting Director,
Quality Assurance Division,
Yucca Mountain Project Office

Date: _____



Department of Energy
Washington, DC 20585

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State and Tribal Representatives (List Attached)

At the last Quality Assurance Coordinating Group meeting DOE, State, Tribal and NRC representatives discussed the policy that should be used with regard to the participation of State, Tribal and NRC representatives on DOE audits. It appears that a general consensus was reached among the meeting participants on a procedure for participating in the DOE QA auditing process. Details are in the attached draft policy statement.

We are pleased to invite your review of the enclosed draft policy statement and would appreciate knowing of any remaining concerns you may have.

Sincerely,

Stephen H. Kale
Associate Director for
Geologic Repositories, Office of
Civilian Radioactive Waste Management

Enclosure

SAIC/T&MSS

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ENCLOSURE 2

POLICY FOR PARTICIPATION OF STATE, TRIBAL AND NRC REPRESENTATIVES
AS OBSERVERS ON DOE AUDITS

1. The QA Manager of OGR will furnish to the State, Tribal and NRC representatives a schedule of audits planned by DOE-HQ (OGR) and by the DOE project offices. Because of frequent changes to the schedule, the schedule will be updated at approximately monthly intervals and copies furnished to the State, Tribal and NRC representatives.
2. OGR and the project offices will make every effort to send an audit notification at least 30 days prior to each QA audit. The audit notification will, whenever possible, include an audit plan and a description of the scope of the audit. Copies of OGR audit notifications will be furnished to NRC and to all State and Tribal representatives; copies of project audit notifications will be furnished to NRC and to the affected State and Tribal representatives.
3. State, Tribal and NRC representatives may request to participate in any audit. Requests need not be in writing. Telephone contacts to request participation are:

OGR - Carl Newton - (202) 586-5059
BWIP - Pierre Saget - (509) 942-7250
WMPO - Jim Blaylock - (702) 295-1125
SRPO - Jerry Reese - (806) 374-2320

State, Tribal and NRC representatives who wish to participate will make every effort to contact the DOE representative at least two weeks prior to the audit so that arrangements for their participation can be made.

4. When a request to participate is received by DOE from a State, Tribal or NRC representative, it is DOE's policy to make every reasonable effort to honor the request. When small audit teams are used by DOE, and requests for many observers are received, it may be necessary for DOE to limit participation (but in no event to less than one observer per organizational entity, i.e., one from the affected State, one from each affected Tribe, and one from NRC), so that the auditing process will not be hampered by an excessive number of observers. In instances where the limit of one observer per affected party will still result in an excessive observer to auditor ratio, DOE will contact the affected parties and seek voluntary reductions. It is expected the parties will make every reasonable attempt to accommodate DOE's requests.

5. Observers on DOE audits will be under the authority of the audit team leader (or sub-team leader if the team is divided during the audit). Observers are encouraged to participate fully by furnishing their questions, observations and recommendations to the audit team leader (or sub-team leader). Direct interactions between observers and auditee personnel will generally be discouraged and it may be necessary to exempt observers from certain portions of an audit (such as procurement actions that are in-process, classified material, or sensitive personnel records). The DOE policy is that every effort is to be made to limit such exemptions and to include observers as full participants in all aspects of the audit possible.
6. The State, Tribal and NRC representatives who will be participating in a QA audit are to be furnished a copy of the audit checklist as soon as it is available. A target date of ten days prior to the audit will be attempted. The State, Tribal and NRC representatives who receive audit checklists are, of course, to keep their contents confidential and to not, under any circumstances, divulge its contents to representatives of the organization to be audited.
7. DOE encourages observers to receive formal QA auditor training and QA lead auditor training. Every effort to accommodate State, Tribal and NRC representatives in DOE sponsored training courses is to be made. There are, however, no DOE requirements for observers to have had such training.
8. DOE invites observers to express concerns and recommendations on the auditee's QA program to the audit team leader for his consideration in preparing the audit report. DOE also invites observations on the conduct of the audit and solicits recommendations on how we might improve our audit process. Observers will be afforded an opportunity to speak at exit meetings following each audit. Regular opportunities are to be provided to observers during the course of the audit and at the quarterly QACC meeting for State, Tribal and NRC representatives to discuss their comments and recommendations.

HLW DIVISION PROCEDURE FOR CONDUCTING OBSERVATION AUDITS OF DOE HIGH LEVEL WASTE REPOSITORY PROGRAM QA AUDITS

1.0 PURPOSE

This procedure describes the High-Level Waste Management Division's methodology for conducting observation audits of quality assurance (QA) audits performed by the Department of Energy (DOE). These audits may be performed on DOE, its contractors and subcontractors, its participating organizations, and may include contractor audits of their subcontractors. For example, the staff may observe a USGS audit of one of their contractors.

The primary objective of the Nuclear Regulatory Commission's (NRC) observation audit program is to gain confidence that the DOE is implementing a program which meets the NRC's QA program requirements established in 10 CFR 60, Subpart G. This confidence is gained by assessing DOE's ability to identify and correct problems through their audit program. Observation audits will be the principal means for the staff to assess the implementation of the DOE program prior to the start of extensive site characterization activities. Observation audits also enable the staff to provide guidance to the DOE on QA program implementation and the overall DOE audit program. The staff will follow-up on staff concerns with respect to the audit and/or deficiencies identified by the audit team. This will assure the staff that corrective action is being performed and QA programs are being properly implemented.

2.0 OBJECTIVE

The objective of this procedure is to describe techniques for assessing the overall effectiveness of a quality assurance program audit conducted in the DOE program. Guidance on the following areas is provided:

- (a) Qualifications required for the observers.
- (b) Responsibilities
- (c) Criteria for selection of audits for observation
- (d) Areas to be observed
- (e) Protocol during the observation audit
- (f) Reporting requirements
- (g) Follow-up

3.0 QUALIFICATIONS OF THE OBSERVERS

Personnel selected for observation audits shall have experience or training commensurate with the scope, complexity, or special nature of the activities to be audited (e.g., technical observers shall be selected based on their education and experience in the technical area being audited). The observers shall be selected based on the following qualifications: auditing and technical experience, education, auditor training, communication skills, and knowledge of QA, technical, and regulatory requirements. All observers shall meet the requirements of ANSI/ASME NQA-1-1983 for auditor qualifications.

The training program for observers should address the following:

- 3.1 (a) The basics of the audit process

- (b) Applicable requirements documents
- (c) DOE/NRC protocol for observers
- (d) Conduct of observers

Attendance and successful completion of an exam covering the topics above should be completed prior to any staff member participating as an observer.

4.0 RESPONSIBILITIES

The following identifies the responsibilities of individuals involved in the observation audit process:

- 4.1 Operations Branch Chief
 - (a) Approval of observation audit schedule.
 - (b) Reviewing and approving the final report.
 - (c) Transmitting the final report to the DOE.
- 4.2 Functional Section Leaders (QA and technical sections)
 - (a) Preparation of observation audit schedule in consultation with P/M and technical branch (QA Section Leader only)
 - (b) Selection of observers.
 - (c) Assuring that observers are indoctrinated and trained for the audit observation. This information shall be documented and retained.
 - (d) Concurring on final report.
 - (e) Revising observation audit procedure as needed.
- 4.3 Project Manager (HLOB)
 - (a) Coordinating the arrangements for the observation, including meeting notices for the State, letters to DOE, coordinating with TRB and QA section to assure integration.
 - (b) Acting as the principal spokesperson for the NRC during the audit. P/M will rely on functional staff to explain observations or other topics within their discipline.
 - (c) Ensuring during the audit that all concerns, positions, methods, etc. are consistent with Commission and Office policies.
 - (d) Writing the transmittal letter to DOE.
 - (e) Co-authoring report.
 - (f) Integrating evaluations of technical section and QA section observers, as necessary.
 - (g) Leading observation audit team during the audit.
- 4.4 Observers
 - (a) Evaluating the DOE audit program in accordance with this procedure, reviewing pertinent background information (such as the DOE audit plan, previously identified open items, the checklist, the QA plan, and any necessary technical procedures or documents).
 - (b) Completing the checklist described in Attachment A.
 - (c) Writing the report (for their area of responsibility).
 - (d) Concurring on report.
 - (e) Explaining NRC observations to DOE audit team, as necessary.

Technical staff members will be primarily responsible for evaluating the effectiveness of the DOE audit team in assessing the quality of the technical work. QA staff will primarily be responsible for evaluating the audit team's assessment of the controls applied to work. Because these areas overlap, and because individual team members may possess qualifications in areas outside of their specific responsibilities, QA and technical staff should coordinate and integrate their review of the DOE audit.

5.0 CRITERIA FOR SELECTION OF AUDITS FOR OBSERVATION

The selection of audits for observation should be based on the following:

- (a) The importance of the activity being audited (for example, critical path activities which provide site characterization data which are important to public radiological health and safety and/or waste isolation).
- (b) The time since the last audit (NRC, DOE, WMPO, etc).
- (c) The results of previous audits, observation audits, or other reviews by NRC or DOE, particularly those which identified major concerns.

The OCRWM Consolidated Audit Schedule should be used for determining which audits are planned by DOE.

6.0 AREAS TO BE OBSERVED

See Attachment A for instruction on the areas to be observed and the use of a checklist to document results.

7.0 PROTOCOL DURING AUDIT

During the observation audit, the staff shall conduct themselves in a professional and cooperative manner. Observers should coordinate with the DOE audit team leader to assure that the effectiveness of the audit team is not disrupted. Observers are encouraged to participate fully by furnishing their questions, observations, and recommendations to the DOE audit team leader. Efforts should be made by the observer to minimize direct questions of the audited organization. It may be necessary to exclude observers from certain portions of the audit (such as procurement actions that are in-process, or sensitive personnel records). Observers should obtain a copy of the audit checklist as soon as it is available and should prevent predisclosure of the list to the audited organization.

All staff concerns should be communicated to the audit team leader in a clear and timely manner. Observers shall indicate the acceptable areas of the audit program as well as express concerns, or recommendations to the DOE audit team leader prior to leaving the site. Every attempt should be made to express their concerns daily to the DOE audit team leader. Whenever possible, the observers should attend the entrance and exit meetings and audit team caucuses. The observers should also express their concerns about the adequacy and implementation of the audited organization's QA program to the audit team leader prior to the exit meeting. Observer concerns about the conduct of the audit should be addressed only to the audit team leader unless directed otherwise by the audit team leader. The audit team leader should be given the opportunity to respond to staff concerns. The observer should consider any new

information provided to determine if concerns are still valid. Efforts should be made to reach agreement with the audit team leader on the nature of the concern and where necessary, that appropriate corrective action will be taken. All observations should be based on facts and personal opinions should be avoided.

8.0 REPORTING REQUIREMENTS

A report shall be written upon completion of the audit and will be sent to the Director, Office of Systems Integration and Regulations, Office of Civilian Radioactive Waste Management, Department of Energy. The DOE Project Office (WMPO), the State of Nevada, and the organization that conducted the audit shall also receive a copy of the report. The report shall evaluate the overall effectiveness of the DOE audit in assessing the implementation of the QA program. Needed improvements in the audit, which would make future audits acceptable to the staff, should be identified. The areas addressed in the checklist (Attachment A) should be included in the report to the extent that each was observed. In addition, each report shall address the audit results. The report should address the positive as well as the negative aspects of the audit.

The format of the report should include the following headings:

8.1 Summary

- (a) Objective of audit and audit observation
- (b) Scope of audit
- (c) Main conclusions on overall effectiveness of audit and major areas needing improvement.

8.2 Introduction

- (a) Contents of report (observations, DOE findings, audit team members, etc.)
- (b) Date(s) of audit observation and the organization being observed
- (c) General background information about the audited organization (e.g., their scope of work and importance to safety or waste isolation.

8.3 Audit Purpose and Scope

- (a) Based on DOE's and NRC's perspective
- (b) QA criteria and technical work audited

8.4 Audit Team Members and Observers (name, title, and affiliation)

8.5 NRC Observations of the Audit Team

- (a) Addresses each area described in the checklist (Attachment A) to the extent that each was observed.
- (b) Conclusions should be based on facts. Subjective judgements should be minimized.
- (c) Supporting detail (i.e., examples) should be provided as necessary to clearly support the observations.

8.6 Preliminary Results/Findings of Audit Team

- (a) Attach a copy of the draft results or summarize the results.

8.7 Appendices may be attached which address specific observations such as:

- (a) Observations and open items with respect to the audited organization's QA program identified by the audit observer.

9.0 FOLLOW-UP

The staff may elect to observe follow-up audits or surveillances by DOE which are needed to verify that the audited organization is implementing the necessary corrective action. Likewise, follow-up audits by the staff may be necessary to ensure that those recommendations for improving the DOE audit program are being implemented. It is the responsibility of the observers to track all staff concerns. All concerns shall be documented and subsequently closed out upon satisfactory resolution of the concern. The actions taken to resolve the issue shall be documented.

10.0 REFERENCES

ASME/ANSI NQA-1-1983
10 CFR Part 50 Appendix B
OCRWM Consolidated Audit Schedule
DOE Memo on Observer Protocol (July 14, 1987)

ATTACHMENT A

AREAS TO BE OBSERVED AND CHECKLIST COMPLETION

This attachment provides guidance on the areas to be addressed before or during the observation audit. A checklist (attached) shall be used which documents the area investigated and the results. The checklist is intended to be a guide for the audit observers. Observers should rely on their professional judgement in deciding which areas to emphasize or de-emphasize in the checklist. The staff should place a greater focus on performance of the audit team rather than just programmatic compliance. This means did the audit team verify that the audited organization's QA program is producing quality products (i.e., reports, data, test procedures) and the documentation necessary to defend that work in licensing. In addition, concerns should be put into perspective. For example, does a missing signature have a negative effect on the effectiveness of the audit? If not, the staff should clearly indicate that a noncompliance exists but it did not result in reduced product quality. The product, in this case, is an effective audit.

HLWM DIVISION OBSERVATION
AUDIT CHECKLIST

1. Observation Audit No:
2. Observer:
3. Date(s) of Audit:
4. Audited Organization:
5. Audit Conducted By:

PROCEDURE: The areas listed should be addressed either before or during the audit. When information used to support staff conclusions is obtained by verification of documented evidence, appropriate documents should be referenced. However, in those instances where only verbal information can be obtained, this shall be noted and the person contacted documented, so that appropriate follow-up action can be taken to verify that supporting documentation exists.

The observation audit number shall be placed on each successive checklist sheet. In addition, upon completion of the respective checklist, the NRC observer shall sign and date each checklist sheet in the space provided. Lastly, for those areas not covered or not applicable (NA) the auditor shall document this and provide justification in the "RESULTS" section of the checklist.

The following checklist has been organized in relative order of importance. This will emphasize audit performance rather than procedural compliance.

Staff should not be limited to only those questions on the list, but should pursue any others which will assist in achieving the objective of the observation audit.

REQUIREMENT	INVESTIGATING GUIDELINE	EVIDENCE EXAMINED	RESULTS
NMWSI/88/9 XVIII Section 1.1	<p>I. <u>Selection of Areas to be Audited</u></p> <p>(a) Were all 18 criteria and associated requirements of Appendix B examined? If not, was an acceptable rationale provided?</p> <p>(b) What was the scope of important to safety or waste isolation activities being audited? Was the audit scope of important to safety or waste isolation work sufficient to assess the overall effectiveness of the QA program?</p> <p>(c) Was the checklist comprehensive in its coverage of Appendix B QA requirements? If not, was an acceptable rationale provided?</p>		
NQA-1-1983 Supp. 18S-1 Section 4	<p>II. <u>Timing of Audit</u></p> <p>(a) Was the audit scheduled based on the status and safety importance of the activities being performed?</p>		
NRC Review Plan Section 18.2	<p>III. <u>Examination of Technical Products</u></p> <p>(a) Were technical specialists part of the audit team?</p> <p>(b) Were the technical specialists knowledgeable in the areas being audited (i.e., geochemists for geochemistry)?</p> <p>(c) Were technical checklists utilized during the audit?</p>		
NQA-1-1983 Supp. 2S-3 Section 2.1	<p>(d) Did the quality assurance audit team members perform an integrated review (e.g. were problems identified by technical team members examined to determine if a quality assurance program deficiency caused them)? Also, were QA program deficiencies examined to determine their effect on technical products?</p>		
NQA-1-1983 Supp. 18S-1 Section 4			
NQA-1-1983 Supp. 2S-3 Section 2.1			

Signature/Date _____

OBSERVATION AUDIT No. _____

REQUIREMENT	INVESTIGATING GUIDELINE	EVIDENCE EXAMINED	RESULTS
	<p>(e) In the examination of technical products,</p> <ul style="list-style-type: none"> - were calculations checked - did the technical procedures reflect standard industry practice - for exotic techniques, was a peer review conducted - was sufficient information recorded in the lab notebook to reconstruct the test or reproduce the data by an independent investigator - were technical procedures consistent with test plans or technical plans - were all technical comments, by technical reviewers, documented and resolved - were the resolutions valid - was the work classified correctly as important to safety or waste isolation (i.e., have quality levels been properly assigned) <p>Note: WHPO classifies major activities for participating organizations. Specific activities, however, classified by the audited organization should be reviewed.</p> <ul style="list-style-type: none"> - were nonconformances appropriately dispositioned 		
	<p>(f) Were software QA controls audited for conformance to appropriate criteria? What were the criteria?</p>		
	<p>IV. <u>Conduct of the Audit</u></p>		
	<p>(a) Were the auditors persistent and thorough in their investigations?</p>		
	<p>(b) Was the nature of the findings significant or trivial (e.g., lack of an inspection/surveillance program or lack of one signature from a large sample)?</p>		

NQA-1-1983
 Supp. 185-1
 Section 4

QMP-16-03
 Section 5.2.1.2

Signature/Date _____

OBSERVATION AUDIT No. _____

REQUIREMENT	INVESTIGATING GUIDELINE	EVIDENCE EXAMINED	RESULTS
NNWSI/88-9 XVIII Section 1.4	(c) Did the auditors reach a conclusion based on facts?		
10 CFR 50 App. B XVI	(d) Did the auditors do research to determine if the finding is a system discrepancy or an isolated flaw?		
NRC Review Plan Section 18.8	(e) Did the auditor verify evidence for root cause analysis before closing out past findings?		
NQA-1-1983 Supp. 18S-1 Section 4	(f) Were conditions requiring prompt corrective action reported immediately to management of the audited organization?		
NQA-1-1983 Supp. 18S-1 Section 4	(g) Was objective evidence examined to the depth necessary to determine if the 18 criteria elements are being implemented effectively?		
	(i) Was an appropriate mix of technical and programmatic auditing performed based on the area being audited?		
OMP-18-01 Figure 2	(j) Review the audit checklist for the following: <ul style="list-style-type: none"> - can the audit be reconstructed from the evidence recorded on the checklist - did the checklist document the persons contacted or ref. the documents reviewed - was the sample size recorded - was the auditor and the audit number identified - were the requirements listed - were conclusions/results recorded 		

Signature/Date _____

REQUIREMENT	INVESTIGATING GUIDELINE	EVIDENCE EXAMINED	RESULTS
10 CFR 50 App. B 11 NQA-1-1983 Supp. 2S-3	V. <u>Qualification of the Auditors</u>		
	(a) Nuclear licensing experience (b) Nuclear QA experience (c) Years of experience (d) Training in auditing techniques (e) Technical expertise in area being audited (f) Conformance with NQA-1 for auditors and lead auditors		
NQA-1-1983 Supp. 18S-1 Section 3.1	VI. <u>Audit Team Preparation</u>		
	(a) Did the audit plan include: - audit scope - requirements - audit personnel - activities to be audited - organizations to be notified - applicable documents - schedule - procedure of checklist to be used		
	(b) Were checklist questions, which can be answered during a desk audit, completed prior to the conduct of the audit?		
NQA-1-1983 Supp. 2S-1 Section 2.1	(c) Was the audit team knowledgeable in the following: - the audited organization's policies and procedures - applicable industry standards - the applicable regulations - the applicable NUREGs on peer review and old data		
NQA-1-1983 Supp. 2S-3 Section 2.1	(d) Can "technical" checklist questions be answered by "non-technical" personnel who lack expertise in the given subject matter?		
QMP-18-01 Section 5.3	(e) Did the audit team attend the presudit conference and is this documented?		
	(f) Was the applicable auditing procedure properly used by the audit team?		

Signature/Date _____

OBSERVATION AUDIT No. _____

REQUIREMENT	INVESTIGATING GUIDELINE	EVIDENCE EXAMINED	RESULTS
NQA-1-1983 App. 18A-1, Section 4.1	<u>VII. Conduct of Entrance/Exit Meeting</u>		
NMMSI/88-9 Section XVIII, 1.4	(a) Was the scope and objective of the audit clearly discussed?		
NMMSI/88-9 Section XVIII, 1.6	(b) Were the audit results clearly communicated to the audited organization?		
DOE Memo on Observer Protocol (July 14, 1987)	(c) Did the auditor obtain a commitment from the audited organization to evaluate noted discrepancies and to respond?		
	(d) Were the audited organization and observers afforded the opportunity to present additional information or make comments?		
NQA-1-1983 Supp. 18S-1 Section 3.3	<u>VIII. Audit Team Coordination</u>		
QMP-18-01 Section 5.8.1.	(a) Did the lead auditor coordinate the audit team and integrate individual findings, trends, etc.		
	(b) Did the audit report reflect what was discussed by the audit team? This will be verified at a later date since staff observation audit reports should be completed before the audit team issues their audit report.		
	(c) Were daily or an appropriate frequency of audit team caucuses held?		
NQA-1-1983 Supp. 18S-1 Section 3.2	<u>IX. Audit Team Independence</u>		
	(a) Were audit personnel independent of any direct responsibility for performance of the activities which they will audit?		

Signature/Date _____

REQUIREMENT

INVESTIGATING GUIDELINE

EVIDENCE EXAMINED

RESULTS

NQA-1-1983
Supp. 185-1
Section 3.2

(b) For internal audits, were personnel having direct responsibility for performing the activities being audited involved in the selection of the audit team?

NQA-1-1983
Supp. 185-1
Section 3.2

(c) Did audit personnel have sufficient authority and organizational freedom to make the audit process meaningful and effective?

Signature/Date _____

HQ OBSERVATION OF WMPO QUALITY ASSURANCE AUDITS

Audit No. _____

Audited Organization
and Location _____

Date of Audit _____

Observer _____

General Observation Areas

1. Was the content of the Audit Plan and Checklist adequate?
2. Did the audit team have adequate knowledge of the audited organization (i.e., scope of work, procedures, policies, etc.)?
3. a) If appropriate, were technical areas as well as QA programmatic areas audited? b) Was the extent and depth of review of the technical areas adequate? c) Were the technical specialists knowledgeable in the areas being audited?
4. Were known problem areas identified from previous audits investigated?
5. Was the scope of the audit clearly presented to the audited organization?
6. Were the audit results clearly communicated to the audited organization?
7. Did the auditor obtain commitments from the audited organization to correct noted discrepancies?
8. If applicable, were all 18 criteria of 10CFR50, Appendix B covered?

9. Was the purpose or objective of the audit clearly presented?
10. Were the auditors knowledgeable about the documents they were auditing to?
11. What was the nature of the findings (i.e., significant, trivial, etc.)?
12. Were conclusions reached on a solid foundation of facts with objective evidence to back them up?
13. Did the Lead Auditor take charge and run the audit?
14. Were daily or appropriately frequent caucuses held?

Requirements of WMPO QMP-18-01, Revision 1

1. Sect. 3.4
...
Is the audit team leader certified to develop and perform an audit, report audit findings, and to follow-up and evaluate corrective actions?
2. Sect. 4.1.6
Are conditions adverse to quality evaluated and reported on Standard Deficiency Reports (SDRs) per QMP-16-03?
3. Sect. 5.2.2 . Are the requirements of this section met?
4. Sect. 5.3.1 Was a pre-audit conference held per this section?
5. Sect. 5.4.1 Were pre-prepared audit checklists used in the conduct of the audit?
6. Sect. 5.4.1 Is objective evidence examined and documented for compliance with the checklist requirements?
7. Sect. 5.4.1.1 Is each "not applicable" or "not audited" entry on the checklist explained?
8. Sect. 5.4.1.2 Is reference to specific deficiencies noted on the checklist by documenting the sequential number of the SDR rough draft (or number of the observation)?

ATTACHMENT 1

YMPO QUALITY ASSURANCE AUDIT TASK ORGANIZATION

YMPO

PROJECT MANAGER

YMPO

PROJECT QUALITY MANAGER

AUDIT MANAGER

AUDIT TEAM LEADER/LEAD AUDITOR (1)

AUDITORS (2)

- (1)
 - o Responsible for the overall planning, conduct, and reporting of audits.
 - o Reports to manager of audits on administrative and operational matters.
 - o Is in charge of the audit team from activation to deactivation.
 - o Directs the activities of assigned auditors in accordance with the audit plan and associated checklists.
- (2)
 - o Develops programmatic checklists to NNWSI program requirements.
 - o Performs the programmatic phase of the audit to approved checklists.
 - o Initiates observations, recommendations, and standard deficiency reports (SDRs) as required.
 - o Authenticates SDRs co-authored by technical specialists.

**YUCCA MOUNTAIN PROJECT
AUDIT OBSERVER INQUIRY**

N-QA-084
4/89

Audit No. _____

Log No. _____

Name _____ Organization _____

YMP Requirement Reference _____

Question/Concern _____

Response _____

Observer's Acknowledgement

Cleared for Submittal to YMP Participant

Lead Auditor / Lead Technical Specialist

Incorporated in YMP Audit Checklist...Ref

Audit Team Leader

ATTACHMENT 3

OBJECTIVES FOR THE TECHNICAL PHASE OF THE QUALITY ASSURANCE AUDIT

In order to provide a unified approach to the conduct of the technical phase of a Quality Assurance audit, the following questions are provided. The intention is to have these questions serve as the basis for the questions developed in the technical checklist (XX-2).

- o Were there sufficient technical procedures for the activity under review?
- o Were the procedures in place technically adequate for the intended application?
- o Did the prime or critical methodologies employed consider existing/accepted approaches and technologies?
- o Where controversial methodologies were employed was an adequate peer review performed?
- o Was the background/credentials of those individuals engaged in the task activity appropriate to the desired/intended outcome of the activity?
- o Was the level of effort/rigor employed commensurate with the stated objectives of the task/activity?
- o Where concerns exist as to the efficacy of an activity is a further technical review indicated?
- o Where the interim analysis or interpretation of data supports reported results is the analysis/interpretation appropriate for the proposed activity/task?
- o Were the design calculations, design methods, and design analyses employed for an activity appropriate to the maturity of the design?

AUDIT 89-5 (REECo)
TENTATIVE AUDITING SCHEDULE

MON SEPT. 25	TUES SEPT. 26	WED SEPT. 27	THUR SEPT. 28	FRI SEPT. 29
08:00 OBSERVER MEETING 10:00 PRE-AUDIT CONFERENCE	08:00 - 11:30 TPO MEETING CRITERIA 3, 17, 15, 4 8, 1	08:00 - 11:30 TPO MEETING CRITERIA 10, 6, 18, 7 9, 2	08:00 - 11:30 TPO MEETING CRITERIA 11, 16, 18, 5 13, 12	08:00 TPO MEETING 10:00 POST-AUDIT CONFERENCE
11:30 - 12:30 LUNCH	11:30 - 12:30 LUNCH	11:30 - 12:30 LUNCH	11:30 - 12:30 LUNCH	
12:30 - 03:30 CRITERIA 3, 17, 14, 4, 8, 1	12:30 - 03:30 CRITERIA 3, 17, 15, 4, 7, 9, 2	12:30 - 03:30 CRITERIA 10, 6, 18, 7, 5, 13, 2	12:30 - 03:30 CRITERIA 16, 5, 12	
04:00 CAUCUS	04:00 CAUCUS	04:00 CAUCUS	04:00 CAUCUS	



89-2-12

REECO
PROJECT OFFICE/QA
FEB 2 8 20 AM '89

Department of Energy
Nevada Operations Office
P. O. Box 98518
Las Vegas, NV 89193-8518
JAN 26 1989

WBS 1.2.9
"QA: N/A"

Robert F. Pritchett
Technical Project Officer for Yucca Mountain Project
Reynolds Electrical &
Engineering Co., Inc.
P.O. Box 98521
Las Vegas, NV 89193-8521

YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) APPROVAL OF THE REYNOLDS ELECTRICAL & ENGINEERING CO., INC. (REECO) YUCCA MOUNTAIN PROJECT QUALITY ASSURANCE PROGRAM PLAN (QAPP), REVISION 7, (568-DOC-115) (NN1-1989-1054)

Reference: Letter, Fox to Blaylock, dtd. 12/23/88

The Project Office has completed its review of Revision 7 to the REECO QAPP. The Project Office has found the subject QAPP revision to be consistent with the requirements of the Yucca Mountain Project Quality Assurance (QA) Plan (88-9), Revision 2, and approves it for use on the Yucca Mountain Project.

Upon receipt of this letter, please submit a controlled copy of the REECO QAPP and all controlled documents that implement this plan (e.g., instructions, procedures, and drawings) and revisions thereto to the QA Support Contractor and Yucca Mountain Project QA Office for reference and use.

Your cooperation regarding this matter is appreciated. Should you have any questions, please contact Albert C. Williams of my staff at 794-7591 or Kent B. Johnson of Science Applications International Corporation at 794-7751.

YMP:JB-1719

Waldura for
James Blaylock
Project Quality Manager
Yucca Mountain Project Office

NO.	DESCRIPTION	DATE	STATUS
1	QAPP		✓
2	PROCESSES		
3	PROCEDURES		✓
4	DRAWINGS		
5			
6			
7			
8			
9			
10			

central files

FULL TEXT ASCII SCAN

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REYNOLDS ELECTRICAL & ENGINEERING CO., INC.

QUALITY ASSURANCE PROGRAM PLAN

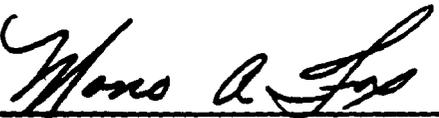
FOR THE

YUCCA MOUNTAIN PROJECT (YMP)

APPROVED BY



TECHNICAL PROJECT OFFICER



PROJECT QUALITY ASSURANCE MANAGER

Effective Date: 1-26-'89

REVISION RECORD FOR THE
YMP QUALITY ASSURANCE PROGRAM PLAN

<u>QAPP</u>	<u>EFFECTIVE DATE</u>
568-DOC-115, Rev. 0	
568-DOC-115, Rev. 1	
568-DOC-115, Rev. 2	
568-DOC-115, Rev. 3	10/23/85
568-DOC-115, Rev. 4	10/31/86
568-DOC-115, Rev. 5	01/07/88
568-DOC-115, Rev. 6	10/31/88

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INTRODUCTION

REECo is the prime contractor to the U.S. Department of Energy (DOE) at the Nevada Test Site (NTS) providing support for subsurface and surface construction, drilling, and mining. REECo assists in the operation and maintenance of the site facilities and provides procurement activities for the Yucca Mountain Project (YMP) when requested. The REECo Quality Assurance Program Plan (QAPP), describes the policies and methods used by REECo to conduct quality related activities in support of the Yucca Mountain Project.

This document provides the Quality Assurance Program Plan to implement the YMP Quality Assurance (QA) Plan, YMP/88-9, Revision 2. It ensures that adequate quality assurance measures are applied and that records provide traceability for those activities of the YMP that are controlled directly by REECo.

The Reynolds Electrical & Engineering Co., Inc., Quality Assurance Program Plan (REECo QAPP) is issued as a controlled document. It contains a separate cover sheet, a revision record, and a table of contents. As revisions are issued, the revision record, the table of contents, and applicable portions of the QAPP will be updated and issued to all holders of the controlled document.

Changes to this revision are indicated by a vertical line in the margin. This revision reflects the change from the Nevada Nuclear Waste Storage Investigations (NNWSI) designation of the Project to the Yucca Mountain Project (YMP) in all such applicable references.

POLICY

REECo considers quality assurance an essential element of all of its Yucca Mountain Project activities. The Quality Assurance program for the YMP is based upon the YMP Quality Assurance Plan, YMP/88-9.

It is REECo's policy to apply an approach to quality assurance that recognizes the importance of radiological and nonradiological safety related operations, and that assures that activities affecting quality, safety, reliability, and maintainability during design, procurement, construction, test, storage, or other DOE-directed REECo functions are conducted in accordance with established procedures and specified requirements. This approach is designed to ensure that each activity is assigned a level of quality consistent with the relative impact and/or importance to the project and that it is implemented in accordance with that assigned level. The YMP Project has designed the quality system to provide three QA levels of activity: Quality Assurance Levels I, II, and III. These are defined in Section II, Quality Assurance Program.

SECTION I ORGANIZATION

1.0 GENERAL

REECo operates as the prime support contractor to the U.S. Department of Energy's Nevada Operations Office (DOE/NV) and is under the direction of the Nevada Test Site Office (NTSO), and the Yucca Mountain Project Office (YMPO) for logistical and functional operations at the NTS. In matters of quality policy, REECo interfaces with DOE/NV, DOE YMP, and DOE/NTSO in the establishment of a consistent quality assurance approach to the problems of the YMP activities. An organization chart indicating these interface relationships is shown in Figure 1.

Within the Company, REECo has chartered a separate entity, REECo/YMP Quality Assurance, which reports to the Technical Project Officer (TPO), to guide, direct, support as appropriate, and monitor the quality activities of the various functional organizations. Personnel assigned to REECo YMP Quality Assurance occupy full time dedicated QA positions.

The organizational structure depicting those positions responsible for the management and implementation of the REECo Quality Assurance Program and the relationships of those individuals and/or organizational elements responsible for the performance of activities affecting quality is shown in Figure 2. REECo may delegate to others the work of establishing and executing the Quality Assurance (QA) program, or any part thereof, but shall retain the responsibility therefore.

1.1 GENERAL MANAGER

The General Manager has overall responsibility for the REECo Yucca Mountain Project Quality Assurance Program, furnishes program guidance and delegates responsibility and authority to the YMP Division Manager for all YMP-related tasks.

1.2 YMP DIVISION MANAGER

The YMP Division Manager also functions as the Technical Project Officer (TPO), reports directly to the General Manager, and is responsible for all YMP activities. The Division Manager/TPO is the one point contact between REECo, the DOE, Participating Organizations and other Support Contractors on all Project activities, and functions in the same capacity for all REECo internal organizations. The TPO is responsible to the YMPO Director to ensure that the Project activities for which REECo is responsible are performed in accordance with project requirements.

1.3 YMP QUALITY ASSURANCE MANAGER

The YMP QA Manager reports directly to the YMP Division Manager/TPO and is responsible for the Quality Assurance Program. He supervises the activities of the Project QA Organization and establishes standards of quality. He provides guidelines for designing and developing quality activities, assists others in implementing those activities, and audits the Project Quality Assurance Program. In addition, he maintains a Quality Assurance Reporting System, conducts special tests and certifications as necessary, represents the Company in quality interfaces with other agencies and contractors, and provides quality training and familiarization, as necessary. He provides for the performance of periodic audits, and maintains an ongoing surveillance of the achievement and maintenance of quality.

1.4 YMP DEPARTMENTS

All REECo departments participating in the YMP interact with each other to perform tasks identified by work order, QAL, and WBS number. All tasks are performed in accordance with Project Administrative Procedures, this QAPP, and implementing procedures. The following departments provide support for accomplishing project tasks. Their organization structure, lines of communication, authority and duties of persons and organizations performing activities which affect quality are as delineated. Organizational reporting is as indicated:

Occupational Safety & Fire Protection - The manager of Occupational Safety & Fire Protection Services is responsible for the REECo Safety program as it applies to the Project. Personnel within this department performing project activities report to their department manager who in turn reports to the TPO. As a minimum, personnel working on the Project are responsible for non-radiological safety.

Personnel - The manager of the Personnel Department is responsible for developing and implementing training programs as required for the Project. In addition this department is responsible for the verification of education and experience requirements of personnel performing activities on the project which affect quality. Personnel performing Project activities report through the department manager to the TPO.

Power, Electronics & Communications - The manager of this department is responsible, as a minimum, for the requisitioning, inspection, installation, and maintenance of power and communications requirements for the Project. Personnel within this department performing assigned YMP activities report to the department manager who in turn reports directly to the TPO on YMP activities.

Supply & Property Management - This office is, as a minimum, responsible for operating and maintaining warehousing functions, i.e., receiving, handling, storage, and issuance of items for the Project. Personnel performing these activities report to the YMP Logistical Support department manager who in turn reports to the TPO.

Procurement - The Procurement Section is, as a minimum, responsible for all procurement activities pertaining to the Project and performed for REECo, NTS Contractors, and the DOE/YMP. Personnel performing these activities report to the YMP Logistical Support department manager who in turn reports to the TPO.

Subcontracts - This section is responsible for the administration of subcontracts for the Project. Department personnel performing these activities report to the YMP Logistical Support department manager who in turn reports to the TPO.

YMP Information Management- This department is responsible to the TPO for administration of the records management system for the Project. Department personnel performing the review, indexing, storage, and other required tasks for the maintenance, storage, and retrievability of project records report to the department manager who in turn reports to the TPO.

Physical Standards Laboratory (PSL) - The manager of the Quality Assurance Division (QAD) is responsible for activities and administration of the Physical Standards Laboratory. For performance of PSL activities pertaining to the Project he reports to the TPO. PSL personnel performing calibration of physical standards, i.e., MASS, flow, temperature, etc., for project participants report to the Section Chief in charge of the PSL who in turn reports to the division manager.

Weld Laboratory - The manager of the Quality Assurance Division (QAD) is responsible for Project activities performed by the Weld Laboratory and in these matters reports to the TPO. Such activities as qualification testing and certification of NTS welders are performed by Weld Laboratory personnel who report to the responsible Section Chief within the QAD who reports to the division manager.

FOD/DOD - The department manager is responsible for supporting, as a minimum, Project activities in G-Tunnel, i.e., prototype testing, and maintenance of the Climax facility. Personnel performing Project activities report to the department manager who in turn reports to the TPO.

Surface Drilling - This section is responsible for supporting, as a minimum, YMP drilling program requirements as defined by the YMPO. Personnel performing drilling activities report to the YMP Construction department manager who in turn reports to the TPO.

Operations Equipment - The department manager is responsible for Project activities performed by the department. As a minimum, Operations Equipment specifies, procures, and maintains major equipment used on the project. Repair, electrical, and machine shop capabilities are available to support Project requirements. Personnel performing such activities report to the department manager who in turn reports to the TPO.

Environmental Sciences (ES) - The department manager is responsible for the administration of an Industrial Hygiene Program for the Project. A manager of Industrial Hygiene reports to the ES Manager. Personnel performing department activities of Industrial Hygiene report to the department manager. The ES Department Manager reports to the TPO for Project activities.

YMP Construction - This department provides support to the YMP for surface, underground, and construction engineering as well as surface drilling. Personnel performing these activities report to the department manager who in turn reports to the TPO.

YMP Control - This department provides support to the YMP in the areas of estimating, scheduling, material control, and cost control. Personnel performing these activities report to the department manager who reports to the TPO.

Training - The Training section is a part of the YMP Logistical Support Department and is responsible for the training of YMP personnel to the Project plans, policies, and procedures as required. Personnel performing training activities report to the department manager who reports to the TPO.

YMP Quality Assurance - This department is responsible for administering the REECo/YMP QA program. Department personnel performing these activities report to the Project QA Manager who reports to the TPO.

General Notes:

1. The above listed department managers, which provide matrix support, respond administratively to their respective Division Manager. For YMP activities these division managers report to the TPO providing their divisional matrixed support as required.
2. In all QA matters pertaining to the Yucca Mountain Project, all REECo personnel have direct access to the Project Quality Assurance Manager.

1.5 PROJECT PARTICIPANTS

REECo interfaces with the project organizations listed below in the manner delineated, as a minimum, and depicted organizationally in Figure 1.

Lawrence Livermore National Laboratory (LLNL) - REECo supports LLNL in the Spent Fuel Test-Climax demonstration experiments, and future requirements as made evident by project requirements. This includes the transportation and maintenance of Casks and the Climax facility.

Los Alamos National Laboratory (LANL) - REECo supports LANL who is acting as lead technical organization for the Exploratory Shaft. This includes the review of study plans and supplying expertise in the area of shaft construction, drilling, and mining.

Sandia National Laboratories (SNL) - REECo provides G-Tunnel support to Sandia for performance of their responsibilities in the area of prototype testing, thermal and mechanical properties of host rock, and in other areas as made evident by project requirements. REECo support consists of providing the mining support of men and equipment for accomplishing Sandia's assigned tasks.

United States Geological Survey (USGS) REECo provides drilling support to the USGS for site characterization of geology, hydrology, tectonism, volcanism, and seismicity. Additional activities performed for the USGS are procurement, transportation of core, and maintenance of facilities.

EG&G, Incorporated - REECo interface with EG&G on the YMP by utilizing EG&G calibration services for electronic test and measuring equipment.

Science Application International Corporation (SAIC) - REECo interfaces with SAIC in the areas of quality assurance, records management, exploratory shaft facility, and other technical and management support services, as required, and for which SAIC is responsible to the DOE/YMP.

Fenix and Scisson, Inc. (F&S) - REECo interfaces with F&S, the architect-engineer (A-E) for drilling and mining for the Project by providing, as a minimum, procurement, calibration, and drilling program support.

Holmes and Narver, Inc. (H&N) - REECo interfaces with H&N, the architect-engineer (A-E) for above ground facilities for the Project by providing, as a minimum, procurement and calibration services. In addition, REECo will provide samples to the H&N Materials Testing Laboratory and obtain H&N services for the radiographic inspection of weldments.

Yucca Mountain Project Office (YMPO) - This office of the Department of Energy (DOE) is responsible for management and direction of all programmatic activities. REECo interfaces with the YMPO to provide subsurface and surface construction, mining, and drilling support services. For the Project REECo assists in the operation and maintenance of the site facilities and provides procurement and logistical services as requested.

2.0 QA FUNCTIONS

The QA functions are those of assuring that an appropriate QA program is established and executed effectively and of verifying, such as by checking, auditing, surveillance and inspection, that activities that affect the quality functions have been performed correctly. The persons and organizations performing QA functions shall have sufficient authority, access to work areas, and organizational freedom to identify quality problems; to initiate, recommend, or provide solutions through designated channels; to verify implementation of the solutions through designated channels; to verify implementation of the solutions; and to assure that further processing, delivery, installation, or use is controlled until proper disposition of a nonconformance, deficiency, or unsatisfactory condition has occurred. This

includes the ability to stop (or cause to be stopped) unsatisfactory work through established channels. Such persons or organizations shall have direct access to responsible management at a level where appropriate action can be effected and shall report to a management level at which this required authority and organizational freedom are provided, including sufficient independence from cost and schedule.

2.1 DEDICATED QA POSITIONS

Full-time dedicated QA positions have been established by REECO. The person responsible for directing and managing the overall QA program is identified and has appropriate organizational position, responsibilities, and authority to exercise proper control over the QA program. These positions are occupied by individuals with appropriate management and QA knowledge and experience. They shall be at the same or higher organization level as the highest line manager responsible for performing activities affecting quality and sufficiently independent from cost and schedule. Personnel in these positions have responsibility for approval of (1) QAPPs, changes thereto, and interpretations thereof and (2) implementing procedures and all changes thereto. This position has effective communication channels with other senior management positions. Personnel in these positions shall have the responsibility and authority to verify the adequacy and effectiveness of QA plans, requirements, and QA program implementation by REECO and its subordinate organizations. These personnel shall not be assigned duties that would prevent full attention to QA responsibilities or that would conflict with the reporting and resolution of QA issues and problems.

2.2 AUTHORITY

Authority for the resolution of disputes involving quality arising from a difference of opinion between QA personnel and others shall be identified. This authority shall include the ability of QA personnel to elevate the resolution of disputes to progressively higher organization levels through established channels including the YMPO PQM, if the dispute cannot be resolved within the organization. Within REECO access to the Project QA Manager and the TPO is provided. The YMPO PQM may be utilized to resolve disputes between participants.

2.3 ORGANIZATIONAL STRUCTURE

Because of the many variables involved, such as the number of personnel, the type of activity being performed, and the location or locations at which the activities are to be performed, the organizational structure for executing the QA program may take various forms provided that the persons and organizations assigned the QA functions have the required authority and organizational freedom. The QA responsibilities of all organizational elements depicted on organization charts shall be described.

3.0 QUALITY ASSURANCE PROGRAM PLAN

This Quality Assurance Program Plan (QAPP) shall apply to all items and activities of REECo affecting quality. The organizational structure and the responsibility of assignments shall be clearly established such that certain results, as described below, are obtained.

3.1 ACHIEVEMENT AND MAINTENANCE OF QUALITY

Quality is achieved and maintained by those who have been assigned responsibility for performing work.

3.2 VERIFICATION

Quality achievement is verified by persons or organizations not directly responsible for performing the work. Verification of conformance to established requirements (acceptance) is accomplished by individuals or groups within the PQA organization unless specifically exempted elsewhere in this document.

4.0 MULTIPLE ORGANIZATIONS

If more than one organization is involved in the execution of activities affecting quality, then the responsibility and authority of each organization shall be established clearly and documented.

4.1 DOCUMENTATION OF INTERFACES

The external interfaces between organizations and the internal interfaces between organizational units and changes thereto shall be documented. All interface responsibilities shall be defined and documented. Interfaces between the YMPO, the Participating Organizations, and the NTS Support Contractors shall be described in this QAPP. (See Figure 1) From an overall YMP standpoint, these interfaces are exchanges of technical requirements of work to be performed and liaison until completion of work. The DOE/YMP Administrative Procedures (APs) provide the implementing interface controls utilized by all of the Project participants while REECos implementing procedures describe the methods of conducting inter-organization interfaces.

The organizational structure for executing the QA program is described in this QAPP. The Technical Project Officer of REECo is responsible to the DOE/YMPO Director to ensure that the Project activities for which he is responsible are performed to this QAPP and implementing procedures that are consistent with it.

YUCCA MOUNTAIN PROJECT ORGANIZATION

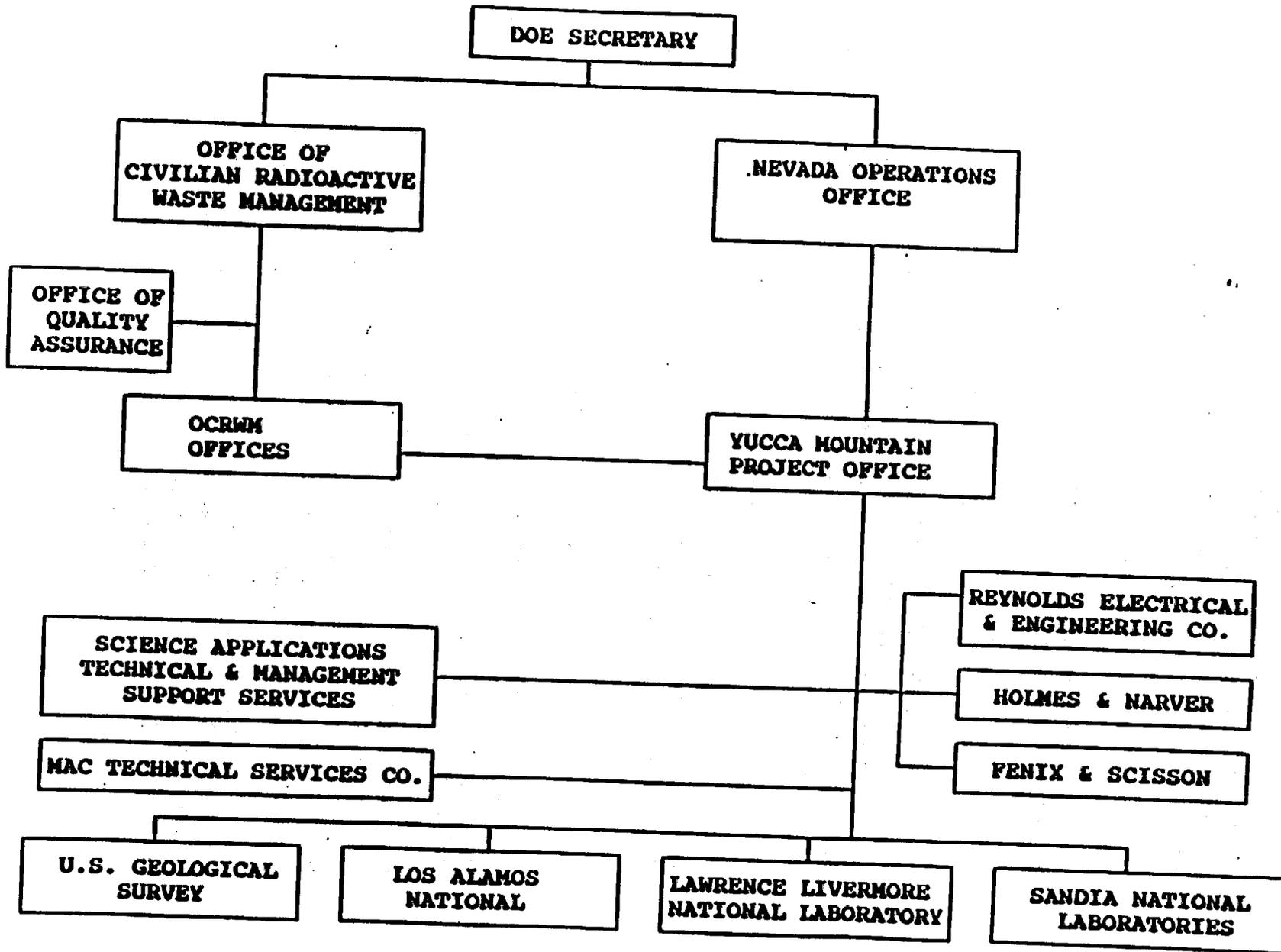
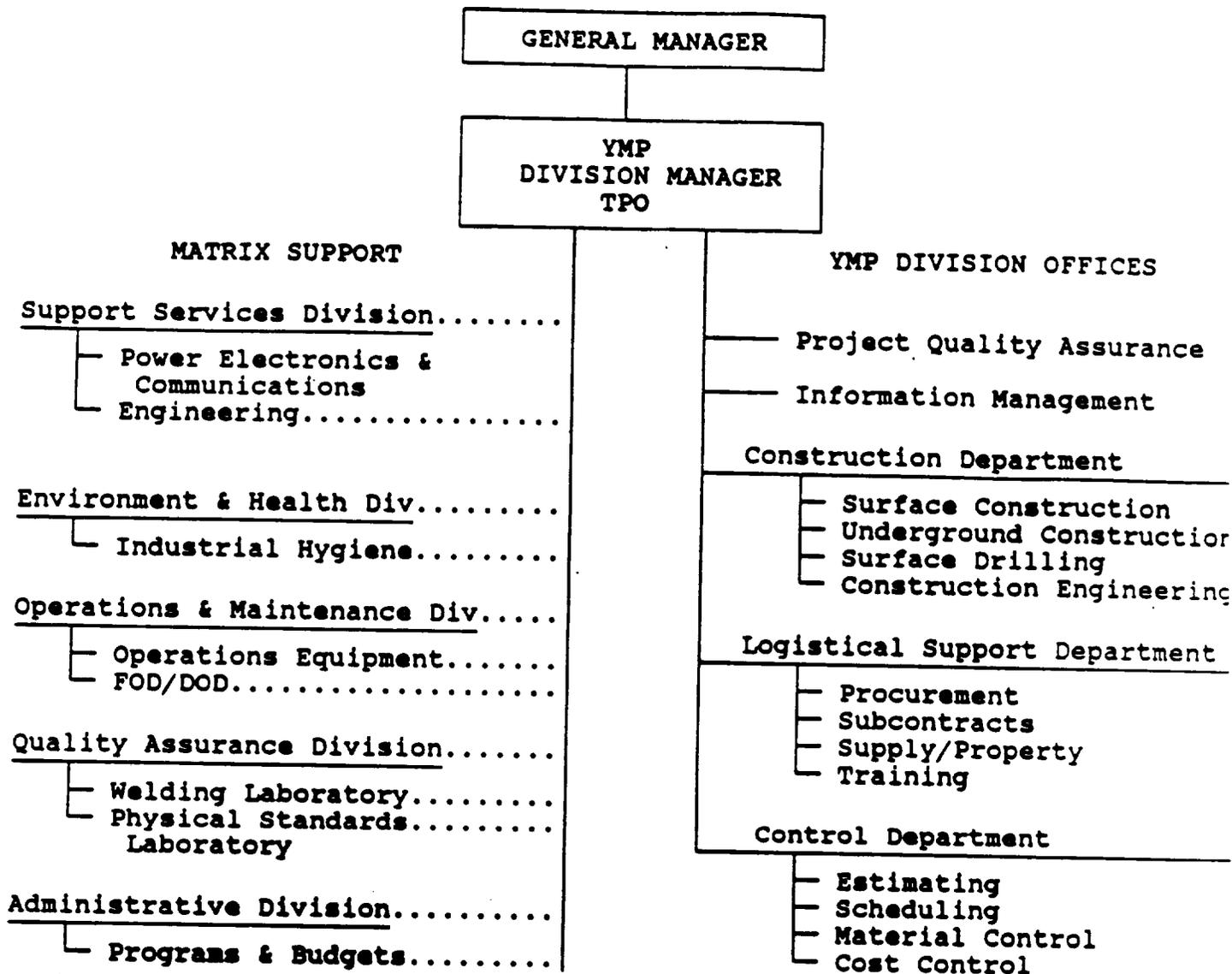


Figure 1

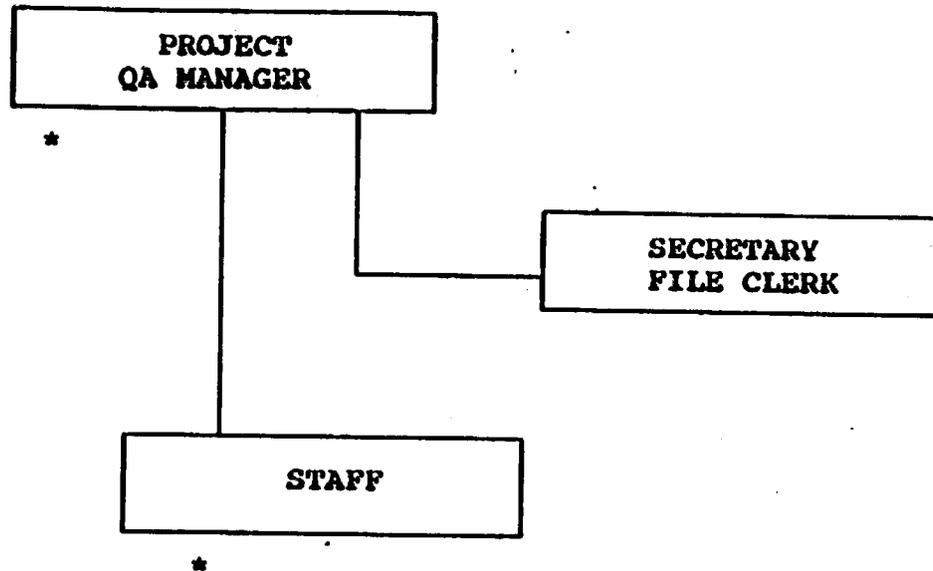
**REECO YMP
ORGANIZATIONAL STRUCTURE**



Matrix Support

Dedicated _____

Figure 2



* Project Quality Assurance is presently staff by the QA Manager and (1) Sr. Engineer. (2 FTEs)

Figure 3

CRITERIA FOR QUALITY ASSURANCE

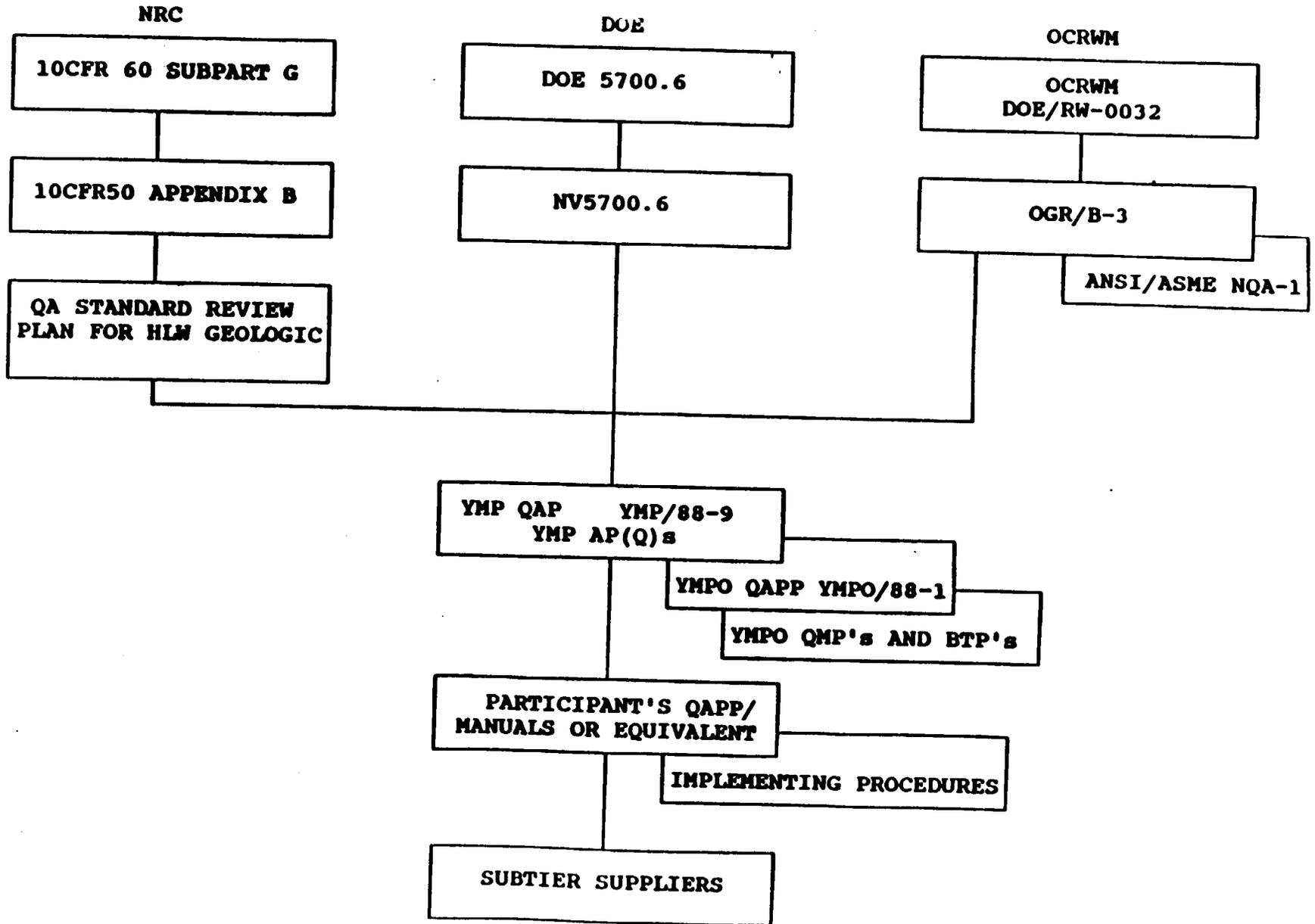


Figure 4

SECTION II

QUALITY ASSURANCE PROGRAM

1.0 EXTENT OF THE QUALITY ASSURANCE PROGRAM

REECo has developed this Quality Assurance Program Plan which provides the description of the QA program and indicates the commitment to the applicable Project QA requirements. The QAPP includes consideration of the technical aspects of the activities affecting quality and is generated by the QA organization with assistance from the technical staff. The QAPP provides instruction to implement and apply the QA requirements to the technical activities of the Project. It is planned, implemented, and maintained in accordance with YMP/88-9 and is consistent with and addresses all of the applicable requirements.

The hierarchy of criteria applicable to the Project are shown in Figure 4 of the Organization Section of this document. With exception of the CFR, where deviations between the requirements of the documents referenced in that Figure and this QAPP exist, the requirements of YMP/88-9 shall prevail. All quality-related activities conducted by REECo shall be performed in accordance with this document and the implementing procedures (QPs).

The QA requirements of this document are binding to REECo personnel and methods are herein incorporated to pass the appropriate QA requirements to subcontractors. This program is required to be reviewed and approved by the YMPO, and all changes (other than editorial) must be subject to the same level of review and approval as the original program.

Management shall perform readiness reviews, as deemed appropriate. Readiness reviews shall apply to major scheduled/planned activities which could affect quality. Readiness reviews shall be used in verifying that specified prerequisites and programmatic requirements have been identified prior to starting a major activity. Management above or outside of the QA organization shall regularly receive information as to the scope, status, adequacy, compliance, etc. of the QA program.

1.1 QA CRITERIA

The QA Criteria and specific requirements associated with these criteria have been adapted to Project activities through this QAPP. When a specific criteria is not applicable to REECo's activities, it is noted in this QAPP and recorded on the checklist required in paragraph 1.2 below with justification for its exception.

1.2 CONTENTS OF THE QAPP

The Quality Assurance Program of Reynolds Electrical & Engineering Co., Inc. (REECo) consists of the QAPP plus appropriate implementing procedures required to provide and implement control over activities affecting quality. The control shall be consistent with the importance of the activity. These procedures shall be developed by qualified personnel and be reviewed and approved by the cognizant QA organization prior to implementation to assure that they meet all the requirements of this QAPP.

This QAPP shall be submitted to the YMPO for review and approval prior to implementation and shall include a checklist based on YMP/88-9 which identifies how and where each requirement of this document is addressed. This QAPP shall be reviewed, comments resolved, and the document approved by the YMPO within a timely manner.

1.3 QAPP VERIFICATION

Assurance that the QA requirements have been adequately addressed and effectively implemented will be provided by the YMPO with support from the SAIC/T&MSS Project QA department during the review and approval of this QAPP, monitoring and surveillance operations, and audits of activities. REECo's management shall also monitor their respective QAPPs through internal audits to assess the adequacy of their program and assure its effective implementation.

1.4 USE OF DATA NOT GENERATED UNDER QA CONTROLS

The QA program for the YMP provides for the acceptance of existing data for use in licensing activities that were not generated under the controls of a QA Program which meets the requirements of 10 CFR 60, Subpart G. Specific methods for acceptance of this information are contained in YMP Administrative Procedure 5.9Q. This procedure shall meet the requirements of NUREG - 1928 "Qualification of Existing Data for High-Level Nuclear Waste Repositories" (February, 1988). These requirements are contained in Appendix G to this QA Plan. Once accepted, this existing data is classified as "primary data" for licensing purposes.

1.5 APPROACH TO QA

The YMP uses an approach to QA that recognizes the differences between items and activities that affect radiological health and safety and waste isolation and those that do not. The approach is designed to ensure that each item or activity is assigned a QA level that is consistent with its potential impact or importance, or both, in terms of radiological health and safety, waste isolation, nonradiological health and safety, the U.S. Nuclear Regulatory Commission (NRC) licensing requirements, the operability and maintainability of the repository, costs, and schedules. The Participating Organizations or YMPO shall identify the

appropriate quality assurance levels for all items and activities that affect quality associated with site characterization, facility and equipment construction, facility operations, performance confirmation, permanent closure, and decontamination and dismantling of surface facilities. Once assigned, the QA level for a particular item or activity shall be applied by all Project participants involved in the activity.

1.6 APPLICATION OF QA

REECo has established this QAPP to comply with the requirements of YMP/88-9. This QAPP assures that procedures required to implement the requirements of this document are properly documented, controlled, and mandated through a policy statement or equivalent document signed by a responsible official. This QAPP shall be applied throughout the life of the Project in accordance with the established policies, procedures, and instructions. This QAPP applies to all items and activities affecting quality. It also shall identify the major organizations participating in the project and the designated functions of these organizations. This QAPP provides control over activities that affect the quality of the identified structures, systems, and components to an extent consistent with their importance. The activities that affect quality shall be accomplished under suitably controlled conditions. Controlled conditions include the use of appropriate equipment, suitable environmental conditions for accomplishing the activity, and assurance that all prerequisites for the given activity have been satisfied. The program shall take into account the need for special controls, processes, test equipment, tools, and skills to attain the required quality, and the need for verification of quality by inspection, test, peer review, or a combination of these. The program shall provide for indoctrination, and, as necessary, training of personnel performing activities that affect quality to assure that suitable proficiency is achieved and maintained.

2.0 APPLICATION OF GRADED QUALITY ASSURANCE

2.1 SCOPE

2.1.1 EXTENT OF APPLICATION

The requirements of this section are applicable (as defined herein) to all items and activities that affect quality during geologic repository site characterization, facility and equipment design, procurement and construction, facility operation, performance confirmation, permanent closure, decommissioning, and dismantling of surface facilities. REECo will follow the YMPO administrative procedure for the application of graded QA (assignment of QA Levels).

The preparation of administrative and management planning documents shall not require QA level assignments, except for project level documents which are specifically required by the Nuclear Waste Policy Act of 1982 (as amended), or are required for licensing. In addition, procurement of administrative items (i.e., office supplies) do not require QA level assignments.

2.1.2 PURPOSE OF A GRADED QA PROGRAM

The purpose of a graded QA program is to select the QA requirements and measures to be applied to items and activities in the Repository Program consistent with their importance to safety, waste isolation, and the achievement of U.S. Department of Energy (DOE) mission objectives. This will be accomplished by deliberate quality planning and selective application of QA requirements on the item or activity to be performed, with varying degrees of QA applied depending on item function, complexity, consequence of failure, reliability, replicability of results, and economic considerations.

2.1.3 DETERMINATION OF THE DEGREE TO WHICH APPLICATION IS NECESSARY

This approach involves (1) identifying those items and activities whose failure could cause undue risks to the public and facility personnel or extended interruption of facility operation with critical economic losses, or both, and (2) ensuring that these items and activities are covered by a commensurate QA program. Alternatively, an item whose failure or malfunction could result only in operational inconvenience or negligible economic loss may deserve only a quality inspection by the purchaser upon the delivery of the item. Between these two extremes, there are varying degrees of QA to achieve the desired confidence in the quality of the completed line of activity.

2.1.4 FLEXIBILITY OF QA REQUIREMENT SELECTION

The graded approach set forth here provides flexibility in the selection of the level of the quality assurance requirements to be applied to an item or activity that is commensurate with the relative importance of the role or function assigned to the item or activity.

2.2 REQUIREMENTS

The requirements specified in this section are to be used to apply the graded quality philosophy to all YMP items and activities.

2.21 SELECTION OF QUALITY ASSURANCE LEVEL AND QA REQUIREMENTS

The appropriate Quality Assurance Level for any item or activity shall be determined by the application of decision criteria as provided by YMP Administrative Procedures. The basis for the selection of the Quality Assurance Level and assigned QA requirements shall be documented. The assigned Quality Assurance Levels and QA requirements must be submitted to the YMPO for review, resolution of comments, and approval prior to implementation or use. This review and approval shall be performed by the YMPO PQM and appropriate YMPO Branch chiefs.

2.22 SELECTION OF SPECIFIC QA LEVELS

This approach incorporates three quality assurance levels (QA level) of which one will be assigned to each technical task that effect the quality of the Yucca Mountain Project. The definition, application, and assignment to each of the three QA levels are described in the following discussion.

2.2.2.1 QA Level I - are those radiological health and safety related items and activities that are important to either safety or waste isolation and that are associated with the ability of a geologic nuclear waste repository to function in a manner that prevents or mitigates the consequences of a process or event that could cause undue risk to the radiological health and safety of the public. Items and activities important to safety are those engineered structures, systems, components, and related activities essential to the prevention or mitigation of an accident that could result in a radiation dose either to the whole body or to any organ of 0.5 rem or greater until the completion of the permanent closure of the repository. Items and activities important to waste isolation are those barriers and related activities which must meet the criteria that address post-closure performance of the engineered and natural barriers to inhibit the release of radionuclides. The criteria for items or activities important to safety and waste isolation are found in 10CFR60, and 40CFR191.

2.2.2.2 QA Level II - are those activities and items related to the systems, structures, and components which require a level of quality assurance sufficient to provide for reliability, maintainability, public and repository worker nonradiological health and safety, repository worker radiological health and safety and other operational factors that would have an impact on DOE and YMPO concerns, and the environment.

2.2.2.3 QA Level III - are those activities and items not classified as QA Levels I or II.

2.2.3 APPLICATION OF LEVELS

2.2.3.1 QA LEVEL I

QA level I is the most stringent level of quality assurance. It is to be applied to those items and activities that may affect the ability of the repository to meet the preclosure and postclosure performance objectives specified by the NRC and the U.S. Environmental Protection Agency (EPA) for protecting public health and safety from radiological hazards. QA Level I activities which are on the Q-List will provide the primary data input to the basis for the NRC to authorize construction and to issue a license for the DOE to receive and possess source, special nuclear, and byproduct material (waste) at the geologic repository. QA Level I control and documentation must be applied to activities, including site characterization, scientific investigation, facility and equipment design, procurement, and construction, facility operation, performance confirmation, permanent closure, and decontamination and dismantling of surface facilities when they are specifically concerned with the protection of the public's health and safety with respect to a radiological hazard. To keep radionuclides out of man's environment, a high level radioactive waste repository will utilize engineered systems, structures, and components to contain the waste and ensure the short-term safety. The repository also will utilize the natural barriers to afford long-term isolation. Within this context, QA Level I must be applied for near-term safety as well as long term isolation as per the following:

- Where items and activities that could affect the preclosure radiological health and safety of the general public. Specifically, this means items and activities that could cause, or result in, an accident that could result in a radiation dose, either to the whole body or to any organ, of 0.5 rem or greater, either at or beyond the nearest boundary of the unrestricted area, at any time until the permanent closure of the repository.
- Where items and activities will provide primary data which will be relied on for performance assessment of the repository system. This data are the field and laboratory data and subsequent analysis that provide the basis for determining and demonstrating that the natural and the engineered systems of the repository are capable of meeting the performance objectives for waste containment and isolation. This includes all experiments and research which have a significant impact to site-characterization or are an essential part of the data base that directly support the final design of the repository and waste package performance.
- Where activities could adversely impact the waste isolation capabilities of the engineered and natural barriers.
- Where items are relied on to meet the postclosure performance objectives of the engineered barriers of the repository system.

- Where items and activities that, having failed, could cause a failure of a QA Level I item, or irretrievable loss of QA Level I data.
- The design phase that involves the preparation of detailed design documents (such as drawings, specifications, and analyses) will be assigned a QA Level of I. One of the purposes of this design phase is to define items that will be procured and/or constructed as a result of the design activity. The definition of items includes a detailed description of their function and interrelationships. As the design phase proceeds, and the QA level for items is identified and approved, design, procurement, and construction activities shall be governed by the QA level assigned to the item.

2.2.3.2 QA LEVEL II

QA Level II is the second highest level of quality assurance. QA Level II controls and documentation shall be applied to YMP activities, and items that are specifically concerned with nonradiological operation of the exploratory shaft facilities and repository, and the radiological safety of the repository worker. The high-level waste (HLW) repository will utilize engineered systems, structures, and components which must be designed, constructed, fabricated, tested, and operated to meet the performance objectives during the operational phase and to minimize the nonradiological hazard to the public and repository worker and the radiological hazard to the repository worker. Additionally, activities that have a major impact on project costs or schedules that could delay the achievement of DOE/Office of Civilian Radioactive Waste Management (OCRWM) milestones must be appropriately controlled. Therefore, Quality Assurance Level II must be applied to activities and items as follows:

- Where items and activities that are essential to the design, construction, and operation of the repository or of the exploratory shaft facility, and could have a major impact on the nonradiological health and safety of the public and repository worker.
- Where items and activities which having failed or which are performed inadequately would cause repository workers to be exposed to radiation or radioactive contamination levels in excess of the limits expressed in 10CFR20.
- Where items and activities could affect the retrievability of waste up to the time of repository closure.
- Where items and activities that involve the nonradiological operational reliability and maintainability of engineered systems, structures, or components.

- The design phases which involve the comparative technical analysis of alternative/methods/equipment to determine which alternative/method/equipment is preferred, shall be assigned a QA level of II prior to execution. Where a particular item can be identified during this phase and warrants a different QA level assignment (other than II), then a separate QA level assignment may be made for that item. Once the QA level is approved, design activities associated with the items a result of activities controlled in accordance with QA level II or III programs, or activities performed prior to the complete implementation of the YMP Quality Assurance Plan may be used in the licensing process as background or corroborative information.
- Where items and activities that, having failed, could result in a major cost overrun.
- Where items and activities that, if failed, could result in a major schedule slippage.

Quality Assurance Level II activities may have as much importance as Quality Assurance Level I activities; however, except when used to support a Quality Assurance Level I activity as indicated in the following, they do not provide primary information in the licensing efforts. In most cases, activities controlled in accordance with a Quality Assurance Level II program cannot be used subsequently to directly support Quality Assurance Level I activities unless it can be substantiated that quality assurance requirements equivalent to those which would have been applied to a Quality Assurance Level I activity were implemented or that a technical justification process is applied in accordance with NNWSI AP 5.9Q "Acceptance of Data and Data Interpretations Not Developed Under the NNWSI Project QA Program."

2.2.3.3 QA LEVEL III

QA Level III is the least stringent level of Quality Assurance. Level III Quality Assurance items and activities are such that they have no major function in the characterization of the site and design of the repository, but they require good practices for the intended use. Design phases which are purely preliminary and are conducted to define the range of alternatives/methods/equipment which are felt to be worthy of more detailed study shall be assigned a QA level of III prior to execution. Those activities controlled in accordance with a Quality Assurance III program cannot subsequently be used to directly support Quality Assurance Level I activities.

In some cases, data or data interpretations generated as a result of activities controlled in accordance with QA Level II or III programs, or activities performed prior to the complete implementation of the YMP Quality Assurance Plan may be used in the licensing process as background or corroborative information.

2.2.4 GENERAL

The requirements contained in this document apply to Quality Assurance Levels I and II items and activities unless otherwise noted herein. The requirements imposed for QA Level III items and activities are those managerial, administrative, scientific, engineering, commercial, and laboratory practices that are commonly used by the organizations participating in the YMP.

3.0 QA ACTIVITIES

3.1 OVERVIEW

REECo shall perform overview of the QA activities of all organizations (including subcontractors doing supportive work) under their purview. Overview is to include the following as appropriate:

- The review and approval of QAPPs.
- Surveillance of activities affecting quality to verify compliance with requirements.
- Performance of quality audits to verify the adequacy and compliance of QA programs.

3.2 REVIEW AND APPROVAL OF QA PROGRAMS

Procedures are to be established by REECo for the review of QA program documentation of those organizations under their purview for adequacy, completeness and relevance. The procedures shall identify the types of documents to be submitted for review and approval, assign approval action. Reviews of QA program documentation shall be recorded on checklists or other forms that specify the criteria for acceptability and indicate conformance or nonconformance.

4.0 MANAGEMENT ASSESSMENT

4.1 FREQUENCY OF MANAGEMENT ASSESSMENTS

Management assessment is to be conducted at least annually for determining (1) the effectiveness of the system and management controls that are established to achieve and assure quality, and (2) the adequacy of resources and personnel provided to the QA program. Management is to verify that the QA program is being effectively implemented and that personnel are trained to the QA requirements of the program.

4.2 PERFORMANCE OF MANAGEMENT ASSESSMENT

Management assessment is to be performed by REECo. REECo shall develop its internal procedures for planning, organizing, performing, and documenting the management assessment conducted, including the analysis and reporting of the results and the tracking of recommendations. Copies of each management assessment is to be provided to the Project Manager, YMPO and the YMPO PQM. Management above or outside the QA organization shall be responsible for the management assessment activity.

5.0 PERSONNEL SELECTION, INDOCTRINATION, AND TRAINING PROCEDURES

5.1 ESTABLISHMENT OF REQUIREMENTS

REECo shall establish requirements for the selection, indoctrination, and training of personnel performing or verifying activities that affect quality. The requirements shall establish position descriptions that set forth minimum personnel qualifications and provide for appropriate indoctrination or training or both, prior to initiation of activities that affect quality. In addition to the following requirements for indoctrination and training, personnel performing activities that specifically require certification by applicable codes and standards (e.g., lead auditors, inspectors, testers, nondestructive examiners, etc.) shall be certified in accordance with the detailed requirements specified in Appendix C, D, or F as applicable.

5.1.1 POSITION DESCRIPTION

Minimum education and experience requirements shall be established and documented in position descriptions for each position involved in the performance of activities that affect quality.

5.1.2 PERSONNEL QUALIFICATION EVALUATION

Personnel selected shall have education and experience commensurate with the minimum requirements specified in the position description. Relevant education and experience shall be verified. This verification shall be documented. The initial capabilities of an individual shall be based upon an evaluation of their education, experience, and training and compared to those established for the position. Evaluations shall be documented by managers or supervisors responsible for the activities to be performed.

5.1.3 INDOCTRINATION

Prior to assigning personnel to perform activities affecting quality, they shall be indoctrinated as to the purpose, scope, methods of implementation, and applicability of the following documents, (including changes there to) as a minimum, as they relate to the work to be accomplished. Indoctrination may be accomplished by the use of a mandatory reading list, by group classroom presentations, by video presentation, or other instructional methods.

- QAPP's
- Implementing Procedures and Work Instructions (applicable to the individual's responsibilities).
- Regulations
- Project level documents

5.1.4 TRAINING

Prior to assigning personnel to perform quality affecting activities training, if needed, shall be conducted to gain the required proficiency. The training (in-depth instruction) shall include the principles, techniques, and requirements of the activity. Such in-depth instruction may be internal or external classroom sessions, classroom sessions supplemented by hands-on workshops, on-the-job training, other instructional methods, or combinations thereof.

5.1.5 PROFICIENCY EVALUATION

After the initial personnel qualification evaluation, the job proficiency of personnel who perform activities affecting quality shall be evaluated and documented at least annually. Proficiency evaluations may be performed in conjunction with periodic or day-to-day employee performance evaluations. Proficiency evaluations shall be performed by managers or supervisors who have responsibility for the activities being performed or verified.

5.1.6 RECORDS

Records of personnel qualification evaluations, indoctrination, training, and proficiency evaluations shall be retained as lifetime QA records. These records shall include, as a minimum, the items listed below.

5.1.6.1 PERSONNEL QUALIFICATION EVALUATION RECORDS

Records of the verification and evaluation of a candidate's education, experience, and training, compared to those required for the position.

5.1.6.2 INDOCTRINATION RECORDS

Records of indoctrination which include the objective and content of the indoctrination, date or dates of indoctrination, and other applicable information.

5.1.6.3 TRAINING RECORDS

Records of training which include the objective(s) and content of the training, name of the instructor, attendees, dates of attendance, and result of proficiency evaluations (where applicable), and other applicable information.

5.1.6.4 PROFICIENCY EVALUATION RECORDS

Records of proficiency evaluation shall include, as a minimum, the name of the evaluated employee, the evaluator, evaluation results, date of evaluation, and the activities covered by the evaluation.

SECTION III

SCIENTIFIC INVESTIGATION CONTROL AND DESIGN CONTROL

1.0 SCIENTIFIC INVESTIGATION CONTROL

1.1 PREPARATION OF PLANS

REECO has no responsibility in the preparation of study plans. REECO shall participate in the technical review of study plans when requested to do so by the YMPO or other participating organization. This review shall be conducted by a technically qualified individual. The results of the technical review shall be documented along with the resolution of any comments by the reviewer(s). This documentation shall be considered a QA record.

2.0 DESIGN CONTROL

2.1 As the primary support contractor at the NTS REECO has no specifically designated responsibility for design in the YMP nor Work Breakdown Structure (WBS) accountability. Should REECO be assigned responsibility in this area, the requirements of YMP/88-9 will be developed, approved by the YMPO, and included as a part of this QAPP.

SECTION IV PROCUREMENT DOCUMENT CONTROL

1.0 REQUIREMENTS

1.1 GENERAL

Applicable design bases and other requirements necessary to assure adequate quality shall be included or referenced in documents used by REECo for the procurement of items and services, to the extent consistent with the importance, criticality, or complexity of the procurement action. These requirements which include approved vendors, source inspection hold points, and receiving inspection will either be provided by the Participating Organization or A-E contractor initiating the request for a procurement action or will be included by the appropriate REECo internal group in the case of a REECo-initiated action. Actual procurement activities for which REECo has responsibilities will be accomplished by the Procurement Department. To the extent necessary, REECo procurement documents require subtier contractors to provide a QA program that is consistent with this QAPP.

The YMPO, Participating Organization, NTS Support Contractor, or REECo internal organization initiating the basic documents from which a procurement action is generated shall ensure that adequate information is provided to be able to include applicable regulatory requirements, design bases, and other requirements in the procurement documents to assure that adequate technical and quality assurance requirements are included or referenced. The Procurement Department shall include such applicable requirements for which adequate information has been provided into the appropriate procurement documents.

Although REECo will support and act as the one point contact for all actions concerning procurements for which REECo has responsibility, activities such as vendor survey for qualification, vendor audit for adequacy of performance, or vendor in-plant inspection will be performed by the Participating Organization, NTS Support Contractor, REECo internal organization, or REECo Project Quality Assurance as may have been designated basic responsibility for the action by the YMPO.

1.2 ADDITIONAL REQUIREMENTS FOR QA LEVEL I ACTIVITIES

1.2.1 All procurement actions identified as QA Level I by participating organizations and/or A-E contractors will include provisions for the following as deemed necessary.

1.2.1.1 SCOPE OF WORK

A statement of the scope of work to be performed by the supplier.

1.2.1.2 TECHNICAL REQUIREMENTS

Where necessary, these requirements shall be specified by reference to specific drawings, specifications, codes, standards, regulations, procedures, or instructions, including revisions thereto, that describe the items or services to be furnished. The procurement documents shall provide for identification of test, inspection, and acceptance requirements of the purchaser for monitoring and evaluating the supplier's performance to the extent specified by the Participating Organization, NTS Support Contractor, or REECo internal organization originating the procurement action.

1.2.1.3 QA PROGRAM REQUIREMENTS

Procurement documents shall require that the supplier have a documented QA program that implements applicable portions of this QAPP. The extent of the program required shall depend upon the type and use of the item or service being procured and the direction of the initiating organization. The procurement documents shall require the supplier to incorporate appropriate QA program requirements in subtier procurement documents.

The QAPP and documents of subcontractors for QA Level I purchases shall be reviewed and approved by REECo Project Quality Assurance. Those which do not adequately define QA requirements shall be corrected prior to initiation of activities specified by the purchase order or contract. The extent of the programs required depends upon the type and use of the items or service being procured.

In developing QA requirements for test and other equipment, consideration should be given to whether proper performance of that equipment can be determined during or after its use (i.e. whether failure or malfunction of the equipment can be detected).

1.2.1.4 RIGHTS OF ACCESS

At each tier of procurement, the procurement documents shall provide for access to the suppliers' facilities and records for inspection by the purchaser, appropriate YMPO personnel, or other YMPO authorized representatives, including representatives of the organization initiating the need for a procurement action. YMPO access to subtier contractor facilities shall be arranged by REECo.

1.2.1.5 DOCUMENTATION REQUIREMENTS

The procurement documents at all tiers shall identify the documentation required to be submitted to the purchaser. The time of submittal shall also be established. If the purchaser requires the supplier to maintain specific QA records, then the retention times and disposition requirements shall be specified in accordance with Section XVII.

1.2.1.6 NONCONFORMANCE

The procurement documents shall prescribe the requirements for reporting and approving disposition of nonconformances to the extent specified in the documents provided to REECo by the YMPO, Participating Organization, NTS Support Contractor, or REECo internal organization upon which the procurement action is based.

1.2.1.7 SPARE AND REPLACEMENT PARTS

The procurement documents shall require the identification of appropriate spare and replacement parts or assemblies and the appropriate delineation of the technical and quality related data that are required for ordering these parts or assemblies. The technical and quality requirements shall be equal to or better than the original. If QA or technical requirements of the original item cannot be determined then a documented engineering evaluation shall be conducted by qualified individuals to establish the requirements. This evaluation shall consider the interchangeability, function, and safety of the item. This evaluation shall be documented.

1.2.2 PROCUREMENT DOCUMENT REVIEW

A review of the procurement documents and changes thereto shall be made by the cognizant technical organization and Project Quality Assurance (PQA) to assure that documents transmitted to the prospective supplier(s) include appropriate provisions to assure that items or services will meet the specified requirements; and this review shall be performed and documented prior to contract award. All such reviews for REECo-responsible procurement actions identified as QA Level I will be processed through the organization originating the need for the procurement action (Participating Organization, NTS Support Contractor, etc.), and Project Quality Assurance, as a minimum. Procurement document reviews within REECo shall be performed by personnel who have access to pertinent information and who have adequate understanding of the requirements and intent of the procurement documents.

As a minimum, the review by REECo Project Quality Assurance shall be performed to determine that QA requirements are correctly stated, inspectable, and controllable; that there are adequate acceptance and rejection criteria; and that the procurement documents have been prepared, reviewed, and approved in accordance with this document.

1.2.3 PROCUREMENT DOCUMENT CHANGES

Changes to procurement documents shall be subject to the same degree of control as utilized in the preparation of the original documents. Changes that are made as a result of the bid evaluation of precontract negotiations shall be incorporated into the procurement documents and shall be approved by the same organizations that approved the original action.

The review of such changes and their effects shall be completed and documented prior to contract award. Review of changes shall include the considerations that appropriate content has been included in the procurement documents; that additional or modified design or site investigation criteria has been determined; and that analysis of exceptions or changes requested or specified by the supplier and determination of the effects such changes may have on the intent of the procurement documents or quality of the item or service to be furnished have been performed by the organization initiating the need for the procurement action.

1.2.4 DISTRIBUTION OF PROCUREMENT DOCUMENTS

REECo Procurement Department shall forward a copy of all purchase orders and changes thereto, as issued, to the SAIC/T&MSS Project QA Department (QA Verification Division Manager) for purchases for which REECo has responsibility and which involve Quality Assurance Level I items or service. Only those purchase documents which identify the vendor, describe the scope of work, and detail when work is to start are required to be submitted.

SECTION V

INSTRUCTIONS, PROCEDURES, AND DRAWINGS

1.0 GENERAL

Activities affecting quality shall be prescribed by and performed in accordance with documented instructions, procedures, plans or drawings, of a type appropriate to the circumstances. These documents shall include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished. If plans are used in lieu of procedures, then these plans shall also include or reference appropriate acceptance criteria and identify the QA records which are generated. Instructions, and procedures shall include a section which identifies the QA records which are generated during implementation of the document. These documents, including drawings, shall be controlled as required in Section VI of this document.

In order to ensure the quality of this program, the Project Quality Assurance group has established a series of administrative QA procedures as a part of the program elements. These documents, known as QPs, are listed on the master list of REEC Co YMP Project documentation. These QPs as well as the criteria letters, work instructions, etc., provided to REEC Co for implementation shall be available at the appropriate work locations.

Division and/or department managers of those organizations performing YMP activities shall assure that their activities are made evident by written procedures addressing their tasks to the extent appropriate with the Quality Assurance Level of that task.

2.0 REVIEWS

An independent review of all instructions, procedures, plans, and drawings shall be performed by the originating organization to assure technical adequacy and inclusion of appropriate quality requirements. If applicable, this review shall consider whether or not the activities are repeatable, have the potential to impact the waste isolation capability of the site, or interfere with other site characterization activities.

3.0 INSTRUCTIONS FOR SCIENTIFIC NOTEBOOKS

REEC Co does not prepare scientific notebooks nor conduct scientific investigations.

4.0 DISTRIBUTION

REEC Co shall maintain and provide the YMPO PQM and the SAIC/T&MSS Project Quality Assurance Department Manager with controlled distribution of all implementing procedures, plans, and instructions used for QA Level I and II activities.

SECTION VI

DOCUMENT CONTROL

1.0 DOCUMENT PREPARATION, REVIEW, APPROVAL, AND ISSUANCE

1.1 METHODS

The preparation, review, approval, and issuance of documents such as instructions, procedures, plans, and drawings, including changes thereto, shall be controlled through the implementation of methods that assure that only correct documents are used. Document control shall be applied to the following:

- Documents containing or specifying quality requirements.
- Documents that prescribe activities affecting quality.

The document control system shall be documented, and the Project QA organization shall provide the appropriate review, resolution of comments, and concurrence with respect to quality-related aspects of the documents.

1.2 IMPLEMENTATION

Implementation of document control shall provide for the following:

- Identification of documents to be controlled.
- Identification of assignment of responsibility for preparing, reviewing, approving, and issuing documents.
- Review of documents for technical adequacy, completeness, correctness, and inclusion of appropriate quality requirements, prior to approval and issuance.
- A method for the removal or marking of obsolete or superseded documents to prevent inadvertent use.
- A method for assuring that the correct and applicable documents are available at the location where they are to be used.
- A master list or equivalent to identify the correct and updated revisions of documents.
- Coordination of interface documents.

2.0 DOCUMENT CHANGES

2.1 MAJOR CHANGES

Changes to documents, other than those defined below as minor changes are considered as major changes and shall be reviewed and approved by the same organizations that performed the original review and approval, unless other organizations are specifically designated by the organization responsible for this document. The reviewing organization shall have access to pertinent background data or information upon which to base their approval, and, if applicable, shall specifically consider whether or not the activities being changed are repeatable, have the potential to impact the waste isolation capability of the site or interfere with other site characterizations activities.

2.2 MINOR CHANGES

Minor changes to documents, such as inconsequential editorial corrections, shall not require that the revised documents receive the same review and approval as the original documents. To avoid a possible omission of a required review, the type of minor changes that do not require such a review and approval and the persons who can authorize such a decision shall be clearly delineated.

3.0 DISTRIBUTION OF DOCUMENTS

3.1 DOCUMENT CONTROL SYSTEM

The document control system shall assure that documents requiring verification are not released prior to verification or, if they must be released before verification, they are uniquely identified as such and controlled in accordance with paragraph 1.2 of this section. A master list or equivalent used to identify the correct, current and updated versions of documents shall be submitted to the YMPO and the SAIC/T&MSS Project Quality Assurance Manager.

SECTION VII

CONTROL OF PURCHASED ITEMS, AND SERVICES

1.0 GENERAL REQUIREMENTS

Measures shall be established to ensure that purchased material, equipment, and services conform to the procurement documents. These measures shall include provisions, as appropriate, for source evaluation and selection, objective evidence of quality furnished by the contractor or subcontractor, inspection at the contractor or subcontractor source, audit, and examination of products upon delivery. Where required by code, regulation, or contract requirement, documentary evidence that material and equipment conform to the procurement requirements shall be available at the location where the material or equipment is to be used prior to installation or use of such material and equipment. This documentary evidence shall be retained under the control of the Yucca Mountain Project Office (YMPO) Records Management System and shall be sufficient to identify the specific requirements, such as codes, standards, or specifications, that are to be met by the purchased material and equipment. Specific requirements for the control of purchased items and services are listed below.

1.1 PROCUREMENT PLANNING

1.1.1 GENERAL

Procurement activities shall be planned and documented to ensure a systematic approach to the procurement process. Procurement planning shall result in the documented identification of procurement methods and organizational responsibilities. Project Quality Assurance (PQA) organization participation shall be provided for evaluation and selection of suppliers, verification of suppliers activities and receiving inspections. Planning shall determine the following:

- What is to be accomplished.
- Who is to accomplish it.
- How it is to be accomplished.
- When it is to be accomplished.

1.1.2 PROCUREMENT TIMING

To ensure interface compatibility and a uniform approach to the procurement process, planning shall be accomplished as early as practicable and no later than at the start of those procurement activities that are required to be controlled.

1.1.3 PROCUREMENT METHODS

Planning shall result in the documented identification of the methods to be used in procurement activities, the sequence of actions and milestones that indicate the completion of these activities, and the preparation of applicable procedures prior to the initiation of each individual activity listed below. Planning shall provide for the integration of the following:

- Procurement document preparation, review, and change control.
- Selection of procurement sources.
- Purchaser control of supplier performance.
- Verification (surveillance, inspection, or audit) activities by purchaser, including notification for hold-and-witness points.
- Control of nonconformances.
- Corrective action.
- Acceptance of item or service.
- QA records.

1.2 SOURCE EVALUATION AND SELECTION

1.2.1 SELECTION OF SUPPLIERS

The selection of suppliers shall be based on evaluation of their capability to provide items or services in accordance with the requirements of the procurement documents before the award of contract.

1.2.2 SOURCE EVALUATION AND SELECTION MEASURES

Procurement source evaluation and selection measures shall be implemented by the purchaser and shall provide for identification of the purchaser's organizational responsibilities for determining supplier capability.

1.23 MEASURES FOR EVALUATION AND SELECTION OF PROCUREMENT SOURCES

Measures for evaluation and selection of procurement sources, and the results thereof, shall be documented and shall include one or more of the following items:

- Evaluation of the supplier's history of providing an identical or similar product that performs satisfactorily in actual use. The supplier's history shall reflect current capability.
- Supplier's current quality assurance records supported by documented qualitative and quantitative information that can be objectively evaluated.
- Supplier's technical and quality capability as determined by a direct evaluation of his facilities and personnel and the implementation of his QA program.

1.3 BID EVALUATION

1.3.1 EXTENT OF CONFORMANCE

Bid evaluation shall determine the extent of conformance to the procurement documents. This evaluation shall be performed by individuals or organizations designated to evaluate the following subjects, as applicable to the type of procurement:

- Technical considerations.
- QA requirements.
- Supplier's personnel.
- Supplier's production capabilities.
- Supplier's past performance.
- Alternates.
- Exceptions.

1.3.2 RESOLUTION OF UNACCEPTABLE QUALITY ASSURANCE CONDITIONS

Before the award of the contract, the purchaser shall resolve or obtain commitments to resolve unacceptable quality assurance conditions resulting from the bid evaluation.

1.4 SUPPLIER PERFORMANCE EVALUATION

1.4.1 INTERFACE MEASURES

The purchaser of items and services shall establish measures to interface with the supplier. The measures shall include the following:

- Documentation of the understanding between purchaser and supplier of the provisions and specifications of the procurement documents.
- Requiring the supplier to identify planning techniques and processes to be utilized in fulfilling procurement document requirements.
- Reviewing supplier documents that are generated or processed during activities fulfilling procurement document requirements.
- Identifying and processing necessary change information. Measures to control changes in procurement documents shall be established, implemented and documented in accordance with the requirements of this QA document.
- Establishing methods of document information exchange between purchaser and supplier.

1.4.2 VERIFICATION MEASURES

1.4.2.1 EXTENT OF VERIFICATION

The purchaser of items and services shall establish measures to verify supplier's performance, as deemed necessary by the purchaser. The measures shall establish the extent of source surveillance and inspection activities.

NOTE: When REECo utilizes another Participating Organization or NTS Support Contractor for Project activities for which they are responsible, the user organization shall initiate a request to YMPO to conduct a YMPO surveillance of the organization performing the work. The surveillance shall be conducted to determine that the item or activity is being produced or performed

In accordance with the user organization's requirements. These surveillances may utilize NTS Support Contractor or Participating Organization personnel as technical advisors.

The extent of verification activities, including planning, shall be a function of the relative importance, complexity, and quantity of the item or services procured and the supplier's quality performance. Verification activities shall be accomplished by qualified personnel assigned to check, inspect, audit, or witness the suppliers' activities. These verification activities shall be conducted as early as practicable. However, the purchaser's verification activities shall not relieve the supplier of his responsibilities for verification of quality achievement.

1.4.2.2 RECORD OF VERIFICATION ACTIVITIES

Activities performed to verify conformance to requirements of procurement documents shall be recorded. Source surveillances and inspections, audits, receiving inspections, nonconformances, dispositions, waivers, and corrective actions shall be documented. These completed documents shall be considered QA records and shall be controlled in accordance with Section XVII. The purchaser shall ensure that this documentation is evaluated to determine the supplier's QA program effectiveness.

1.5 CONTROL OF DOCUMENTS GENERATED BY SUPPLIERS

Documents that are generated by suppliers shall be controlled, handled, and approved in accordance with documented procedures. Means shall be implemented to ensure that the submittal of these documents is accomplished in accordance with the procurement document requirements. These measures shall provide for the acquisition, processing, and recorded evaluation of technical, inspection, and test data against acceptance criteria.

1.6 ACCEPTANCE OF ITEM OR SERVICE

1.6.1 METHODS FOR ACCEPTANCE

Methods shall be established for the acceptance of an item or service being furnished by the supplier. Prior to offering the item or service for acceptance, the supplier shall verify that the item or service being furnished complies with the procurement requirements. Purchaser methods used to accept an item or related service from a supplier shall be either a supplier certificate of conformance, a source verification, a receiving inspection or post-installation test at the facility site, or a combination thereof. Requirements applicable to these methods of acceptance are listed below.

1.6.1.1 CERTIFICATE OF CONFORMANCE

When a certificate of conformance is used, the following minimum criteria shall be met:

- The certificate shall identify the purchased material or equipment, such as by the purchase order number.
- The certificate shall identify the specific procurement requirements met by the purchased material or equipment, such as codes, standards, or other specifications. This may be accomplished by including a list of the specific requirements or by providing at the point of receipt, a copy of the purchase order and the procurement specifications or drawings, together with a suitable certificate. The procurement requirements identified shall include any approved changes, waivers, or deviations applicable to the subject material or equipment.
- The certificate shall identify any procurement requirements that have not been met, together with an explanation and the means by which to resolve the nonconformances.
- The certificate shall be attested to by a person who is responsible for this QA function and whose function and position are described in the purchaser's or supplier's QA program.
- The certificate system, including the procedures to be followed in filling out a certificate and the administrative procedures for the review and approval of the certificates, shall be described in the purchaser's or supplier's QA program.
- Means shall be provided to verify the validity of supplier certificates and the effectiveness of the certification system, such as during the performance of audits of the supplier or independent inspection or test of the items. Such verification shall be conducted by the purchaser at intervals commensurate with the supplier's past quality performance.

1.6.1.2 SOURCE VERIFICATION

If source verification is used, then it shall be performed at intervals that are consistent with the importance and complexity of the item or service, and it shall be implemented to monitor, witness, or observe activities. Source verification shall be implemented in accordance with plans to perform inspections, examinations, or tests at predetermined points. Upon purchaser acceptance of source verification, documented evidence of acceptance shall be furnished to the receiving destination of the item, to the purchaser, and to the supplier.

1.6.1.3 RECEIVING INSPECTION

When receiving inspection is used, purchased items shall be inspected & necessary to verify their conformance to specified requirements, by taking into account source verification and audit documentation and the demonstrated quality performance of the supplier. Receiving inspection shall be performed in accordance with established procedures and inspection instructions to verify by objective evidence such features as proper configuration; identification; dimensional, physical, and other characteristics; freedom from shipping damage; and cleanliness. Receiving inspection shall be coordinated with review of supplier documentation when procurement documents require such documentation to be furnished prior to receiving inspection. Receiving inspections associated with engineered items shall be planned, performed, and documented in accordance with the requirements specified in Section X, Para. 2.1, 4.0, 4.1, 6.1, 9.0 and 9.1 of this document. Personnel selected to receipt inspection activities shall have the experience or training commensurate with the scope, complexity or special nature of the activities. When required, personnel shall also be indoctrinated as to the technical objectives and requirements of the applicable codes and standards and the QA program elements that are applicable.

1.6.1.4 POST-INSTALLATION TESTING

When post-installation testing is used, post-installation test requirements and acceptance documentation shall be established mutually by both the purchaser and the supplier.

1.7 ACCEPTANCE OF SERVICES ONLY

1.7.1 PROCUREMENT OF SERVICES ONLY

In certain cases involving procurement of services only, such as third party inspections, engineering, and consulting; and installation, repair, overhaul, or maintenance work, the purchaser shall accept the service by any or any combination of the following:

- Technical verification of data produced.
- Surveillance, audit, or both, with regard to the activity.
- Review of objective evidence for conformance to the procurement document requirements such as certifications, stress reports, etc.

1.8 CONTROL OF SUPPLIER NONCONFORMANCES

1.8.1 METHODS

The purchaser and supplier shall establish and document methods for disposition of items and services that do not meet procurement document requirements. These methods shall include the following provisions:

1.8.1.1 EVALUATION

Provisions for evaluation of nonconforming items.

1.8.1.2 SUBMITTAL

Provisions for submittal of nonconformance notice to purchaser by supplier as directed by the purchaser. These submittals shall include disposition (e.g., use as-is or repair) and technical justification that are recommended by the supplier. Nonconformances to the procurement requirements or purchaser approved documents, which consist of one or more of the items listed below shall be submitted to the purchaser. Approval of the recommended disposition shall be in accordance with documented procedures.

- Technical or material requirement is violated.
- Requirement in supplier documents, which has been approved by the purchaser, is violated.
- Nonconformance cannot be corrected by continuation of the original manufacturing process or by rework.
- The item does not conform to the original requirement even though the item can be restored to a condition such that the capability of the item to function is unimpaired.

1.8.1.3 DISPOSITION

Provisions for purchaser disposition of supplier recommendation.

1.8.1.4 VERIFICATION

Provisions for verification of the implementation of the disposition.

1.8.1.5 RECORDS MAINTENANCE

Provisions for maintenance of records of nonconformances that are submitted by the Supplier.

2.0 COMMERCIAL-GRADE ITEMS

2.1 ALTERNATIVES

If a design requires commercial-grade items, then the following requirements are an acceptable alternative to other requirements of this section, except as noted in Paragraph 2.1.2 below and the requirements of Section IV of this QAPP. If a scientific investigation requires commercial-grade items, they may be controlled by the use of the following requirements (except Paragraph 2.1.1) and Section IV of this QAP.

2.1.1 IDENTIFICATION OF COMMERCIAL-GRADE ITEMS

Where the commercial-grade item is to be used as an integral part of the designed facility, it shall be identified in an approved design or design output document. An alternate commercial-grade item may be supplied if the cognizant organization provides verification that the alternate commercial-grade item will perform the intended function and will meet the requirements applicable to both the replaced item and its application.

2.1.2 SOURCE EVALUATION AND SELECTION

Source evaluation and selection shall be in accordance with Paragraph 1.2, if it is determined necessary by the purchaser based on the complexity of the item and importance to safety.

2.1.3 PURCHASE ORDER

Commercial-grade items shall be identified in the purchase order by the manufacturer's published product description (e.g., the catalog number).

2.1.4 RECEIPT OF COMMERCIAL-GRADE ITEM

After receipt of a commercial-grade item, the purchaser shall determine that the following conditions have been met:

- Damage was not sustained during shipment.

- ' The item received was the item ordered.
- ' Inspection, testing, or both, is accomplished by the purchaser, in accordance with written procedures, to ensure conformance with the manufacturer's published requirements. If applicable, acceptance of the item may be accomplished via the calibration program in accordance with the requirements of Section XII of this QA Plan.
- ' Documentation, as applicable to the item, was received and is acceptable.

SECTION VIII IDENTIFICATION AND CONTROL OF ITEMS, SAMPLES, AND DATA

INTRODUCTION

This section provides the requirements for the identification and control of items. REECo currently is not responsible for the taking of samples and data. Therefore, the requirements for the identification and control of those items are not addressed in this QAPP. The requirements for items are stated below.

IDENTIFICATION AND CONTROL OF ITEMS

1.0 IDENTIFICATION

Items shall be identified to assure that only correct and accepted items are used or installed. The identification shall be verified prior to installation or use. Identification shall be maintained either on the item, their containers, or in documents traceable to the item from receipt until installed.

1.1 GENERAL

Items of production (batch, lot, component, part) shall be identified from the initial receipt and fabrication of the items up to and including installation and use. This identification shall relate an item to an applicable design or other pertinent specifying document.

1.1.1 Physical identification shall be used to the maximum extent possible. Where physical identification on the item is either impracticable or insufficient, physical separation, procedural control, or other appropriate means shall be employed.

1.1.2 Identification markings, when used, shall be applied using materials and methods which provide a clear and legible identification and do not detrimentally affect the function or service life of the item. Markings shall be transferred to each part of an identified item when subdivided and shall not be obliterated or hidden by surface treatment or coatings unless other means of identification are substituted.

1.1.3 When specified by codes, standards or specification that include specific identification or traceability requirements (such as identification or traceability of the item to applicable specification and grade of material; heat, batch, lot, part or serial

number; or specified inspection, test or other records) the program shall be designed to provide such identification and traceability control.

1.1.4 Where specified, items having limited calendar or operating life or cycles shall be identified and controlled to preclude use of items whose shelf life or operating life has expired.

2.0 CONTROL

Provisions shall be made for the control of item identification consistent with the planned duration and condition of storage, such as: (1) provisions for maintenance or replacement of markings and identification records due to damage during handling or aging; (2) protection of identification on items subject to excessive deterioration due to environmental exposure; (3) provisions for updating existing facility records.

SECTION IX CONTROL OF PROCESSES

1.0 GENERAL REQUIREMENTS

The requirements of this section apply to engineered items and scientific investigations for process control. The requirements for special processes apply to engineered items only. Measures shall be established to ensure that processes that affect quality of items or services are controlled either by instruction, procedures, or other appropriate means. Special processes that control or verify quality, such as those used in welding, heat treating, and nondestructive examinations shall be accomplished by qualified personnel using qualified procedures in accordance with applicable codes, standards, specifications, criteria, and other special requirements.

2.0 PROCESS CONTROL

2.1 METHOD

All processes shall be controlled by instructions, procedures, drawings, checklists, travelers, or other appropriate means. These means shall ensure that process parameters are controlled and that specified environmental conditions are maintained.

2.2 IDENTIFICATION OF SPECIAL PROCESSES

2.2.1 RESPONSIBILITY

It is the responsibility of the Participating Organization and Nevada Test Site (NTS) Support Contractor that is performing the work to identify which portions of its activities involve the use of special processes. A special process is a process in which the results are highly dependent on either the control of the process or the operator's skill, or both, and in which the specified quality cannot be readily determined by inspection or testing of the item.

2.2.2 QUALIFICATION REQUIREMENTS

The necessary requirements for qualifications of personnel, procedures, or equipment shall be specified or referenced in the procedures or instructions either for processes that are not covered by existing codes and standards or for processes where the quality requirements for an item or test exceed those of existing codes or standards.

2.2.3 CONDITIONS

Conditions necessary for accomplishment of the special process shall be included in procedures or instructions. These conditions shall include proper equipment, controlled parameters of the special process and calibration requirements.

2.2.4 APPLICABLE CODES AND STANDARDS

The requirements of applicable codes and standards, including acceptance criteria for the special process, shall be specified or referenced in the procedures or instructions.

2.3 QUALIFICATION OF SPECIAL PROCESS PROCEDURES

2.3.1 PROGRAM FOR QUALIFICATION

Procedures shall be qualified in accordance with applicable codes, standards or other specifications. The program for qualification of procedures shall be specified in documents prepared by the cognizant technical organization. The PQA organization shall provide appropriate reviews to assure compliance with these requirements.

2.4 QUALIFICATION OF PERSONNEL PERFORMING SPECIAL PROCESSES

2.4.1 TRAINING, QUALIFICATION, AND CERTIFICATION

Personnel shall be trained, qualified, and certified in accordance with written procedures. The training and qualification, and certification shall be the responsibility of the organization that is performing the work. These procedures shall be reviewed by the Project QA organization for compliance with requirements.

2.4.2 PROCEDURE

Qualification shall utilize the actual working procedure, to the extent possible.

2.4.3 PERSONNEL QUALIFICATION REQUIREMENTS

Qualification of personnel shall incorporate the personnel qualification requirements of the applicable codes, standards, or specifications.

2.5 SPECIAL PROCESS EQUIPMENT

Special process equipment shall be checked out, qualified, and certified in accordance with specified requirements. These requirements shall implement the requirements of applicable codes, standards, and specifications. Equipment checkout, qualification, and certification shall be the responsibility of the organization performing the work. Project Quality Assurance shall review the procedures for qualification of equipment for compliance with requirements.

2.6 SPECIAL PROCESS RECORDS

Records shall be maintained for the currently qualified personnel, procedures, and equipment of each special process and the requirements for maintenance of these records shall be specified. Special process verification methods and criteria shall also be documented and retained.

SECTION X INSPECTION

1.0 GENERAL REQUIREMENTS

Measures shall be established to provide inspections required to verify conformance of an item or activity to specified requirements. These measures shall provide for: (1) inspections to be performed in accordance with written procedures by qualified personnel who did not perform the work being evaluated; (2) criteria for determining when inspections are required or how and when inspections are to be performed; (3) sampling methodology, if used; (4) the identification of mandatory hold points; and (5) identification of inspections requiring special expertise. The results of all inspection activities shall be documented by the inspecting organization. The requirements of this section apply to engineered items and do not apply to scientific investigation activities.

2.0 PERSONNEL

2.1 REPORTING INDEPENDENCE OF PERSONNEL

Inspections shall be performed by personnel who do not report directly to the immediate supervisor(s) who is/are responsible for performing the activity being inspected. If these personnel are not part of the formal PQA organization, they shall have sufficient authority, access to work areas, and organizational freedom to (1) identify quality problems; (2) initiate, recommend, or provide solutions to quality problems through designated channels; (3) verify implementation of solutions; and (4) assure that further processing, delivery, installation or use is controlled until proper disposition of a nonconformance, deficiency, or unsatisfactory condition has occurred. When these persons or organizations who perform the inspection activities are not part of the formal PQA organization (i.e., part of line management), then the project quality assurance organization shall overview and monitor the inspection activity.

2.2 QUALIFICATION

Each person who verifies conformance of work activities for purposes of acceptance shall be qualified to perform the assigned inspections or tests. The qualification of personnel performing inspection and test activities shall be certified in writing. Personnel selected to perform inspection and test activities shall have the experience or training commensurate with the scope, complexity, or special nature of the activities. Personnel shall also be indoctrinated as to the technical objectives and requirements of the applicable codes and standards and the QA program elements that are to be employed.

3.0 INSPECTION HOLD POINTS

Mandatory inspection or witness hold-points shall be established as necessary. When such hold or witness points are established, work may not proceed without the specific consent of the responsible representative. These hold or witness points shall be indicated in appropriate documents controlling the activity. Consent to waive any specified hold or witness point shall be documented before work can be continued beyond the designated hold or witness point.

4.0 INSPECTION PLANNING

Planning for inspection activities shall be accomplished and documented via inspection procedures, instructions, or checklists. Inspection procedures, instructions, or checklists shall provide for the following:

- Identification of characteristics and activities to be inspected.
- A description of the method of inspection.
- Identification of the individuals or groups responsible for performing the inspection operation.
- Acceptance and rejection criteria.
- Identification of required procedures, drawings, and specifications and revisions.
- Recording inspector or data recorder and the results of the inspection operation.
- Specifying necessary measuring and test equipment including accuracy requirements.

4.1 SAMPLING

When sampling is used to verify acceptability of a group of items, the sampling procedures shall be based on recognized standard practices.

5.0 IN-PROCESS INSPECTION

Inspection of items in-process or under construction shall be performed for work activities where necessary to verify quality. If inspection of processed items is impossible or disadvantageous, indirect control by monitoring of processing methods, equipment, and personnel shall be provided.

5.1 COMBINED INSPECTION AND MONITORING

Where a combination of inspection and process monitoring methods is used, it shall be performed in a systematic manner to ensure that the specified requirements for control of the process and quality of the item are being achieved throughout the duration of the process. Both inspection and process monitoring shall be provided when other techniques cannot provide adequate control.

5.2 CONTROLS

Where required, controls shall be established and documented for the coordination and sequencing of activities at established inspection points during successive stages of the conducted process or construction.

6.0 FINAL INSPECTION

Final inspection shall include a records review of the results and resolution of nonconformances identified by prior inspections. The final inspection shall be planned to reach a conclusion regarding conformance of the item to specified requirements.

6.1 INSPECTION REQUIREMENTS

Completed items shall be inspected for completeness, markings, calibration, adjustments, protection from damage, or other characteristics as required to verify the item's quality and conformance to specified requirements. If not previously examined, then quality records shall be examined for adequacy and completeness.

6.2 ACCEPTANCE

The item's acceptance shall be documented and approved by identified authorized personnel.

6.3 MODIFICATIONS, REPAIRS, OR REPLACEMENTS

Modifications, repairs, or replacements of items performed subsequent to final inspection shall require reinspection or retest, as appropriate, to verify acceptability.

7.0 IN-SERVICE INSPECTION

Required in-service inspection of structures, systems, or components shall be planned and executed by or for the organization responsible for operation.

7.1 METHODS

Inspection methods shall be established and executed to verify that the characteristics of an item continue to remain within specific limits. Inspection methods shall include evaluation of performance capability of essential emergency and safety systems and equipment, verification of calibration and integrity of instruments and instrument systems, and verification of maintenance, as appropriate.

8.0 QUALIFICATION REQUIREMENTS

Appendix C of this document defines the requirements for the qualification of inspection and test personnel who perform inspection and testing to verify conformance to specified requirements for the purpose of acceptance. Appendix D defines the requirements for qualification of nondestructive examination personnel. REECo currently performs no nondestructive examination.

9.0 RECORDS

The following are the requirements for inspection records which shall be retained in accordance with Section XVII of this QAPP.

9.1 INSPECTION RECORDS

As a minimum, inspection records shall identify the following:

- Item or activity.
- The date of the inspection.
- Name of individual performing the inspection.
- Name or names of personnel contacted during the inspection.
- A description of the type of observation (method of inspection).
- Inspection criteria including identification of drawing, specification, etc. (and applicable revision).
- Equipment used during the inspection.

- ' Evidence as to the acceptability of the results.
- ' Acceptance statement.
- ' References to information on action taken in connection with conditions adverse to quality, nonconformances and/or actions taken to resolve any discrepancies.

9.2 PERSONNEL QUALIFICATION RECORDS

Records of personnel qualification shall be established and maintained by the employer. The actual examinations used to qualify personnel shall also be retained as part of the record files.

SECTION XI TEST CONTROL

1.0 GENERAL DISCUSSION

Tests required to verify conformance of an item to specified requirements and to demonstrate that items will perform satisfactorily in service shall be planned and executed. Characteristics to be tested and test methods to be employed shall be specified. The test procedures shall be implemented by trained and appropriately qualified personnel. The requirements of this section apply to engineered items and do not apply to scientific investigation activities.

2.0 TEST REQUIREMENTS

Test requirements and acceptance or rejection criteria, including required levels of precision and accuracy, shall be provided or approved by the organization responsible for the design of the item to be tested, unless otherwise designated. Required tests, including, as appropriate, prototype qualification tests, production tests, proof tests prior to installation, construction tests, pre-operational tests, and operational tests shall be controlled. Test requirements and acceptance or rejection criteria shall be based upon specified requirements contained in applicable design or other pertinent technical documents.

3.0 TEST PROCEDURES

3.1 TEST INSTRUCTIONS, PROCEDURES AND DRAWINGS

Instructions, procedures, and drawings for tests shall be prepared in accordance with the requirements of Section V of this document. Test procedures or instructions shall contain criteria for determining when a test is required and how the test is performed.

3.2 TEST PREREQUISITES

Test procedures shall include or reference test objectives and provisions for assuring that prerequisites for the given test have been met, that adequate instrumentation is available and used, that necessary monitoring is performed, and that suitable environmental conditions are maintained. Prerequisites shall include the following, as applicable: (1) calibrated instrumentation, (2) appropriate equipment, (3) completeness of item to be tested, (4) trained or appropriately qualified personnel, (5) condition of test equipment and the item to be tested, (6) suitable and controlled environmental conditions, and (7) provisions for data acquisition and storage.

3.3 REVIEW OF PROCEDURES

3.3.1 IDENTIFICATION AND DOCUMENTATION

Control measures shall be applied to verify the adequacy of test plans and procedures and verification shall be performed in a timely manner. The responsible organization shall identify and document the verification method used, the results of the verification, and the verifiers.

3.3.2 TIMING OF VERIFICATION

Verification of the adequacy of test plans and procedures shall be performed prior to release. In those cases, where this timing can not be met, the portion or portions which have not been verified shall be identified and controlled. In all cases, the verification shall be completed prior to relying on the test plans and procedures to perform its function.

3.3.3 EXTENT OF VERIFICATION

The extent of the verification required is a function of the importance to safety of the item under consideration, the complexity, the degree of standardization, the state of the art, and the similarity with previously proven test plans and procedures. Where the test plans and procedures have been subjected to a verification process in accordance with Paragraph 3.3 of this section, the verification process need not be duplicated for identical documents. However, the applicability of standardized or previously proven test plans and procedures, with respect to meeting pertinent inputs, shall be verified for each application. Known problems affecting the standardized or previously proven test plans and procedures and their effects on other features shall be considered. The original test plans and procedures and associated verification measures shall be adequately documented and referenced in the files of subsequent applications.

3.3.4 CHANGES TO VERIFIED TEST PLANS AND PROCEDURES

Changes to previously verified test plans and procedures shall require verification including evaluation of the effects of those changes.

3.3.5 PERSONNEL PERFORMING VERIFICATION

Test plans and procedures verification shall be performed in accordance with the requirements of Paragraph 3.3.6 of this Section by any competent, certified individual or individuals or certified group or groups other than those who developed the original test plan or procedure. This includes the following:

- 3.3.5.1 Individuals or groups from the originator's same organization.
- 3.3.5.2 Individuals or groups from other organizations contracted for this purpose.

3.3.5.3 The originator's supervisor providing all of the following requirements are met:

- The supervisor is the only individual in the organization competent to perform verification.
- The supervisor did not establish the test plan or procedure input used, specify a singular approach, or rule out certain considerations.
- The rationale for satisfying the two requirements above is documented and approved by management superior to the supervisor. The QA manager shall also concur with this rationale.

3.3.6 METHODS OF TEST PLAN AND PROCEDURE

Verification shall be accomplished by any one or a combination of the following: reviews, alternate calculations, or qualification testing.

3.3.6.1 Test Plan and Procedure

Reviews are detailed critical reviews to provide assurance that the test plan or procedure is correct and satisfactory. At a minimum, the items below shall be considered during the review and the results of such deliberations shall be documented.

- Were the inputs correctly selected?
- Are assumptions necessary to perform the activity adequately described and reasonable? Where necessary, are the assumptions identified for subsequent reverifications when the detailed activities are completed?
- Was an appropriate method used?
- Were the inputs correctly incorporated.
- Is the test plan or procedure output reasonable compared to inputs?
- Are the necessary input and verification requirements for interfacing organizations specified in the documents or in supporting procedures or instructions?
- Are computer programs used for analysis identified and verified in accordance with the methods specified in the NNWSI Project Administrative Procedures Manual.

3.3.6.2 Alternate Calculations

Alternate calculations are a form of analysis which may be used to determine the adequacy of the original analyses. The use of alternate calculations shall include a review of the appropriateness of assumptions, inputs and computer programs or other calculation method used.

3.3.6.3 Qualification Tests

Qualification tests that involve actual physical testing of systems, structures, or components may be used to verify the adequacy of test plans or procedures. Where adequacy is to be verified by qualification tests, the tests shall be identified. The test configuration shall be clearly defined and documented. Testing shall demonstrate adequacy of performance under conditions that simulate the most adverse conditions. Operating modes and environmental conditions in which the item must perform satisfactorily shall be considered in determining the most adverse conditions. Where the test is intended to verify only specific features, the other features shall be verified by other means. Test results shall be documented and evaluated by the responsible organization to assure that test requirements have been met. If qualification testing indicates the modifications to the test are necessary to obtain acceptable performance, the modification shall be documented and the item modified and retested or otherwise verified to assure satisfactory performance. When tests are being performed on models or mockups, scaling laws shall be established and verified. The results of model test work shall be subject to error analysis, where applicable, prior to use in the final work.

3.4 POTENTIAL SOURCES OF ERROR

The potential sources of uncertainty and error in test procedures which must be controlled and measured to assure that tests are well controlled shall be identified.

3.5 ALTERNATIVES

In lieu of specifically prepared written test procedures, appropriate sections of related documents, such as American Society for Testing and Materials (ASTM) methods, Supplier manuals, equipment maintenance instructions, or approved drawings or travelers with acceptance criteria, can be used. Such documents shall include adequate instructions to assure the required quality of work.

4.0 TEST RESULTS

Test results shall be documented and their conformance with acceptance criteria evaluated by a responsible authority to assure that test requirements have been satisfied.

5.0 TEST RECORDS

Test records shall, as a minimum, identify the following:

- Item tested.
- Date of test.
- Tester or data recorder identification.
- Type of observation.
- Results and acceptability.
- Action taken in connection with any deviations noted.
- Person evaluating results.

SECTION XII

CONTROL OF MEASURING AND TEST EQUIPMENT

1.0 GENERAL

1.1 MAINTAINING ACCURACY OF EQUIPMENT

Measures shall be established to ensure that tools, gages, instruments, and other measuring and test equipment used in activities that affect quality are properly controlled, calibrated, and adjusted at specified periods to maintain accuracy within necessary limits.

1.2 SCOPE OF CONTROL PROGRAM

The REECo Quality Assurance Program Plan (QAPP) defines the scope and methodology of the program for the control of measuring and test equipment. This includes all measuring and test equipment or systems used to calibrate, measure, gage, test, or inspection either to control or to acquire data to verify conformance to a specified requirement, or to establish characteristics or values not previously known.

1.3 DESCRIPTION OF RESPONSIBILITIES

The responsibilities of all organizations shall be described for the establishment, implementation, and assurance that the calibration program is effective.

2.0 PURPOSE OF EQUIPMENT

Measuring and test equipment are devices or systems used to calibrate, measure, gage, test, or inspect either to control or to acquire data to verify conformance to a specified requirement, or to establish characteristics or values not previously known.

Specific requirements for control of measuring and test equipment are listed below:

2.1 SELECTION

Selection of measuring and test equipment shall be controlled to assure that such equipment is of proper type, range, and accuracy, to accomplish the function of determining conformance to specified requirements. The type, range, and accuracy, of a measuring device shall be documented in test and inspection

documents. Each device shall have a unique identification number. This number shall be recorded on the data sheet, log, etc., along with the measurement taken, to ensure traceability to the measurement of the device that was used to take the measurement.

2.2 CALIBRATION

Measuring and test equipment shall be calibrated against certified equipment having known valid relationships to the National Bureau of Standards or other nationally recognized standards and shall be calibrated, adjusted, and maintained at prescribed intervals. If no nationally recognized standards exist, the basis for calibration shall be documented. Calibrating standards shall have equal or greater accuracy than equipment being calibrated. Calibrating standards with the same accuracy may be used if it can be shown to be adequate for the requirements and the basis of acceptance is documented and authorized by responsible management. The management authorized to perform this function shall be identified.

2.3 CONTROL

The method and interval of calibration for each item shall be defined, based on the type of equipment stability characteristics, required accuracy, intended use, degree of usage, and other conditions that affect measurement control. Measuring and test equipment must be labeled, tagged, or otherwise documented in a fashion which indicates the due date of the next calibration and to provide traceability to calibration data. If measuring and test equipment is found to be out of calibration, an evaluation shall be made and documented of the validity of previous results obtained and of the acceptability of items previously inspected, tested or data gathered since the last calibration. Devices that are out of calibration shall be tagged or segregated and shall not be used until they have been recalibrated. If any measuring or test equipment is found to be out of calibration consistently, then it shall be repaired or replaced. A calibration shall be performed when the accuracy of the equipment is suspect.

2.4 COMMERCIAL DEVICES

Calibration and control measures are not required for rulers, tape measure, levels, and other such devices, if normal commercial equipment provides adequate accuracy.

2.5 HANDLING AND STORAGE

Measuring and test equipment shall be handled properly and stored to maintain accuracy.

2.6 RECORDS

Records shall be maintained and equipment shall be marked suitably to indicate calibration status. Calibration records shall identify the calibration procedure (including revision) utilized to perform the calibration.

SECTION XIII

HANDLING, SHIPPING, AND STORAGE

1.0 GENERAL REQUIREMENTS

Measures shall be established to control the packaging, handling, storage, shipping, cleaning, and preservation of material and equipment to prevent damage, loss, or deterioration. Handling, storage, and shipping of items shall be conducted in accordance with established work and inspection instructions, drawings, specifications, shipment instructions, or other pertinent documents or procedures specified for use in conducting the activity. Specific requirements are listed below.

1.1 SPECIAL EQUIPMENT AND PROTECTIVE ENVIRONMENTS

When required for particular items, special equipment (e.g., containers, shock absorbers, and accelerometers) and special protective environments (e.g., an inert gas atmosphere, specific moisture content levels, and temperature levels) shall be specified and provided, and their existence shall be verified.

1.2 SPECIFIC PROCEDURES

When they are required for critical, sensitive, perishable, or exceptionally expensive articles, specific procedures for handling, storage, packaging, shipping, and preservation shall be used.

1.3 INSPECTION AND TESTING OF SPECIAL TOOLS AND EQUIPMENT

Special handling tools and equipment shall be utilized and controlled as necessary to ensure safe and adequate handling. Special handling tools and equipment shall be inspected and tested in accordance with procedures and at specified time intervals to verify that the tools and equipment are maintained adequately.

1.4 OPERATORS OF SPECIAL EQUIPMENT

Operators of special handling and lifting equipment shall be experienced or trained to use the equipment.

1.5 MARKING AND LABELING

Instructions for marking and labeling for packaging, shipment, handling, and storage of items shall be established as necessary to adequately identify, maintain, and preserve the item, including indication of the presence of special environments or the need for special controls.

SECTION XIV

INSPECTION, TEST, AND OPERATING STATUS

1.0 INDICATION OF STATUS

The requirements of this section apply to engineered items and do not apply to scientific investigations. The status of inspection and test activities shall be identified either on the items or in documents traceable to the items where it is necessary to assure that required inspections and tests are performed and to assure that items which have not passed the required inspections and tests are not inadvertently installed, used, or operated. Status indicators shall also provide for indicating the operating status of systems and components of the facility, such as by tagging valves and switches, to prevent inadvertent operation.

2.0 METHODS OF INDICATING STATUS

Status shall be maintained through indicators, such as physical location and tags, markings, travelers, stamps, inspections records, or other suitable means. Procedures describing status indicators and their use shall contain current actual examples of each type indicator.

3.0 APPLICATION AND REMOVAL OF STATUS INDICATORS

The authority for application and removal of status indicating tags, markings, labels, and stamps shall be specified in procedures governing inspection, test, and operating status.

SECTION XV

CONTROL OF NONCONFORMING ITEMS

1.0 GENERAL REQUIREMENTS

Measures shall be established to control items that do not conform to requirements to prevent their inadvertent installation or use. These measures shall include documented procedures for identification, documentation, evaluation, segregation (when practical), disposition, and notification to affected organizations. All Project personnel are responsible for reporting nonconformances in accordance with their established nonconformance control procedures. These procedures shall be consistent with the minimum requirements listed below.

1.1 IDENTIFICATION

1.1.1 METHOD OF IDENTIFICATION

Identification of nonconforming items shall be made by marking, tagging, or other methods that shall not adversely affect the end use of the item. The identification shall be legible, easily recognizable, and shall contain the nonconformance report number. The nonconformance report number shall be a sequential number preceded by an organizational acronym (e.g., REECo-1). If tags are used, they shall be securely attached to avoid loss during handling.

1.1.2 EXCEPTIONS

If identification of each nonconforming item is not practical, the container, package, or segregated storage area, as appropriate, shall be identified.

1.1.3 CONDITIONAL RELEASE

Work on the nonconforming item shall be stopped until completion of the action specified in the Nonconformance Report (NCR) disposition. If only a specific portion of the item is in nonconformance, then that specific area shall be identified and work may proceed on the remaining areas. If work on a nonconforming item must be continued (conditional release) prior to implementation of this disposition, the YMPO shall approve such continuance. Requests for conditional releases on nonconforming items shall include documented justification that the following conditions are met:

- The nonconforming item can be removed or corrected at a later date without damage to, or contamination of the associated permanent facility equipment or structures.

- The nonconforming item remains accessible for inspection.
- The nonconforming item is evaluated and limitation(s) for use of the equipment or system is established.
- Traceability and identification of the nonconforming item are maintained.

1.2 LOGGING

1.2.1 NONCONFORMANCE CONTROL LOG

Project Quality Assurance shall maintain a nonconformance control log to track nonconforming items. This log shall contain the following information:

- The nonconformance report number.
- A brief description of the nonconforming condition.
- Identification of the person or organization responsible for determining and carrying out the nonconformance disposition.
- The status of each nonconformance report (open or closed).

1.3 SEGREGATION

1.3.1 HOLD AREA

When practical, nonconforming items shall be segregated by placing them in a clearly identified and designated hold area until they are dispositioned property.

1.3.2 ALTERNATIVE

When segregation is impractical or impossible because of physical conditions, such as size, weight, or access limitations, other precautions shall be employed to preclude inadvertent use of a nonconforming item.

1.4 DISPOSITION

1.4.1 NONCONFORMANCE CHARACTERISTICS

Nonconforming characteristics shall be reviewed and recommended dispositions of nonconforming items shall be proposed and approved in accordance with documented procedures. Further processing, delivery, installation, or use of a

nonconforming item shall be controlled pending an evaluation and an approved disposition by authorized personnel. Distribution of nonconformance documentation shall be to all affected organizations.

1.4.2 RESPONSIBILITY AND AUTHORITY

The responsibility and authority for the evaluation, disposition, and close-out of nonconforming items shall be defined and documented. Those personnel assigned signature approval of the disposition shall be identified. Quality Assurance (QA) responsibilities relating to nonconformances shall be described.

1.4.3 PERSONNEL

Personnel performing evaluations to determine a disposition shall have demonstrated competence in the specific area that they are evaluating, have an adequate understanding of the requirements, and have access to pertinent background information.

1.4.4 DISPOSITIONING OF NCR

The person or organization assigned the responsibility of dispositioning the NCR shall ensure the following:

- Nonconformance documentation adequately identifies and describes the nonconformance.
- Appropriate justification for the disposition has been documented. In the case of use-as-is or repair dispositions, technical justification is required. The as-built records, if such records are required, shall reflect the accepted deviation.
- The disposition has referenced any approved design documents, procedures, plans, work orders, etc., that are to be used for the correction of the nonconforming condition.
- The technical details for correction of the nonconforming condition are adequate for the recommended disposition.
- If continuance has been requested, justification for the activity to continue has been documented and approved by the YMPO Branch Chief and the YMPO PQM.
- The disposition complies with existing design documents, test plans or procedures, reports, and regulatory requirements.

- If a change to reflect the as-built condition is appropriate, then the disposition addresses action to change the existing design documents, test plans or procedures, reports, etc. Any documents changed shall also be cross referenced on the NCR.
- Disposition has identified and documented the correction as repair, rework, use-as-is, or reject/scrap.
- Disposition has identified the people or organization responsible to implement the disposition.

1.4.5 YMPO APPROVAL

In those cases where the disposition of "repair" is proposed, the YMPO shall approve the proposed disposition prior to implementation. In the case of a proposed disposition of "use-as-is", the NCR shall be forwarded to YMPO for approval after all actions necessary to support technical justification of the disposition have been completed. The appropriate YMPO Branch Chief and the YMPO PQM shall approve NCR dispositions involving "repair" or "use-as-is" determinations and conditional release recommendations.

1.4.6 CORRECTIVE ACTION

The action taken to correct the nonconforming item shall be verified and documented. Repaired or reworked items shall be reexamined in accordance with applicable procedures and with the original acceptance criteria, unless the nonconforming item disposition has established alternate acceptance criteria.

1.4.7 INTERFACES

Internal interfaces between organizational units and external interfaces between Project participants shall be clearly described.

2.0 REPETITIVE NONCONFORMANCES

When repetitive or recurring nonconforming conditions are identified, an evaluation shall be made as to whether or not further programmatic corrective action is warranted to preclude repetition. This corrective action shall be beyond the scope of the action taken for the disposition on the existing NCRs and shall be processed in accordance with the corrective action procedure.

3.0 TRENDING

Nonconformance reports shall be periodically analyzed by the PQA organization to show quality trends and to help identify root causes of nonconformances. Results shall be reported to upper management for review and assessment.

4.0 DISTRIBUTION OF DOCUMENTS

Copies of nonconformance reports for items shall be sent to the YMPO PQM and the SAIC/T&MSS Project QA Department (QA Engineering Division Manager) by the originating organization upon issuance and upon closure. The original nonconformance reports shall be sent to the YMPO for approval as required by Paragraph 1.4.5 of this section.

SECTION XVI CORRECTIVE ACTION

1.0 GENERAL

A corrective action system is to be defined in the Quality Assurance Program Plan (QAPP). This system shall ensure that significant conditions adverse or potentially adverse to quality are identified promptly and corrected as soon as practical.

1.1 SIGNIFICANT ADVERSE CONDITIONS

For significant conditions adverse to quality the identification, cause, and corrective action taken to preclude recurrence shall be documented and reported to immediate management and upper levels of management for review and assessment. A significant condition adverse to quality is one which, if not corrected, could have a serious effect on safety or operability. Significant conditions include, but are not limited to breakdowns in the Quality Assurance program and repetitive nonconformances. Upon discovering or receiving notification that a significant condition adverse to quality or unusual occurrence exists, REECo shall ensure that:

- Immediate actions have been taken to remedy the specific condition(s).
- Causative factors have been determined.
- Controls have been reviewed, implemented, monitored and revised, if necessary.
- 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.

1.2 FOLLOW-UP ACTION

The PQA 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 PQA 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.

1.3 CORRECTIVE ACTION

Corrective action reports shall be periodically analyzed by the PQA organization to show quality trends. Results shall be reported to upper management for review and assessment.

2.0 DISTRIBUTION OF DOCUMENTS

Copies of corrective action reports shall be sent to the SAIC/T&MSS Project QA Department (QA Engineering Division Manager) by the originating organization upon issuance and closure. Those that document significant conditions adverse to quality shall be reported to the appropriate OCRWM Associate Director.

SECTION XVII

QUALITY ASSURANCE RECORDS

1.0 GENERAL REQUIREMENTS

Records that furnish documentary evidence of quality shall be specified, prepared, and maintained in accordance with YMP Administrative Procedures which shall meet the requirements of this Section. This shall include the requirements that all documents be legible, identifiable, and retrievable.

1.1 DEFINITION

A document or other item is not considered to be a Quality Assurance Record until it satisfies the definition of a Quality Assurance Record as defined below. The term records, used throughout this Section, is to be interpreted as Quality Assurance Records. Quality Assurance Records include (1) individual documents that have been executed, completed, and approved and that furnish evidence of the quality and completeness of data (including raw data), and activities affecting quality; (2) documents prepared and maintained to demonstrate implementation of quality assurance programs (e.g., audits, surveillance, and inspection reports); (3) procurement documents; (4) other documents, such as plans, correspondence, documentation of telecons, specifications, technical data, books, maps, papers, photographs, and data sheets; (5) magnetic media; and (6) other materials that provide data and document quality, regardless of the physical form or characteristic. A completed record is a document that will either receive no more entries or whose revision would normally consist of the reissue of the document; and is signed and dated by the originator and, as applicable, by personnel authorized to approve the document. Records shall be distributed, handled and controlled in accordance with written procedures. All records (including superceded records) shall be retained for the YMP.

1.2 ESTABLISHING A RECORD SYSTEM

A record system or systems shall be established at the earliest practicable time consistent with the schedule for accomplishing work activities.

1.2.1 RECORDS MANAGEMENT

The record system shall be defined, implemented, and enforced in accordance with written procedures, instructions, or other documentation prepared in accordance with Section V of this QAPP. The records management activities to be performed when processing QA records are detailed in the YMP Administrative Procedures Manual and procedure TPO-4, Records Management.

1.2.2 MINIMUM RECORDS

Sufficient records shall be specified, prepared, and maintained to furnish documented evidence of activities that affect quality. The records shall include at least the following: operating logs, the results of reviews, inspections, tests, audits, monitoring of work performance, and materials analyses. Also, the records shall include closely related data such as qualifications of personnel, procedures, and equipment. A list of typical QA records is contained in Appendix E.

1.2.3 CONTROL OF RECORDS

Requirements and responsibilities for record transmittal, distribution, retention, maintenance, and disposition of QA records shall be established and documented.

1.3 PRESERVATION OF RECORDS

The procedure that defines the implementation of the record system for REECo shall identify measures to be implemented for the preservation and safe-keeping of the records before storage and for the prevention of delays between record completion and storage at the Project Record Center.

1.4 RETENTION CLASSIFICATION

For purposes of record retention, all Project records are classified as lifetime records and are required to be retained for the life of the Project.

2.0 GENERATION OF RECORDS

2.1 RECORDS SPECIFICATION

The applicable design specifications, procurement documents, implementing procedures, operational procedures, or other documents shall specify the records to be generated, supplied, or maintained by or for the YMP.

2.1.1 QUALITY OF RECORDS

Documents that are designated to become records shall be legible, identifiable, accurate, complete, reproducible, microfilmable, and appropriate to the work accomplished.

2.1.2 COMPLETION OF RECORDS

Documents that are designated to become records shall be completed in accordance with the methods specified in the YMP Administrative Procedures Manual and TPO-4.

3.0 VALIDATION OF RECORDS

3.1 METHODS OF VALIDATION

Documents shall be considered valid records only if stamped, initialed, or signed and dated by authorized personnel, or otherwise authenticated in accordance with approved procedures. These records may be originals or reproduced copies. Authentication may take the form of a statement by the responsible individual or organization. Handwritten signatures are not required if the document is clearly identified as a statement by the reporting individual or organization.

3.2 AUTHENTICATION LIST

Each organization shall maintain a list which contains the signature and initials of the personnel authorized to authenticate records.

4.0 RECEIPT OF RECORDS

4.1 RECEIPT CONTROL

Each organization that is responsible for the receipt of records shall designate a person or organization to be responsible for receiving the records. The designee shall be responsible for organizing and implementing a system of receipt control of records for permanent and temporary storage in accordance with approved procedures. Each receipt control system shall be structured to permit a current and accurate assessment of the status of records during the receiving process. As a minimum, the receipt control system shall include the following:

- A method for designating the required records.
- A method for identifying the records received.
- Procedures for receipt and inspection of incoming records.
- A method for submittal of completed records to the storage facility without unnecessary delay.

4.2 PROTECTION OF RECORDS

The individual or organization responsible for receiving records shall provide protection from damage, deterioration, or loss during the time that the records are in their possession.

5.0 RECORDS IDENTIFICATION

5.1 IDENTIFICATION DESIGNATION

Records or indexing systems, or both, shall provide sufficient information to permit identification between the record and the items or activities to which it applies. Records shall be clearly identified by a unique number or other designation which is directly traceable to controlling programmatic information (e.g., project, contract number, task number, preparing organization, author, date, title, subject, etc.). This unique identification number or other designation shall not be repeated anywhere in the Yucca Mountain Project. The Project Office or its designee shall review and approve the records identification system of REECO to ensure consistency.

5.2 INDEXING SYSTEM

The records shall be indexed and the indexing system or systems shall include, as a minimum, the location of the record within the records system or systems.

6.0 PERMANENT STORAGE FACILITY

Records shall be controlled from the time they are complete until the time they are stored in a permanent storage facility. Temporary storage, preservation, safe keeping, and retrievability of completed records shall be in accordance with the requirements applicable to the permanent storage of records. The use of dual storage facilities is an acceptable alternative to a single fire-rated, environmentally controlled facility.

6.1 STORAGE LOCATION

The records shall be stored in a predetermined location or locations that meets the requirements of applicable standards, codes, and regulatory agencies.

6.2 STORAGE PROCEDURE

Before the records are stored, a written storage procedure shall be prepared and responsibility assigned for enforcing the requirements of that procedure. As a minimum, this procedure shall include the following:

- A description of the storage facility.
- The filing system to be used.
- The method for verifying that the records received are legible and are in agreement with the transmittal document.
- The method of verifying that the records are those designated (see Paragraph 4.1 of this section).
- The rules governing access to and control of the files.
- The method for maintaining control of and accountability for records removed from the storage facility.
- A method for filing supplemental information (see Paragraph 9.0 of this section).

7.0 PRESERVATION

Records shall be stored in a manner approved by the organization or organizations responsible for storage. In order to preclude deterioration of the records, the following requirements shall apply:

- Provisions shall be made in the storage arrangement to prevent damage from moisture, temperature, and pressure.
- Records shall be firmly attached in binders or placed in folders or envelopes for storage in steel file cabinets or on shelving in containers.
- Provisions shall be made for special processed records (e.g., radiographs, photographs, negatives, microfilm, magnetic material, etc.) to prevent damage from excessive light, stacking, electromagnetic fields, temperature, and humidity.

8.0 SAFEKEEPING

8.1 MEASURES TO PRECLUDE ENTRY

Measures shall be established to preclude the entry of unauthorized personnel in the storage area. These measures shall guard against larceny and vandalism.

8.2 REPLACEMENT, RESTORATION, OR SUBSTITUTION

Measures shall be taken to provide for replacement, restoration, or substitution of lost or damaged records. These measures shall be accomplished within 90 days following determination that either a record has been lost or a record has been damaged to a degree that it is no longer complete or legible.

9.0 CORRECTED INFORMATION IN RECORDS

9.1 METHOD

Records may be corrected in accordance with written procedures that provide for appropriate review or approval by the originating organization.

9.2 IDENTIFICATION

The correction shall include the date and the identification of the person authorized to issue such correction and shall not obliterate the corrected data.

10.0 STORAGE FACILITY

The following requirements apply to both permanent and temporary record storage facilities.

10.1 CONSTRUCTION AND MAINTENANCE OF FACILITY

Records shall be stored in facilities constructed and maintained in a manner that minimizes the risk of damage or destruction from natural disasters, such as winds, floods, or fires; environmental conditions such as high and low temperatures and humidity; and infestation of insects, mold, or rodents.

10.2 METHODS

The two satisfactory methods of providing storage facilities are (1) single and (2) dual; these are detailed in the following sections.

10.2.1 SINGLE FACILITY

Design and construction of a single record storage facility shall meet the following criteria:

- It shall have reinforced concrete, concrete block, masonry, or equal construction.
- It shall have a floor and roof with drainage control and if a floor drain is provided, then a check valve (or equivalent device) shall be included.
- It shall have doors, structures and frames, and hardware that shall be designed to comply with the requirements of a minimum two hour fire rating.
- Sealant shall be applied over walls as a moisture or condensate barrier.
- Surface sealant shall be placed on the floor to provide a hard wearing surface to minimize concrete dusting.
- It shall have foundation sealant and provisions for drainage.
- It shall have a fire protection system.
- Only those penetrations used exclusively for fire protection, communication, lighting, or temperature and humidity control are allowed. All such penetrations shall be sealed or dampered to comply with the minimum two-hour fire protection rating.
- The construction details shall be reviewed for adequacy of protection of contents by a person who is competent in the technical field of fire protection and fire extinguishing.
- If the facility is located within a building or structure, then the environment and construction of that building can provide a portion or all of these criteria.

10.2.2 ALTERNATE SINGLE FACILITIES

The following are acceptable alternatives to the criteria for a single facility:

- Two-hour fire rated vault that meets National Fire Protection Association (NFPA) 232-1975.
- Two-hour fire rated Class B file containers that meet the requirements of NFPA 232-1975.
- Two-hour fire rated file room that meets the requirements of NFPA 232-1975 with the following additional provisions:
 - An early-warning fire detection and automatic fire suppression capability with electronic supervision at a constantly attended central station.
 - Records storage in fully enclosed metal cabinets.
 - Adequate access and aisle ways.
 - Work that is not associated directly with record storage or retrieval shall be prohibited in the file room.
 - Smoking, eating, or drinking shall be prohibited in the file room.
 - Two-hour fire rated dampers or doors in all boundary penetrations.

10.2.3 DUAL FACILITIES

If storage at dual facilities for each record is provided, then the facilities shall be at locations sufficiently remote from each other to eliminate the chance of exposure to a simultaneous hazard. Neither facility is required to satisfy the requirements of Paragraphs 10.2.1 or 10.2.2 but shall meet the other requirements of this document.

11.0 RETRIEVAL

11.1 PROVISIONS

Storage systems shall provide for retrieval of information in accordance with planned retrieval times based upon the record type. Final reports shall contain a listing, by unique number or other designation, that enables prompt retrieval of all documents used to compile or evaluate the report. This listing shall include, as a minimum, all referenced documents, peer review or other review documents, computer codes, data sheets, procedures, and test plans. All documents referenced

by final reports, except readily available references such as encyclopedias, dictionaries, engineers handbook, etc., shall be retrievable from the Records Management System (RMS).

11.2 PERSONNEL

A list shall be maintained that designates those personnel who shall have access to the files.

11.3 ACCESSIBILITY

Records maintained by REECO shall be accessible to the WMPO or its designated alternate.

12.0 DISPOSITION

12.1 ACCESSIBILITY AT VARIOUS LOCATIONS

Records that are accumulated at various locations, prior to transfer, shall be made accessible to the YMP either directly or through the procuring organization.

12.2 CUSTODIAN

The custodian shall inventory the submittals, acknowledge receipt, and process these records in accordance with this document or the procedures implementing this document.

12.3 REQUIREMENTS OF REGULATORY AGENCIES

Various regulatory agencies have requirements concerning records that are within the scope of this document. The most stringent requirements shall be used to determine final dispositions.

SECTION XVIII

AUDITS

1.0 GENERAL REQUIREMENTS

All Yucca Mountain Project activities will be subject to planned and scheduled internal and external audits to assure that procedures and activities comply with the overall Quality Assurance (QA) program and to determine their effectiveness. REECO shall include in their Quality Assurance Program Plan (QAPP) a system of planned, periodic audits to provide an objective evaluation of the quality-related practices, procedures, instructions, activities, and items including the review of documents and records to ensure that the QA program is effective and properly implemented. The audits shall be performed in accordance with written procedures using checklists by appropriately trained personnel who do not have direct responsibility for performing the activities being audited. Audit results shall be documented, reported to, and reviewed by responsible management. Tracking systems shall be instituted for audit findings to assure that all findings are appropriately addressed and to identify quality trends. All deficiencies, nonconformances, and potential quality problems identified during the audit are to be documented and monitored until verification of effective corrective action is made. The audited organization shall describe in a formal report the corrective action to be taken to address findings, and shall submit the report to the auditing organization and their own responsible management.

Followup action, including verification of corrective action or reaudit of specific areas, shall be performed.

1.1 YUCCA MOUNTAIN PROJECT AUDITS

The Project audit program will be executed at the Project level by the YMP and at the activity level by individual Participating Organizations and NTS Support Contractors.

1.1.1 REECO AUDITS

REECO shall conduct internal (covering their entire QAPP, on an annual basis) and external (direct subcontractor) audits of activities under its direct control. These audits will be scheduled, planned, conducted, and reported as described in this QAPP. External and internal audit schedules, dates, and changes thereto, shall be sent to the SAIC/T&MSS Project QA Department (QA Verification Division Manager). Audit schedules shall identify the date of the audit, the activities to be audited, and the requirements to which the activities are to be audited.

1.2 SCHEDULING

Internal and external QA audits shall be scheduled in a manner that shall provide coverage and coordination with ongoing QA program activities. Audits shall be scheduled at a frequency commensurate with the status and importance of the activity and shall be initiated early enough to assure effective QA. Each NNWSI Project Participant shall perform or arrange for annual evaluations of suppliers. This evaluation shall be documented and shall take into account, where applicable, (1) review of supplies furnished, documents and records such as certificates of conformance, nonconformance notices, and corrective actions; (2) results of previous source verifications, audits, and receiving inspections; (3) operating experience of identical or similar products furnished by the same supplier; and (4) results of audits from other sources, e.g., customer, ASME, or NRC audits.

1.2.1 INTERNAL AUDITS

Applicable elements of this QAPP shall be audited at least annually or at least once during the life of the activity, whichever is shorter. The scope of the audit shall be established by: Considering the results of any previous audits, the nature and frequency of identified deficiencies, and any significant change in personnel, organization, or in the QA program.

1.2.2 EXTERNAL AUDITS

Elements of an external organization's QA program shall be audited at least annually or once during the life of the activity, whichever is the shorter period, with the following exception: If the activity is less than four months in duration, an audit is not required to be performed unless an audit is necessary due to the complexity or importance of the activity being performed. The justification for not performing audits of vendors whose activities are less than four months in duration shall be documented and approved by the responsible QA Manager prior to implementation of the activity. A copy of the documented justification shall be provided to the DOE/YMP PQM.

1.2.3 JOINT AUDITS

If more than one purchaser buys from a single supplier, a purchaser may either perform or arrange for an audit of the supplier on behalf of itself and other purchasers to reduce the number of external audits of the supplier. The scope of this audit shall satisfy the needs of all of the purchasers, and the audit report shall be distributed to all the purchasers for whom the audit was conducted. Nevertheless, each of the purchasers relying on the results of an audit performed on behalf of several purchasers remains individually responsible for the adequacy of the audit.

1.3 PREPARATION

Preparation for an audit shall include the items listed below.

1.3.1 AUDIT PLAN

Project Quality Assurance (PQA) shall develop and document an audit plan for each audit. This plan shall identify the audit scope, requirements, audit personnel, activities to be audited, organizations to be notified, applicable documents, schedule, and written procedures or checklists.

1.3.2 PERSONNEL

PQA shall select and assign auditors who are independent of any direct responsibility for the performance of the activities that they are to audit. If the audit is to be an internal one, then the personnel who have direct responsibility for performing the activities to be audited shall not be involved in the selection of the audit team. Audit personnel shall have sufficient authority and organizational freedom to make the audit process meaningful and effective. Appendix F defines the requirements for the qualification of QA audit personnel.

1.3.3 SELECTION OF AUDIT TEAM

An audit team shall be identified before the beginning of each audit. This team shall contain one or more auditors and shall have an individual qualified as a lead auditor who organizes and directs the audit, coordinates the preparation and issuance of the audit report, and evaluates the responses. The audit team leader shall identify the technical specialists, if any, who will participate in the audit and include this information in the audit plan. Audit team members selected to participate in audits for technical consideration purposes shall have appropriate technical expertise or experience in the work being audited. Multidisciplinary audit teams shall be employed when activities to be audited involve more than a single technical area. The audit team leader shall ensure that the audit team is prepared before the audit begins.

1.4 PERFORMANCE

Audits shall be performed in accordance with written procedures using checklists as early in the life of the activity as practical and shall be continued at intervals consistent with the schedule for accomplishing the activity. Elements that have been selected for audit shall be evaluated against specified requirements including a review of corrective actions taken on deficiencies in the area being audited that were identified during previous audits. Objective evidence shall be examined to the depth necessary to determine if these elements are adequate for effective control and to determine whether or not they are being implemented

effectively. The audit results shall be documented by audit personnel and shall be reviewed by management having responsibility for the area audited. Conditions that require prompt corrective action shall be reported immediately to the management of the audited organization. Audit findings will be reviewed with the audited organizations at a closing meeting.

1.5 REPORTING

The audit report shall be signed by the audit team leader and should be issued within 30 calendar days after completion of the audit and shall include the following information, as appropriate:

- Description of the audit scope.
- Identification of the auditors.
- Identification of persons contacted during audit activities.
- Summary of audit results, including a statement of the effectiveness of the QA program elements that were audited.
- Description of each reported adverse audit finding in sufficient detail to enable corrective action to be taken by the audited organization.

1.6 RESPONSE

Management of the audited organization or activity shall investigate adverse audit findings; determine root cause; schedule corrective action, including measures to prevent recurrence; and, within thirty calendar days of receipt of the audit report, notify the appropriate organizations in writing of action taken or planned. The adequacy of audit responses shall be evaluated by or for the auditing organization.

1.7 FOLLOW-UP ACTION

Follow-up action shall be taken to determine whether or not corrective action has been accomplished as scheduled and shall be verified by the auditing organization. An analysis of audit results shall be performed by the PQA organization to identify quality trends. The results of the analysis shall be reported to responsible management for review, assessment, and appropriate action.

1.8 RECORDS

1.8.1 AUDITS

As a minimum, audit records shall include the following:

- Identification of the organization(s), activities, or items audited and the individual(s) contacted during the audit(s).
- Description of any deficiencies, nonconformances, and potential quality problems identified. These shall be documented and monitored until verification of effective corrective action is made.
- Audit plans, audit reports, written replies, and the record of completion of corrective action, and close-out of the audit.

1.8.2 PERSONNEL RECORDS

Records of personnel qualifications for Auditors and Lead Auditors performing audits shall be established and maintained by the employer. Records for each Lead Auditor shall be maintained and updated annually.

2.0 SURVEILLANCES

The YMP audit program shall be supplemented by independent surveillance activities. The purpose of a surveillance is to monitor or observe items or activities to verify conformance to specified requirements. These surveillances shall be conducted and shall be either scheduled or implemented on a random basis.

Measures for the surveillance of site investigation activities shall be established and executed in accordance with procedures prepared by the organization performing the activity. Surveillances shall be scheduled and conducted based on the activity's relative impact or importance, or both, to the Project. All deficiencies, nonconformances, and potential quality problems identified during surveillances are to be documented and monitored until verification of effective corrective action is made. Specific requirements applicable to surveillance activities are as follows:

2.1 PLANNING

Surveillances are to be performed to written checklists or surveillance plans whenever practical. The documentation shall identify characteristics, methods, and acceptance criteria, shall provide for recording objective evidence of results, and accuracy of the equipment necessary to perform surveillance. The specification of acceptance criteria related to surveillances may be as simple as "to verify proper implementation of procedures" or to "to verify conformance to requirements."

2.2 REPORTING INDEPENDENCE

Surveillance personnel shall not report directly to the immediate supervisors who are responsible for the work being surveilled.

2.3 RECORDS

As a minimum, surveillance records shall identify the following:

- Item or activity.
- Date of surveillance.
- Name of individual performing the surveillance.
- Identification of the organization(s), activities, or items surveilled, including the name or names of personnel contacted.
- Description of any deficiencies, nonconformances, and potential quality problems identified during the surveillance. Nonconformances shall be handled in accordance with the requirements of Section XV or XVI, as applicable.
- Surveillance criteria.
- Equipment used during the surveillance.
- Results.
- Acceptance statement.

APPENDIX A

TERMS AND DEFINITIONS

ACCEPTANCE CRITERIA: Specified limits defined in codes, standards, or other requirement documents placed on characteristics of an item, process, or service.

ACCESSIBLE ENVIRONMENT: (1) the atmosphere; (2) the land surface; (3) surface water; (4) oceans; and (5) the portion of the lithosphere that is outside the controlled areas.

ACTIVITIES THAT AFFECT QUALITY: Deeds, actions, work, or performance of a specific function or task. The QA Program applies to activities affecting the quality of all systems, structures, and components important to safety, and to the design and characterization of barriers important to waste isolation. These activities include: Site characterization, facility and equipment construction, facility operation, performance confirmation, permanent closure, and decontamination and dismantling of surface facilities as they relate to items important to safety and barriers important to waste isolation. The QA Level I requirements of this QA Program apply to all activities affecting the quality of structures, systems, and components important to safety and engineered barriers important to waste isolation. These activities include: designing (including such activities as safety analysis, laboratory testing of waste package materials to characterize their performance, and performance assessments, purchasing, fabricating, handling, shipping, storing, cleaning, erecting, installing, inspecting, testing, operating, maintaining, repairing, and modifying. These types of activities do not need to be identified as part of the Q-list nor do they require QA level assignment. However, activities related to natural barriers important to waste isolation shall be identified and listed on a Q-list. These activities include: performance assessments, site characterization testing, and activities that may impact the waste isolation capability of the natural barrier. Examples are site characterization activities such as exploratory shaft construction, borehole drilling, and other activities that could physically or chemically alter properties of the natural barriers in an adverse way.

ACTIVITY: Any time consuming effort (operation, task, function, or service) which influences or affects the achievement or verification of the objectives of the YMP as depicted in the WBS Dictionary.

AP - YMP Administrative Procedure: An implementing procedure which identifies the interface control methods which govern Project-wide systems and are implemented by all Project participants. Administrative procedures that implement QA requirements are identified with a "Q" suffix (i.e., AP 1.1Q).

AUDIT: A planned and documented activity performed to determine by investigation, examination, or evaluation of objective evidence the adequacy of and compliance with established procedures, codes, standards, instructions, drawings, and other applicable requirements, and the effectiveness of implementation. An audit should not be confused with surveillance or inspection activities performed for the sole purpose of process control or product acceptance.

AUTHENTICATION (QA RECORDS): Authentication is the act of attesting that the information contained within a document is accurate, complete, and appropriate to the work accomplished. Authentication is accomplished by one of the following methods: (1) a stamped, initialed, or signed, and dated document; (2) a statement by the responsible individual or organization; or (3) issuing a document which is clearly identified as a statement by the reporting individual or organization. A document cannot become a Quality Assurance (QA) record until it has been authenticated.

AUXILIARY SOFTWARE: (1) Software that may be easily and exactly verified, and that performs a simple function such as conversion of units, change in data format, or plotting of data in support of primary analysis software. (2) A stream of commands or sequence of streams of commands executed to utilize system maintained software in which the system maintained software generates reportable results. Auxiliary software does not generate primary data.

BARRIER: Any material or structure that prevents or substantially delays the movements of water or radionuclides.

CERTIFICATE OF CONFORMANCE: A document signed by an authorized individual that certifies the degree to which items or services meet specified requirements.

CERTIFICATION: The act of determining, verifying, and attesting in writing to the qualifications of personnel, processes, procedures, or items in accordance with specified requirements.

CHARACTERISTIC: Any property or attribute of an item, process, or service that is distinct, describable, and measurable.

COMMERCIAL GRADE ITEM: An item satisfying all of the following requirements:

- 1) The item is not subject to design or specification requirements that are unique to Mined Geologic Disposal Systems;
- 2) The item is to be ordered from the manufacturer/supplier on the basis of specifications set forth in the manufacturer's published product description, i.e., catalog;
- 3) The item is used in applications other than Mined Geologic Disposal.

COMPUTER MODEL VALIDATION: Assurance that a model as embodied in a computer code is a correct representation of the process or system for which it is intended (NUREG-0856). Usually accomplished by comparing code results to (1) physical data, or (2) a verified or validated code designed to perform the same type of analysis (e.g., benchmarking with a validated code). Peer review may be used for code validation if it is the only available means for validating a code.

COMPUTER CODE VERIFICATION: Assurance that a computer code correctly performs the operations specified in a numerical model (NUREG-0856). Usually accomplished by comparing code results to (1) a hand calculation, (2) an analytical solution or approximation, or (3) a verified code designed to perform the same type of analysis (benchmarking).

CONDITION ADVERSE TO QUALITY: An all-inclusive term used in reference to any of the following: failures, malfunctions, deficiencies, defective items, and nonconformances. A significant condition adverse to quality is one which, if not corrected, could have a serious effect on safety or operability.

CONFIGURATION MANAGEMENT: As used for computer software: (1) A system for orderly control of software, including methods used for labeling, changing, and storing software and its associated documentation. (2) The systematic evaluation, coordination, approval or disapproval, and implementation of all approved changes in an item of software after establishment of its configuration.

CONSEQUENCE ANALYSIS: A method by which the consequences of an event are calculated and expressed in some quantitative way, e.g., money loss, deaths, or quantities of radionuclides released to the accessible environment.

CONTAINMENT: The confinement of radioactive waste within a designated boundary.

CONTAINMENT, PERIOD OF: Known as the period during the first several hundred years following permanent closure of the geologic repository in which radiation and thermal levels are high and the uncertainties of ensuring repository performance are great. During this time, special emphasis is placed upon the ability to contain the wastes by waste packages within an engineered barrier system.

CONTRACTOR: An organization under contract to provide supplies, construction, or services.

CONTROLLED AREA: The surface location, which is to be marked by suitable monuments, that extend horizontally no more than 5 kilometers in any direction from the outer boundary of the underground facility and the underlying subsurface, which is an area that has been committed to use as a geologic repository and from which incompatible activities would be restricted following permanent closure. The controlled area is also known as the site.

CONVERSION REPORT: A written description of all modifications made to the original code or an externally available existing code after it is acquired.

CORRECTIVE ACTION: Measures taken to rectify conditions that are adverse to quality and, where necessary, to preclude repetition.

CORROBORATIVE DATA: Existing data used to support or substantiate other existing data.

CREDIBLE EVENT OR CREDIBLE ACCIDENT: An event or accident scenario which needs to be considered in the design of a geologic repository.

DESIGN: The act of developing designs for construction or of analyzing the performance of repository engineered structures, systems, components, and natural barriers. Design documentation includes, but is not limited to, drawings, specifications, test plans, design reports, test reports, system design descriptions, configuration status listings, design manuals, and manuals describing computer programs used for design or performance analysis.

DESIGN INPUT: Those criteria, parameters, bases, or other design requirements upon which the detailed final design is based.

DESIGN OUTPUT: Documents, such as drawings, specifications, and others that define technical requirements of structures, systems, and components.

DESIGN PROCESS: Technical and management processes that commence with identification of design input and that lead to and include the issuance of design output documents.

DEVIATION: A departure from specified requirements.

DISPOSITION: The action taken to resolve a nonconforming condition and to restore acceptable conditions.

DOCUMENT: Any written or pictorial information describing, defining, specifying, reporting, or certifying activities, requirements, procedures, or results. A document is not considered to be a Quality Assurance Record until it satisfies the definition of a Quality Assurance Record as defined in this Appendix.

DOE: The U.S. Department of Energy or its duly authorized representatives.

ENGINEERED BARRIER SYSTEM: The waste package and the underground facility.

ENGINEERED ITEM: Any structure, system, or component identified in design documents as being a functional part of the completed facility.

EXISTING DATA: Data developed prior to the implementation of a 10 CFR 60, Subpart G QA program by DOE and its contractors, or data developed outside the DOE repository program, such as by oil companies, national laboratories, universities, or data published in technical or scientific publications. Existing data does not include information which is accepted by the scientific and engineering community as established facts (e.g., engineering handbooks, density tables, gravitational laws, etc.).

EXTERNAL AUDIT: An audit of those portions of another organization's QA program that is neither under the direct control nor within the organizational structure for the auditing organization.

FINAL DESIGN: Approved design output documents and approved changes thereto.

FUNCTIONAL CHARACTERISTICS: Those attributes of a repository or its structures, systems, and components that determine its performance with respect to safety, reliability, operability, and other design criteria established in the OGR Program or other Federal regulatory documents.

GEOLOGIC REPOSITORY: A system that is either intended to be used for or may be used for the disposal of radioactive wastes in excavated geologic media. A geologic repository includes the geologic repository operations area and the portion of the geologic setting that provides isolation of the radioactive waste.

GEOLOGIC REPOSITORY OPERATIONS AREA: A high-level radioactive waste facility that is part of a geologic repository, including both surface and subsurface areas, in which waste handling activities are conducted.

IMPORTANT TO SAFETY: As it applies to structures, systems, and components, those engineered structures, systems, and components that are essential to the prevention or mitigation of an accident that could result in a radiation dose to the whole body, or any organ, of 0.5 rem or greater at or beyond the nearest boundary of the unrestricted area at any time until the completion of permanent closure.

IMPORTANT TO WASTE ISOLATION: The barriers that must meet the criteria that address long-term performance of the engineered and natural barriers to prevent the release of radionuclides from the site to the accessible environment (i.e., for achieving the postclosure performance objectives in 10 CFR 60, Subpart E).

INDOCTRINATION: Instruction provided to personnel for familiarization with programmatic and work-oriented documents applicable to the assigned activity.

INSPECTOR: A person who performs inspection activities to verify whether or not an item or activity conforms to specified requirements.

INSPECTION: Examination or measurement to verify whether an item or activity conforms to specified requirements.

INTERNAL AUDIT: An audit of those portions of an organization's QA program that is retained under its direct control and within its organizational structure.

ISOLATION: Inhibiting the transport of radioactive materials so that amounts and concentrations of this material entering the accessible environment will be kept within prescribed limits.

ITEM: An all-inclusive term that is used in place of any of the following: appurtenance, assembly, component, equipment, material, module, part, structure, subassembly, subsystem, system unit, and prototype hardware. This term includes magnetic media, and other materials that retain or support data.

LIFETIME RECORDS: Quality Assurance Records that furnish evidence of the quality and completeness of data, items, and activities affecting quality. All Project QA Records are classified as Lifetime Records.

MATERIAL: A term that includes items plus any hardware or geologic samples either used in or resulting from research and development or site investigations on the YMP Project. Hardware and geologic specimens include but are not limited to, test apparatus or equipment, special nuclear material, cores, geologic samples, water and gas samples, etc.

MEASURING AND TEST EQUIPMENT: Devices or systems used to calibrate, measure, gage, test, or inspect, in order to control or to acquire data to verify conformance to a specified requirement, or to establish characteristics or values not previously known.

NONCONFORMANCE: A deficiency in characteristics, documentation, or procedure that renders the quality of an item or activity unacceptable or indeterminate.

NON-MECHANISTIC FAILURES: Postulated failures which are not based on previously observed models or mechanisms but which are assumed to provide conservatism in safety assessments.

NTS: Nevada Test Site.

NTS SUPPORT CONTRACTOR: Organizations that are directly under contract to DOE/NV for activities at the NTS and other locations.

OBJECTIVE EVIDENCE: Any documented statement of fact, other information, or record, either quantitative or qualitative, that pertains to the quality of an item or activity, based on observations, measurements, or tests that can be verified.

OPERATIONS, PERIOD OF: Includes the time during which emplacement of wastes occurs; any subsequent period before permanent closure during which the emplaced wastes are retrievable; and permanent closure, which includes sealing of shafts.

OVERVIEW: An analysis and assessment by management of the scope, status, adequacy and effectiveness of Program quality achievement and assurance activities. Overview encompasses effectiveness assessments, technical reviews, readiness reviews, audits, and surveillances, as appropriate.

OWNER: The person, group, company, agency, or corporation that has or will have title to the repository.

PARTICIPATING ORGANIZATION: This term applies to the following: (1) the government agencies external to the DOE, (2) national laboratories, and (3) organizations participating directly in YMP activities.

PEER: A peer is a person having technical expertise in the subject matter to be reviewed (or a critical subset of the subject matter to be reviewed) to a degree at least equivalent to that needed for the original work.

PEER REVIEW: A documented, critical review performed by peers who are independent of the work being reviewed. The peer's independence from the work being reviewed means that the peer (a) was not involved as a participant, supervisor, technical reviewer, or advisor in the work being performed, and (b) to the extent practical, has sufficient freedom from funding considerations to assure the work is impartially reviewed.

A peer review is an in-depth critique of assumptions, calculations, extrapolations, alternate interpretations, methodology, and acceptance criteria employed, and of conclusions drawn in the original work. Peer reviews confirm the adequacy of work. In contrast to peer review, the term "technical review" refers to a review to verify compliance to predetermined requirements; industry standards; or common scientific, engineering, and industry practice.

PEER REVIEW GROUP: A peer review group is an assembly of peers representing an appropriate spectrum of knowledge and experience in the subject matter to be reviewed and should vary in size based on the subject matter and importance of the subject matter to safety or waste isolation.

PEER REVIEW REPORT: A documented in-depth report of the proceedings and findings of a peer review.

PERFORMANCE ALLOCATION: This term applies to the process of deriving subsystem and component performance goals from performance objectives. A systematic process of assigning confidence levels with their desired, associated performance goals for the mined geologic disposal systems, subsystems, and components.

PERFORMANCE ASSESSMENT: The process of quantitatively evaluating component and system behavior, relative to containment and isolation of radioactive waste, to determine compliance with the numerical criteria associated with 10 CFR Part 60.

PERMANENT CLOSURE: The sealing of shafts and boreholes. Permanent closure represents the end of active human intervention with respect to the engineered barrier system.

PERFORMANCE CONFIRMATION: The program of tests, experiments, and analyses that is conducted to evaluate the accuracy and adequacy of the information used to determine with reasonable assurance that the performance objectives for the period after permanent closure will be met.

PRINCIPAL INVESTIGATOR (PI): The individual who has the technical responsibility for a particular technical task. This responsibility includes, but is not limited to, planning and cost control, the day-to-day technical direction and control of the item or activity, and the assembly of a support team to accomplish the item or activity. This term may be synonymous with task leader or project engineer depending upon the Project Participant.

PROCEDURE: A document that specifies or describes the way in which an activity is to be performed.

PRIMARY DATA: Information that can be shown to have been acquired and controlled in a manner consistent with all applicable Quality Assurance Level I requirements and is necessary for the resolution of the NRC performance objectives of 10CFR60 in accordance with the YMP Issues Resolution Strategy. This includes information that has been qualified and accepted in accordance with YMP AP 5.9Q, "Acceptance of Data and Data Interpretations not Developed Under the YMP QA Program."

PROCUREMENT DOCUMENT: Purchase requisitions, purchase orders, letters of intent, work authorization letters, drawings, contracts, specifications, instructions, or any document that provides a means by which to acquire possession or ownership of items, or right to the use of services by payment.

PURCHASER: The organization responsible for the establishment of procurement requirements and for the issuance or administration, or both, of procurement documents.

Q-LIST: A list of geologic repository engineered structures, systems, and components that have been determined to be important to safety, and engineered barriers important to waste isolation, that must be covered under the QA requirements of 10CFR60, Subpart G.

QMP - Quality Management Procedure: An implementing procedure which identifies the control methods to meet Project QA requirements utilized by YMPO, YMPO matrix support, and QASC personnel.

QUALIFICATION (OF DATA): A formal process intended to provide a desired level of confidence that data are suitable for their intended use.

QUALIFICATION (PERSONNEL): The characteristics or abilities that are gained through education, training, or experience, which are measured against established requirements, such as standards or tests, that qualify an individual to perform a required function.

QUALIFICATION TESTING: Demonstration that an item meets design requirements.

QUALIFIED DATA: Data initially collected under a 10 CFR 60, Subpart G quality assurance program or existing data qualified in accordance with Appendix G of this QA Plan.

QUALIFIED PROCEDURE: An approved procedure that has been demonstrated to meet the specified requirements for its intended purpose.

QUALITY ACTIVITIES LIST: A list of those major activities conducted during site characterization, construction, operation, or closure that relate to natural barriers important to waste isolation. These activities, which must be covered under the 10 CFR 60 Subpart G Quality Assurance program, include data gathering, performance assessments, and those activities that could affect a natural barrier's ability to isolate waste.

QUALITY ASSURANCE: All those planned and systematic actions that are necessary to provide adequate confidence that the geologic repository and its subsystems or subcomponents will perform satisfactorily in service.

QUALITY ASSURANCE RECORD: An individual document or other item that has been executed, completed, and approved and that furnishes evidence of (1) the quality and completeness of data (including raw data), items, and activities affecting quality; (2) documents prepared and maintained to demonstrate implementation of Quality Assurance programs (e.g., audit, surveillance, and inspection reports); (3) procurement documents; (4) other documents such as plans, correspondence, documentation of telecons, specification, technical data, books, maps, papers, photographs, and data sheets; (5) items such as magnetic media; and (6) other materials that provide data and document quality regardless of the physical form or characteristic. A completed record is a document or item (and documentation) that will receive no more entries, whose revisions would normally consist of a reissue of the document (or documentation), and that is signed and dated by the originator and, as applicable, by approval personnel.

QUALITY ASSURANCE LEVEL I: Those radiological health and safety related items and activities that are important to either safety or waste isolation and that are associated with the ability of a geologic nuclear waste repository to function in a manner that prevents or mitigates the consequences of a process or event that could cause undue risk to the radiological health and safety of the public. Items and activities important to safety are those engineered structures, systems, components, and related activities essential to the prevention or mitigation of an accident that could result in a radiation dose either to the whole body or to any organ of 0.5 rem or greater either at or beyond the nearest boundary of the unrestricted area at any time until the completion of the permanent closure of the repository. Items and activities important to waste isolation are those barriers and related activities which must meet the criteria that address long-term performance of the engineered and natural barriers to inhibit the release of radionuclides from the site to the accessible environment after permanent closure. The criteria for items or activities important to safety and waste isolation are found in 10CFR60, and 40CFR191.

QUALITY ASSURANCE LEVEL II: Those activities and items related to the systems, structures, and components which require a level of quality assurance sufficient to provide for reliability, maintainability, public and repository worker nonradiological health and safety, repository worker radiological health and safety and other operational factors that would have an impact on DOE and WMPO concerns, and the environment.

QUALITY ASSURANCE LEVEL III: Those activities and items not classified as QA Levels I or II.

QUALITY ASSURANCE PROGRAM PLAN (QAPP): The document that describes the organization's Quality Assurance Program, the applicable QA requirements, and defines how compliance with the QA criteria will be accomplished.

RADIOACTIVE WASTE: High-Level Waste (HLW) and other radioactive materials that are received for emplacement in a geologic repository.

READINESS REVIEW: An independent, systematic documented review to determine and inform management of the readiness to advance from one phase, process, or activity into another. Readiness Reviews are used to coordinate many elements and provide attention to detail, to assure that the project is ready to proceed to the comprehensive review of a total project or a particular segment of the project.

RECEIVING: Taking delivery of an item at a designated location.

RELIABILITY ANALYSIS: An analysis that estimates the reliability of a system or component.

REPAIR: The process of restoring a nonconforming characteristic to a condition such that the capability of an item to function reliably and safely is unimpaired, even though that item still does not conform to the original requirement.

REPOSITORY: See Geologic Repository Operations Area.

RETRIEVAL: The act of intentionally removing radioactive waste from the underground location at which the waste had been emplaced previously for disposal.

REWORK: The process by which a nonconforming item or activity is made to conform to the original requirements by completion or correction utilizing existing approved procedures.

RIGHT OF ACCESS: The right of a purchaser or designated representative to enter the premises of a Supplier for the purpose of inspection, surveillance, or Quality Assurance audit.

SCENARIO: An account or sequence of a projected course of action or event.

SCIENTIFIC INVESTIGATION: Any research, experiment, test, study, or activity that is performed for the purpose of investigating the natural barriers or the man-made aspects of the geologic repository, including the overall design of the facilities and the waste package. This will include, but will not be restricted to, all geologic, tectonic, seismologic, hydrologic, climatologic, geochemical, chemical, geophysical, physical, geomechanical, mechanical, meteorological, metallurgical, environmental, socioeconomic, and transportation studies of activities which are performed for, or in support of, the investigation, exploration, site characterization, development of design bases, licensing, construction, operation, monitoring, performance evaluation and/or closure of the geologic repository.

SCIENTIFIC NOTEBOOK: A document which may be used to provide a written record of the results of scientific investigations and experiments when the work involves a high degree of professional judgement or trial and error methods, or both. These notebooks may be used in lieu of a technical procedure.

SERVICE: The performance of activities that include but are not limited to, site characterization, design, fabrication, investigation, inspection, nondestructive examination, repair, or installation.

SITE: Location of the controlled area.

SITE CHARACTERIZATION: The program of exploration and research both in the laboratory and in the field that is undertaken to establish the geologic conditions in the ranges of parameters of a particular site that are relevant to the procedures under 10 CFR Part 60. Site characterization includes borings, surface excavations, excavation or exploratory shafts, limited subsurface lateral excavations and borings, and in situ testing at depth as needed to determine the suitability of the site for a geologic repository. It does not include preliminary borings and geophysical testing needed to decide whether or not site characterization should be undertaken.

SPECIAL PROCESS: A process, the results of which are highly dependent on the control of the process or the skill of the operators, or both, and in which the specified quality cannot be readily determined by inspection or test of the product.

SUPPLIER: Any individual or organization under contract to provide items or services to the DOE/NV, to a Participating Organization, or to an NTS Support Contractor for Project activities.

SURVEILLANCE: The act of monitoring or observing to verify whether or not an item or activity conforms to specified requirements.

TECHNICAL PROJECT OFFICER (TPO): The individual within each YMP Participant's organization who has been assigned overall responsibility for the organization's scope of work as detailed in the Work Breakdown Structure (WBS) Dictionary.

TECHNICAL REVIEW: A documented traceable review performed by qualified personnel who are independent of those who performed the work but who have technical expertise at least equivalent to those who performed the original work. Technical reviews are in-depth, critical reviews, analyses and evaluation of documents, material or data that require technical verification and/or validation for applicability, correctness, adequacy and completeness.

TESTING: An element of verification that is used to determine the capability of an item to meet specified requirements by subjecting the item to a set of physical, chemical, environmental, or operating conditions.

TRACEABILITY: The ability to trace the history, application, or location of an item and like items or activities by means of recorded identification.

TRAINING: In-depth instruction provided to personnel to develop and demonstrate initial proficiency in the application of selected requirements, methods, and procedures, and to adapt to changes in technology, methods, or job responsibilities.

UNDERGROUND FACILITY: The underground structure, including openings and backfill materials, but excluding shafts, boreholes, and their seals.

USE-AS-IS: A disposition that is permitted for a nonconforming item or service when it can be established that the item is satisfactory for its intended use.

UNRESTRICTED AREA: Any area, access to which is not controlled for purposes of protection of individuals from exposure to radiation and radioactive materials, and any area used for residential quarters.

VALIDATION: Validation is the act of reviewing a document or document package to ensure it is complete, authenticated, reproducible, and microfilmable.

VERIFICATION: The act of reviewing, inspecting, testing, checking, auditing, or otherwise determining and documenting whether or not items, processes, services, or documents conform to specified requirements.

WAIVER: Documented authorization to depart from specified requirements.

WASTE PACKAGE: The waste form and any containers, shielding, packing, and other absorbent materials immediately surrounding an individual waste container.

YUCCA MOUNTAIN PROJECT OFFICE (YMPO): The organization to which the U.S. Department of Energy, Nevada Operations Office (DOE/NV), has assigned the responsibility of administering and coordinating the activities of various Participating Organizations and NTS Support Contractors associated with the YMP.

YMP PARTICIPANTS: An all inclusive term used to describe (generically) the various organizations involved in the Project. This term includes the YMPO, Participating Organizations, and NTS Support Contractors. These organizations are required to have a YMPO approved Quality Assurance Program Plan (QAPP) for the conduct of their activities.

YMP PERSONNEL: All U.S. Department of Energy Participating Organizations, and NTS Support Contractor personnel involved in YMP activities.

YMP QUALITY ASSURANCE PLAN (QAP): The document that describes the planned, systematic quality assurance requirements that are applicable to the YMP.

YMP WORK BREAKDOWN STRUCTURE (WBS) DICTIONARY: A controlled document which establishes a product oriented framework for organizing and defining work to be accomplished.

APPENDIX B

DESIGN INPUTS

Design inputs include many characteristics and functions of an item or system. These inputs vary depending on the application; however, it is desirable to consider at least the following listed inputs as they apply to specific items or systems of the repository:

1. Basic functions of each structure, system, and component.
2. Performance requirements such as capacity rating and system output.
3. Codes, standards, and regulatory requirements including the applicable issue, agenda, or both.
4. Design conditions such as pressure, temperature, fluid chemistry, and voltage.
5. Loads such as seismic, wind, thermal, and dynamic.
6. Environmental conditions anticipated during storage, construction, and operation such as pressure, temperature, humidity, corrosiveness, site elevation, wind direction, nuclear radiation, electromagnetic radiation, and duration of exposure.
7. Interface requirements including definition of the functional and physical interfaces involving structures, systems, and components.
8. Material requirements including such items as compatibility, electrical insulation properties, protective coating, and corrosion resistance.
9. Mechanical requirements such as vibration, stress, shock, and reaction forces.
10. Structural requirements covering such items as equipment foundations and pipe supports.
11. Hydraulic requirements such as pump net positive suction heads (NPSH), allowable pressure drops, and allowable fluid velocities.
12. Chemistry requirements such as provisions for sampling and limitations on water chemistry.
13. Electrical requirements such as source of power, voltage, raceway requirements, electrical insulation, and motor requirements.
14. Layout and arrangement requirements.

15. Operational requirements under various conditions such as repository startup, normal repository operation, repository emergency operation, special or infrequent operation, system abnormal or emergency operation, repository decontamination, decommissioning, and dismantling.
16. Instrumentation and control requirements including indicating instruments, controls, and alarms required for operation, testing, and maintenance. Other requirements such as the type of instrument, installed spares, range of measurement, and location of indication are included.
17. Access and administrative control requirements for repository security.
18. Redundancy, diversity, and separation requirements of structures, systems, and components.
19. Failure effects requirements of structures, systems, and components including a definition of those events and accidents that they must be designed to withstand.
20. Test requirements including pre-operational and subsequent periodic in-service tests and the conditions under which they will be performed.
21. Accessibility, maintenance, repair, and in-service inspection requirements for the repository including the conditions under which these will be performed.
22. Personnel requirements and limitations including the qualification and number of personnel available for repository operation, maintenance, testing, and inspection, and radiation exposures to the public and repository personnel.
23. Transportability requirements such as size and shipping weight, limitation, and Interstate Commerce Commission regulations.
24. Fire protection or resistance requirements.
25. Handling, storage, cleaning, and shipping requirements.
26. Other requirements to prevent undue risk to the health and safety of the public.
27. Materials, processes, parts, and equipment suitable for application.
28. Safety requirements for preventing injury to personnel including such items as radiation safety that restrict the use of dangerous materials, escape provisions from enclosures, and grounding of electrical systems.
29. Quality control and Quality Assurance requirements.

30. Reliability requirements of structures, systems, and components, including the interactions, which may impair functions that are important to safety.
31. Interface requirements between repository equipment and operation and maintenance personnel.
32. Requirements for criticality control and accountability of nuclear materials.

APPENDIX C

REQUIREMENTS FOR THE QUALIFICATION OF INSPECTION AND TEST PERSONNEL

1.0 GENERAL

The following are the requirements for the qualification of personnel who perform inspection and testing to verify conformance to specified requirements for the purpose of acceptability. The requirements for the qualification of personnel performing nondestructive examination are specified in Appendix D.

2.0 FUNCTIONAL QUALIFICATIONS

Three levels of qualification shall be utilized depending on the complexity of the functions involved. The requirements for each level are not limiting with regard to organizational position or professional status but, rather, are limiting with regard to functional activities.

2.1 LEVEL I PERSONNEL CAPABILITIES

A Level I person shall be capable of performing and documenting the results of inspections or tests that are required to be performed in accordance with documented procedures, acceptance standards, and/or industry practices as defined in user's written procedures.

2.2 LEVEL II PERSONNEL CAPABILITIES

A Level II person shall have all of the capabilities of a Level I person for the inspection or test category or class in question. Additionally, a Level II person shall have demonstrated capabilities in planning inspections and tests; in setting up tests, including preparation and setup of related equipment, as appropriate; in supervising and certifying lower level personnel; and in evaluating the validity and acceptability of inspection and test results.

2.3 LEVEL III PERSONNEL CAPABILITIES

A Level III person shall have all the capabilities of a Level II person for the inspection, test category or class in question. In addition, the individual shall also be capable of evaluating the adequacy of specific programs used to train and certify inspection and test personnel whose qualifications are covered by this section.

3.0 EDUCATION AND EXPERIENCE QUALIFICATIONS

These education and experience requirements shall be considered with recognition that other factors commensurate with the scope, complexity, or special nature of the inspection or test activity may provide reasonable assurance that a person can competently perform a particular task. Other factors which may demonstrate capability in a given job are previous performance or satisfactory completion of capability testing. These factors and the basis for their equivalency shall be documented.

3.1 LEVEL I EDUCATION AND EXPERIENCE REQUIREMENTS

- Two years of related experience in equivalent inspection or testing activities; or
- High school graduation and six months of related experience in equivalent inspection or testing activities; or
- Completion of college level work leading to an associate degree in a related discipline plus three months of related experience in equivalent inspection or testing activities.

3.2 LEVEL II EDUCATION AND EXPERIENCE REQUIREMENTS

- One year of satisfactory performance as a Level I in the corresponding inspection or test category or class; or
- High school graduation plus three years of related experience in equivalent inspection or testing activities; or
- Completion of college work leading to an associate degree in a related discipline plus one year of related experience in equivalent inspection or testing activities; or

Graduation from a four-year college plus six months of related experience in equivalent inspection activities or testing activities.

3.3 LEVEL III EDUCATION AND EXPERIENCE REQUIREMENTS

Six years satisfactory performance as a Level II in the corresponding inspection or test category or class; or

High school graduation plus ten years of related experience in equivalent inspection or testing activities; or high school graduation plus eight years of experience in equivalent inspection or testing activities with at least two years associated with nuclear facilities; or, if not, at least sufficient training to be acquainted with relevant Quality Assurance aspects of a nuclear facility; or

Completion of college level work leading to an associate degree and seven years of related experience in equivalent inspection or testing activities with at least two years of this experience associated with nuclear facilities or, if not, at least sufficient training to be acquainted with the relevant quality assurance aspects of a nuclear facility; or

Graduation from a four-year college plus five years related experience in equivalent inspection or testing activities with at least two years of this experience associated with nuclear facilities or, if not, at least sufficient training to be acquainted with the relevant quality assurance aspects of a nuclear facility.

4.0 CERTIFICATION

4.1 QUALIFICATION REQUIREMENTS

The responsible organization shall designate those inspection and test activities that require qualified inspection and test personnel and the minimum qualification requirements for such personnel. Further, the responsible organization shall establish written procedures for the qualification of inspection and test personnel and for the assurance that only those personnel who meet the established requirements are permitted to perform inspection and test activities. If a single inspection or test requires implementation by a team or a group, then personnel who do not meet the requirements of this section may be used in data-taking assignments or in repository or equipment operation, provided they are supervised or overseen by a qualified individual.

4.2 PERSONNEL SELECTION

Personnel selected to perform inspection and test activities shall have the experience or training commensurate with the scope, complexity, or special nature of the activities.

4.3 INDOCTRINATION

Provisions shall be made for the indoctrination of personnel as to the technical objectives and requirements of the applicable codes and standards, Quality Assurance Program Plan elements, and procedures that are to be employed.

4.4 TRAINING

The need for a formal training program shall be determined, and such training activities shall be conducted as required to qualify personnel who perform inspection and tests. On-the-job training shall be included also in the program, with emphasis on first-hand experience gained through actual performance of inspections and tests. Training shall also be provided on those changes to the QAPP and implementing procedures that affect previous training.

4.5 DETERMINATION OF INITIAL CAPABILITY

The capabilities of a candidate for certification shall be initially determined by a suitable evaluation of the candidate's education, experience, training, and either test results or capability demonstration in accordance with the organization's personnel qualification procedure.

4.6 EVALUATION OF PERFORMANCE

The job performance of inspection and test personnel shall be reevaluated at periodic intervals not to exceed three years. Reevaluation shall be by evidence of continued satisfactory performance or redetermination of capability. If during this evaluation, or at any other time, it is determined by the responsible organization that the capabilities of an individual are not in accordance with qualification requirements specified for the job, then that person shall be removed from that activity until such time as the required capability has been demonstrated. Any person who has not

performed inspection or testing activities in his qualified area for a period of one year shall be reevaluated and a redetermination of their capability made in accordance with the organization qualification procedure.

4.7 CERTIFICATION OF QUALIFICATION

The qualification of personnel shall be certified in writing in an appropriate form, including the following information:

- Employer's name
- Identification of person being certified.
- Activities certified to perform.
- Basis used for certification that includes such factors as:
 - Education, experience, and training (when necessary).
 - Test results (where applicable).
 - Results of capability demonstration.
- Results of periodic evaluation.
- Results of physical examinations (when required).
- Signature of employer's designated representative who is responsible for such certification.
- Date of certification and certification expiration.

4.8 PHYSICAL

The responsible organization shall identify any special physical characteristics needed in the performance of each activity, including the need for initial and subsequent physical examinations.

APPENDIX D

REQUIREMENTS FOR THE QUALIFICATIONS OF NON-DESTRUCTIVE EXAMINATION PERSONNEL

This Appendix provides amplified requirements for the qualification of personnel who perform radiographic (RT), magnetic particle (MT), ultrasonic (UT), liquid penetrant (PT), eddy current (ET), neutron radiographic (NRT), and leak-testing (LT), which is hereinafter referred to as non-destructive examination (NDE), to verify conformance to specified requirements.

1.0 CERTIFICATION

1.1 APPLICABLE DOCUMENTS

The American Society of Non-destructive Testing Recommended Practice No. SNT-TC-1A, June 1980 edition, and its applicable supplements shall apply as requirements to NDE personnel covered by this section.

1.2 PROGRAM

The responsible organization shall establish written procedures for the control and administration of NDE personnel training, examination, and certification.

1.3 CERTIFICATE OF QUALIFICATION

The qualification of personnel shall be certified in writing in an appropriate form, including the following information:

- Employer's name.
- Identification of person being certified.
- Activities certified to perform.
- Basis used for certification that includes such factors as:
 - Education, experience, and training (when necessary).
 - Test results (where applicable).
 - Results of capability demonstration.

- Results of periodic evaluation.
- Results of physical examinations (when required).
- Signature of employer's designated representative who is responsible for such certification.
- Dates of certification and certification expiration.

1.4 PHYSICAL

The responsible organization shall identify any special physical characteristics needed in the performance of each activity, including the need for initial and subsequent physical examinations.

APPENDIX E

LIST OF TYPICAL QA RECORDS

The following is a list of typical QA records. The nomenclature of these may vary for each Participating Organization and NTS Support Contractor. The Project retention period is defined as lifetime. QA records will be submitted to the Project Records Center by the originating organization of the record.

1.0 SITE CHARACTERIZATION

- 1.1 Surveys of the underground facility excavations, shafts, and boreholes referenced to readily identifiable surface features.
- 1.2 Description of the materials encountered.
- 1.3 Geologic maps and geologic cross section.
- 1.4 Locations and amounts of seepage.
- 1.5 Instrument locations, readings, analysis, and reports for in situ testing.
- 1.6 Technical specifications.
- 1.7 Sample extraction location maps.
- 1.8 Site Characterization Report.
- 1.9 Environmental Assessment.
- 1.10 Peer review documentation.
- 1.11 Test plans and procedures, and results thereof.
- 1.12 Data reduction, evaluations, analyses, and reports for:
 - 1.12.1 Geomorphology.
 - 1.12.2 Stratigraphy.
 - 1.12.3 Tectonics.
 - 1.12.4 Seismicity.
 - 1.12.5 Geoen지니어ing.
 - 1.12.6 Hydrology.
 - 1.12.7 Geochemistry.
 - 1.12.8 Climatology and Meteorology.

- Environmental Impact Statement.
- Environmental Report.

2.0 DESIGN RECORDS

- Applicable codes and standards used in design.
- Design drawings.
- Design calculations and records of checks.
- Approved design change requests.
- Design deviations.
- Design reports.
- Design verification data.
- Design specifications and amendments.
- Safety analysis report.
- Stress reports for code items.
- Systems descriptions.
- Systems process and instrumentation diagrams.
- Technical analysis, evaluations, and reports.

3.0 PROCUREMENT RECORDS

- Procurement specifications.
- Purchase order including amendments.

4.0 MANUFACTURING RECORDS

- Applicable code data reports.

- **As-built drawings and records (Note: As-built drawings and records shall correctly identify the installed condition of the item. The type of as-built drawings and records to be maintained shall be specified.)**
- **Certificate of compliance.**
- **Eddy-current examination final results.**
- **Electrical control verification tests results.**
- **Ferrite test results.**
- **Heat treatment records.**
- **Liquid penetrant examination final results.**
- **Location of weld filler material.**
- **Magnetic particle examination final results.**
- **Major defect repair records.**
- **Material properties records.**
- **Nonconformance reports.**
- **Performance test procedure and result records.**
- **Pipe and fitting location report.**
- **Pressure test hydrostatic or pneumatic).**
- **Radiographs (for In-service inspection applications).**
- **Radiograph review records.**
- **Ultrasonic examination final results.**
- **Welding procedures.**

5.0 INSTALLATION AND CONSTRUCTION RECORDS

5.1 RECEIVING AND STORAGE - NONCONFORMANCE REPORTS

5.2 CIVIL

- Concrete cylinder test reports and charts.
- Concrete design mix reports.
- Concrete placement records.
- Inspection reports for channel pressure tests.
- Material property reports on containment liner and accessories.
- Material property reports on metal containment shell and accessories.
- Material property reports on reinforcing steel.
- Material property reports on reinforcing steel splice sleeve material.
- Procedure for waste package vessel pressure proof test and leak rate tests and results.
- Reports of high strength bolt torque testing.
- Soil compaction test reports.
- Location and description of structural support systems.
- Details, methods of emplacement, and location of seals used.

5.3 WELDING

- Ferrite test results.
- Heat treatment records.
- Liquid penetrant test final results.
- Material property records.

- Magnetic particle test final results.
- Major weld repair procedures and results.
- Radiographs (for In-service inspection application).
- Radiograph review records.
- Weld location diagrams.
- Weld procedures.

5.4 MECHANICAL

- Cleaning procedures and results.
- Code data reports.
- Installed lifting and handling equipment procedures, inspection, and test data.
- Lubrication procedures.
- Material properties records.
- Pipe and fitting location reports.
- Pipe hanger and restraint data.
- Pressure test results (hydrostatic or pneumatic).
- Safety valve response test procedures.

5.5 ELECTRICAL AND INSTRUMENTATION AND CONTROL

- Cable pulling tension data.
- Cable separation data.
- Cable splicing procedures.
- Cable terminating procedures.

- Certified cable test reports.
- Relay test procedures.
- Voltage breakdown test results on liquid insulation.

5.6 GENERAL

- As-built drawings and records.
- Final inspection reports and releases.
- Nonconformance reports.
- Specifications and drawings.
- Details of equipment, methods, progress, and sequence of work.
- Construction problems.
- Anomalous conditions encountered.

6.0 PRE-OPERATIONAL AND START-UP TEST RECORDS

- Automatic emergency power source transfer procedures and results.
- Final system adjustment data.
- Pressure test results (hydrostatic or pneumatic).
- Instrument alternating current (AC) systems and inverters test procedures and reports.
- Offsite power source energizing procedures and test reports.
- Onsite emergency power source energizing procedure and test reports.
- Pre-operational test procedures and results.

7.0 OPERATION RECORDS

- Records and drawing changes that identify repository design modifications made to systems and equipment described in the Final Safety Analysis Report.
- Radioactive waste inventory, emplacement location, and transfer records.
- Offsite environmental monitoring survey records.
- Waste shipment records.
- Repository radiation and contamination survey results.
- Radiation exposure records for individuals entering radiation control areas.
- Records of gaseous and liquid radioactive material released to the environment.
- Records of transient or operational cycles for those repository components designed for a limited number of transients or cycles.
- Training and qualification records for members of the repository operating staff.
- In-service inspection records.
- Records of reviews performed for changes made to procedures or equipment, or reviews of tests and experiments.
- Meeting minutes of the Repository Nuclear Safety Committee and licensee nuclear review board.
- Surveillance activities, inspections, and calibrations required by the technical documents.
- Records of repository tests and experiments.
- Changes made to Operating Procedures.
- Sealed source leak-test results.
- Records of annual physical inventory of all sealed source material.
- Logs of repository operation.

- **Records and logs of maintenance activities, inspection, repair, and replacement of principal items of structures, systems, and components.**
- **Operational, shift supervisor, and control-room logs.**
- **Licensee event reports.**
- **Fire protection records.**
- **Nonconformance reports.**
- **Repository equipment operations instructions.**
- **Security plan and procedures.**
- **Emergency plan and procedures.**
- **Quality Assurance and Quality Control Manuals.**
- **Records of activities required by the security plan and procedures.**
- **Applicable records noted in other section of this appendix for any modification or new construction applicable to structures, systems, or components.**
- **Evaluation of results of reportable safety concerns as required by regulations.**
- **Annual environmental operating report.**
- **Annual repository operating report.**
- **Location and description of dewatering systems.**

APPENDIX F

REQUIREMENTS FOR THE QUALIFICATION OF QUALITY ASSURANCE PROGRAM AUDIT PERSONNEL

1.0 GENERAL

This Appendix provide requirements for the qualification of Lead Auditors. A Lead Auditor organizes and directs audits, reports audit findings, and evaluates corrective action. This Appendix also provides amplified requirements for the qualifications of individuals, henceforth referred to as Auditors, who participate in an audit, such as technical specialists, management representatives, and auditors-in-training.

1.1 QUALIFICATION OF AUDITORS

The responsible auditing organization shall establish the audit personnel qualifications and the requirements for the use of technical specialists to accomplish the auditing of Quality Assurance programs. Personnel selected for Quality Assurance auditing assignments shall have experience or training commensurate with the scope, complexity, or special nature of the activities to be audited. Auditors either shall have or shall be given appropriate training or orientation to develop their competence to perform required audits. The competence of personnel to perform the various auditing functions shall be developed by one or more of the methods listed below.

1.1.1 ORIENTATION

Orientation to provide a working knowledge and understanding of this document and the auditing organization's procedures for implementing audits and reporting results.

1.1.2 TRAINING PROGRAMS

Training programs to provide general and specialized training in audit performance. General training shall include fundamentals, objectives, characteristics, organization, performance, and results of quality auditing. Specialized training shall include methods of examining, questioning, evaluating, and documenting specific audit items and methods of closing audit findings.

1.1.3 ON-THE-JOB TRAINING

On-the-job training, guidance, and counseling under the direct supervision of a Lead Auditor. Such training shall include planning, performing, reporting, and follow-up action involved in conducting audits.

1.2 QUALIFICATION OF LEAD AUDITORS

An individual shall meet the requirements listed below before being designated a Lead Auditor:

1.2.1 COMMUNICATION SKILLS

The prospective Lead Auditor shall have the capability to communicate effectively, both orally and in writing. These skills shall be attested to in writing by the Lead Auditor's employer.

1.2.2 TRAINING

Prospective Lead Auditors shall have training to the extent necessary to ensure their competence in auditing skills. Training in the following areas shall be given based upon management evaluation of the particular needs of each prospective Lead Auditor:

- ' Knowledge and understanding of this document, 10 CFR Part 60, and other nuclear and/or DOE related codes, standards, regulations, and regulatory guides, as applicable to the NNWSI Project.
- ' General structure of Quality Assurance programs and applicable elements as defined in this document.
- ' Auditing techniques of examining, questioning, evaluating, and reporting; methods of identifying and following up on corrective action items; and closing out audit findings.
- ' Audit planning in the functions related to quality for the following activities: site characterization (scientific investigations), design, purchasing, fabrication, handling, shipping, storage, cleaning, erection, installation, inspection, testing, statistics, nondestructive examination, maintenance, repair, operation, modification of nuclear facilities or associated components, and safety aspects of the nuclear facility.
- ' On-the-job training to include applicable elements of the audit program.

1.2.3 AUDIT PARTICIPATION

The prospective Lead Auditor shall have participated in a minimum of five Quality Assurance audits within a period of time not to exceed three years prior to the date of qualification. One of the audits shall be a nuclear Quality Assurance audit that shall be made within the year prior to qualification.

1.2.4 EXAMINATION

The prospective Lead Auditor shall pass an examination that shall evaluate his comprehension of and ability to apply the body of knowledge identified in Paragraph 1.2.2 above. The test may be oral, written, practical, or any combination of the three types. The development and administration of the examination shall be in accordance with Paragraph 1.4 of this section. If any portion of the examination is oral, written documentation of the oral examination questions/content shall be maintained.

1.3 MAINTENANCE OF QUALIFICATION

1.3.1 MAINTENANCE OF PROFICIENCY

Lead Auditors shall maintain their proficiency through regular and active participation in the audit process; review and study of codes, standards, procedures, instructions, and other documents related to quality assurance program and program auditing; and participation in training programs. Based on annual assessment, management may extend the qualification, require retraining, or require requalification. These evaluations shall be documented.

1.3.2 REQUALIFICATION

Lead Auditors who fail to maintain their proficiency for a period of two years or more shall require requalification. Requalification shall include retraining in accordance with the requirements of Paragraph 1.2.2 of this section, reexamination in accordance with Paragraph 1.4.2, and participation as an Auditor in at least one nuclear Quality Assurance audit.

1.4 ADMINISTRATION

1.4.1 ORGANIZATIONAL RESPONSIBILITY

Training of auditors shall be the responsibility of the employer. The responsible auditing organization shall select and assign personnel who are independent of any direct responsibility for the performance of the activities that they will audit. The Lead Auditor shall, prior to commencing the audit, concur that assigned personnel collectively have experience or training commensurate with the scope, complexity, or special nature of the activities to be audited.

1.4.2 QUALIFICATION EXAMINATION

The development and administration of the examination for a Lead Auditor required by Paragraph 1.2.4 is the responsibility of the employer. The employer may delegate this activity to an independent certifying agency, but shall retain responsibility for conformance to this document of the examination and its administration. Integrity of the examination shall be maintained by the employer or certifying agency through appropriate confidentiality of files and, where applicable, proctoring of examinations. Copies of the objective evidence regarding the type or types and content of the examination or examinations shall be retained by the employer.

1.5 CERTIFICATION OF QUALIFICATION

Each Lead Auditor shall be certified by his employer as being qualified to lead audits. As a minimum, this certification shall document the following:

- ' Employer's name.
- ' Lead Auditor's name.
- ' Date of certification or recertification.
- ' Basis of qualification (i.e., education, experience, communication skills, training, examination, etc.).
- ' Signature of employer's designated representative who is responsible for such certification.

APPENDIX G

**REQUIREMENTS FOR QUALIFICATION OF EXISTING DATA NOT
GENERATED
UNDER A QA PROGRAM MEETING THE REQUIREMENTS OF 10 CFR 60,
SUBPART G**

1.0 GENERAL

This Appendix provides the requirements for the qualification of existing data, that will be needed to support a license application, which have not been initially generated under a QA Program meeting the requirements of 10 CFR 60, Subpart G.

2.0 METHODS FOR QUALIFICATION OF EXISTING DATA

2.1 Four methods or combinations of methods are acceptable for the process of qualifying existing data:

- a. The execution of the peer review process in accordance with the requirements of Appendix J of this QA Plan.
- b. The use of corroborating data which is defined as existing data used to support or substantiate other existing data. Inferences drawn to corroborate the existing data shall be clearly identified, justified, and documented. The level of confidence associated with corroborating data is related to the quality of the program under which it was developed and the number of independent data sets. The amount of corroborating data needed shall be dealt with on a case-by-case basis in the documented reviews for qualification.
- c. The use of confirmatory testing which is defined as testing conducted under a 10 CFR 60, Subpart G QA program which investigates the properties of interest (e.g., physical, chemical, geologic, mechanical) of an existing data base. One example of confirmatory testing is testing conducted under the same environmental conditions and with similar or the same procedures, test material, and equipment as the original test which generated the existing data. Another type of confirmatory testing is testing conducted by different test methods and equipment but which still investigated the same parameter of interest. The amount of confirmatory testing required shall be dealt with on a case-by-case basis in the documented reviews for qualification.

- d. **Demonstrating that the existing data was collected under a QA program which is equivalent to a 10 CFR 60, Subpart G QA program.**

3.0 SELECTION AND DOCUMENTATION OF QUALIFICATION METHODOLOGY

3.1 When the methods indicated in Sections 2.1b, 2.1c, and 2.1d are utilized to qualify existing data, a technical review shall be conducted to support the quality of the data. Additional confidence/credibility can be achieved when a combination of methods is used.

3.2 Documentation of the decision process shall provide an auditable trail of all factors used in arriving at the choice of the qualification method(s), and the decision as to the qualification of the existing data. The level of confidence in the existing data shall be commensurate with the intended use of the data. Attributes which shall be considered in the qualification process are:

- a. **Qualifications of personnel or organizations generating the data are comparable to qualification requirements of personnel generating similar data under the approved 10 CFR 60, Subpart G program.**
- b. **The technical adequacy of equipment and procedures used to collect and analyze the data.**
- c. **The extent to which the data demonstrates the properties of interest (e.g., physical, chemical, geologic, mechanical).**
- d. **The environmental conditions under which the data were obtained if germane to the quality of data.**
- e. **The quality and reliability of the measurement control program under which the data were generated.**
- f. **The extent to which conditions under which the data were generated may partially meet Subpart G.**
- g. **Prior uses of the data and associated verification processes.**
- h. **Prior peer or other professional reviews of the data and their results.**
- i. **Extent and reliability of the documentation associated with the data.**
- j. **Extent and quality of corroborating data or confirmatory testing results.**
- k. **The degree to which independent audits of the process that generated the data were conducted.**

- l. The importance of the data to showing that the proposed repository design meets the performance objectives of 10 CFR 60, Subpart E.
- m. Replication of test results.

NOTE: Additional guidance related to this subject can be found in NUREG-1298 "QUALIFICATION OF EXISTING DATA FOR HIGH-LEVEL NUCLEAR WASTE REPOSITORIES" (February, 1988).

APPENDIX H

REQUIREMENTS FOR COMPUTER SOFTWARE USED TO SUPPORT A HIGH-LEVEL NUCLEAR WASTE REPOSITORY LICENSE APPLICATION

This appendix provides detailed requirements for the development, maintenance, and security of computer software. It supplements Section III of this QA plan and shall be used in conjunction with that section.

1.0 OBJECTIVES

The purpose of this appendix is to establish requirements for the development, management, control, and documentation of software used to support the YMP. The attainment of software quality is dependent on the control of the entire software development process, and is not assured solely by inspection and test of the end product. This appendix prescribes appropriate systematic practices that shall:

- ' Reduce the likelihood of defects entering executable code during development.
- ' Ensure that the end product answers the requirements of its intended application.
- ' Reduce the likelihood that defects will be introduced into executable code during later maintenance and modification.

2.0 APPLICABILITY

The detailed requirements set forth in this appendix apply to computer software used to produce or manipulate data which is used directly in site characterization, and the design, analysis, performance assessment, and operation of repository structures, systems, and components. The extent to which these requirements apply is related to the nature, complexity, and importance of the software application. The application of specific requirements shall be prescribed in plan(s) for software quality assurance and in written policies and procedures.

3.0 TERMS AND DEFINITIONS

Terms and definitions for Yucca Mountain Project software are contained in Appendix A to this QA Plan.

4.0 SOFTWARE LIFE CYCLE

Organizations implementing software development activities shall adhere to a software life cycle model that requires that software development proceed in a traceable, planned, and orderly manner. The relative emphasis placed on each phase of the software development cycle will depend on the nature and complexity of the software being developed. Each phase of the software development cycle shall provide specific attributes that shall be incorporated into verification and validation activities. The documentation for each phase of the software development cycle shall be reviewed and approved as specified in each organizations software QA plan. An example of one such model is described below:

REQUIREMENTS

DESIGN

IMPLEMENTATION

TEST

INSTALLATION AND CHECKOUT

OPERATION AND MAINTENANCE

4.1 SOFTWARE QA PLAN

The application of the software life cycle to the development and/or use of the software shall be as described in the Software Quality Assurance Plan.

4.1.1 A software QA plan shall be prepared for each software development/application effort at the start of the software life cycle. This plan may be prepared individually for each piece of software or may exist as a generic document to be applied to all software prepared within an organization. The software QA plan shall identify:

• The software products to which is applies.

- The organizations responsible for the software quality and their tasks and responsibilities.
- Required documentation.
- Standards, conventions, techniques, or methodologies which shall guide the software development, as well as methods to assure compliance to the same.
- The required software reviews.

The software QA Plan should reference any standards, conventions, techniques, or methodologies which guide the software development, and describe methods to assure compliance to the same.

4.1.2 Within the software QA plan, software lifecycle management shall be described. Each participant shall present the specific software lifecycle controls for their organization in their software QA Plan. The following lifecycle elements shall apply, as appropriate, for the specific lifecycle model defined, interpreted, and described in each organizations software QA plan.

4.1.2.1 Requirements Phase

During this phase requirements that pertain to functionality, performance, design constraints, attributes, and external interfaces of the completed software shall be specified, documented, and reviewed. These requirements shall possess the following characteristics:

- A format and language that is understood by the programming organization and the user.
- Enough detail to allow for objective verification.
- Adequate definition to provide for the response of the software to all the identified input data.
- The information necessary to design the software without prescribing the software design itself.

4.1.2.2 Design Phase

During the design phase a software design based on the requirements shall be specified, documented, and systematically reviewed. The design shall specify the overall structure (control and data flow), and the reduction of the overall structure into physical solutions (algorithms, equations, control logic, and data structures). The design may necessitate the modification of the requirements documentation.

Design phase verification and validation activities during this phase shall consist of:

- The generation of design-based test cases.
- The review and analysis of the software design.
- The verification of the software design.

4.1.2.3 Implementation Phase

During this phase the design shall be translated into a programming language and the implemented software shall be debugged. Only minor, if any, design issues shall be resolved at this phase.

Verification and validation activities during this phase shall consist of:

- The possible modification of test cases necessary due to design changes made during coding.
- The examination of source code listings to assure adherence to coding standards and conventions.

4.1.2.4 Testing Phase

During the testing phase the design as implemented in code shall be exercised by executing the test cases. Failure to successfully execute the test cases may require the modification of the requirements, the design, the implementation, or the test plans and test cases.

Verification and validation activities during this phase shall consist of:

- The evaluation of the completed software to assure adherence to the requirements.
- The preparation of a report on the results of software verification and validation.

4.1.2.5 Installation and Checkout Phase

During this phase the software becomes part of a system incorporating other software components, the hardware, and production data. The process of integrating the software with other components may consist of installing hardware, installing the program, reformatting or creating databases, and verifying that all components have been included.

Testing activities during this phase shall consist of the execution of test cases for installation and integration. Test cases from earlier phases shall be enhanced and used for installation testing.

4.1.2.6 Operations and Maintenance Menu

During the operations and maintenance phase the software has been approved for operational use. Further activity shall consist of maintenance of the software to remove latent errors (corrective maintenance), to respond to new or revised requirements (perfective maintenance), or to adapt the software to changes in the software environment (adaptive maintenance). Software modifications shall be approved, documented, tested (including regression testing as appropriate), and controlled in accordance with Paragraph 5.0.

5.0 SOFTWARE VERIFICATION AND VALIDATION

Verification and validation plans by the responsible project organization shall employ methods such as inspection, analysis, demonstration, and test to assure that the software adequately and correctly performs all intended functions, and that the software does not perform any function that either by itself or in combination with other functions can degrade the entire system.

Verification and validation activities shall be planned and performed relative to specific hardware configurations. The amount of verification and validation activity shall be determined by the type and complexity of the software. The results of all verification and validation activities shall be documented in the Verification and Validation Report.

Verification and/or validation of computer software should be performed in two stages:

1. By the individual generating or modifying the software.
2. By an independent individual or organization, one who did not work on the original software.

The first stage should involve activities (i.e., iterations of tests and runs) to arrive at a final product. It is not required to document all of the activities performed to satisfy the software developer.

5.1 VERIFICATION

Verification activities shall be integrated into all applicable phases of the software life cycle and shall be performed to an extent proportional to the critical importance of the software. Software verification shall be performed to assure that the software requirements are implemented in the software design, and the software design is implemented in code. Appropriate methods such as inspection, analysis, test, or demonstration shall be applied to accomplish verification objectives.

5.2 VALIDATION

Validation activities are performed to demonstrate that the model as embodied in the computer software is a correct representation of the process or system for which it is intended. This is accomplished by comparing software results against verified and traceable data obtained from laboratory experiments, field experiments or observations, or in site testing. Specific sets of data used in the validation process shall be identified and justification shall be made for their use.

When data are not available from the sources mentioned above, alternative approaches used shall be documented. Alternative approaches may include peer review and comparisons with the results of similar analysis performed with verified software. The results of software validation shall be documented.

6.0 SOFTWARE CONFIGURATION MANAGEMENT

A software configuration management system shall be established to assure positive identification of software and control of all software baseline changes.

6.1 CONFIGURATION IDENTIFICATION

A configuration baseline shall be identified at the completion of each major phase of the software development cycle. Approved changes to a baseline shall be added periodically to the baseline as updates. A baseline plus updates shall specify the most recent software configuration. Updates shall be incorporated into subsequent baselines. Both baselines and updates shall be defined by their composition of software configuration items.

A labeling system for configuration items shall be implemented that:

Uniquely identifies each configuration item or version number.

- Identifies changes to configuration items by revision.
- Places the configuration item in a relationship with other configuration items.

6.2 CONFIGURATION CHANGE CONTROL

Changes to baseline software shall be formally documented. This documentation shall contain a description of the proposed change, the identification of the originating organization, the rationale for the change, and the identification of affected baselines and software configuration items. The change should be formally evaluated by a qualified individual or organization with the ability to approve or disapprove the proposed change. Assurance shall be provided that only authorized changes are made to software baselines and software configuration items.

6.3 CONFIGURATION STATUS ACCOUNTING

The information that is needed to manage software configuration items shall be recorded and reported. This information shall include a listing of the approved configuration identification, the status of proposed changes to the configuration, the implementation status of approved changes, and all information to support the functions of configuration identification, and configuration control.

7.0 DOCUMENTATION

Minimum acceptable lifecycle documentation of computer software developed or modified for use on the Yucca Mountain Project shall be specified in each participants software QA plan(s). The documentation provided shall describe the following, as applicable. Additional documentation may also be identified in the software quality assurance plan for each Yucca Mountain Project participant's software project.

7.1 SOFTWARE REQUIREMENTS SPECIFICATION

A specific capability of software can be called a requirement only if its achievement can be verified by a prescribed method. Software requirements documentation shall outline the requirements that the proposed software must fulfill. The requirements shall address the following:

- **Functionality** - the functions the software are to perform.
- **Performance** - the time-related issues of software operation such as speed, recovery time, response time, etc.

- Design constraints imposed on implementation - any elements that will restrict design options.
- Attributes - non-time-related issues of software operation such as portability, correctness, security, maintainability, etc.
- External Interfaces - interactions with other participants, hardware, and other software.

7.2 SOFTWARE DESIGN DOCUMENTATION

Software design documentation is a document or series of documents that shall contain:

- A description of the major components of the software design as they relate to the requirements of the software requirements specification.
- A technical description of the software with respect to control flow, data flow, control logic, and data structure.
- A description of the allowable and tolerable ranges for inputs and outputs.
- The design described in a manner that is easily traceable to the software requirements.
- Code assessment and support documentation and descriptions of mathematical models and numerical methods as required by NRC publication NUREG-0856.
- Continuing documentation, code listings, and software summary forms as required by NUREG-0856.

7.3 SOFTWARE IMPLEMENTATION DOCUMENTATION

Any design changes made to the requirement and design phase documents shall be assessed as to the impact on the design. The revised requirement and design phase documents shall be reviewed to the same level of review as the original documents. The results of this phase should be the basis for the software verification and validation Plan(s).

7.4 SOFTWARE VERIFICATION AND VALIDATION DOCUMENTATION (TEST)

Software verification and validation documentation shall include a plan that describes the tasks and criteria for accomplishing the verification of the software in each phase, and the validation of the software. The documentation shall also specify the hardware and system software configuration pertinent to the software. The documentation shall be organized in a manner that allows traceability to both the software requirements and the software design. This documentation will also include a report on the results of the execution of the software verification and validation activities. This report shall include the results of all reviews, audits, and tests, and a summary of the status of the software.

7.5 USER DOCUMENTATION

User documentation shall be prepared in accordance with NUREG-0856 and shall include a description of:

- Program considerations, options, and initialization procedures.
- Anticipated error situations and how the user can correct them.
- Internal and external data files, their input sequence, structures, units, and ranges.
- Input and output options, defaults, and formats.
- System interface features and limitations.
- Information for obtaining user and maintenance support.
- Sample problems.

8.0 REVIEWS

Reviews of software development activity shall be performed as each life cycle phase is completed to assure the completeness and integrity of each phase of development. The procedures used for review shall identify the participants and their specific responsibilities during the review and in the preparation and distribution of the review report.

The documentation for all reviews shall contain a record of review comments, a plan, and timetable for the resolution of the review comments, and the personnel responsible for this resolution.

After review comments are resolved, the approved documents shall be updated and placed under configuration management.

8.1 SOFTWARE REQUIREMENTS REVIEW

The review of software requirements shall be performed at the completion of the software requirements documentation. This review shall assure that the requirements are complete, verifiable, and consistent. The review shall also assure that there is sufficient detail available to complete the software design.

8.2 SOFTWARE DESIGN REVIEW

The software design review will be held at the completion of the software design documentation. This review shall evaluate the technical adequacy of the design approach, and assure that the design answers all the requirements in the requirements documentation. The complexity of the software design may require the performance of two design reviews; one at the completion of the overall software architecture, and the second at the completion of the total design.

8.3 SOFTWARE IMPLEMENTATION REVIEW

The software implementation review is an evaluation of the completed requirements, design, and implementation process prior to independent verification and validation.

8.4 SOFTWARE VERIFICATION AND VALIDATION REVIEW

The software verification and validation review is an evaluation of the adequacy of verification and validation plans or procedures and completed software verification and validation activities. The review results in an approval of verification and validation documentation.

9.0 DISCREPANCY REPORTING AND CORRECTIVE ACTION

A formal procedure of software discrepancy reporting and corrective action shall be established. This discrepancy reporting system shall be integrated with the configuration management system to assure formal processing of discrepancy resolutions.

Software discrepancy reporting and corrective action procedures shall assure that, as a minimum:

- Defects are documented and corrected.

- Defects are assessed for criticality and impacted as previous applications.
- Corrections are reviewed and approved before changes to the software configuration are made.
- Preventive and corrective actions provide for appropriate notification of affected organizations.

10.0 MEDIA CONTROL AND SECURITY

Physical media containing the images of software shall be physically protected to prevent their inadvertent damage or degradation.

11.0 ACQUIRED SOFTWARE

Procedures shall be established for controlling the transfer of computer software from an outside source to a user organization and from a user organization to an outside requesting organization. Software transfer requests of the organization (or purchases) from an outside source shall include appropriate criteria to enable the software received to comply, as much as possible, with the requirements of the QA Plan and the needs of the organization's computer system. Those requirements not met by the software received shall be completed by the organization in the relative phase of the software life cycle that is incomplete or, if that is not possible, the reason shall be documented and maintained with the software and distributed to the users.

Configuration management change controls shall be established for documenting the conversion of software to be used on a computer system, and/or peripheral hardware, other than that for which it was designed. Conversion includes all modifications and tests made to input/output or the source code or additional software written to run the original software on the new system. Software conversion shall be documented and maintained for the specific version of the software and the computer system on which it is installed. Software conversion changes shall be evaluated and activities performed in accordance with the appropriate configuration management system elements.

12.0 COMPUTER SOFTWARE APPLICATIONS

Organizations shall establish procedures for controlling the application of verified and/or validated computer software to technical calculations in support of site characterization or design, analysis, performance assessment, and operation of repository structures, systems, and components.

Organizations shall establish procedures for documenting and reviewing software application and analysis and assuring that all results are accurate and reproducible. Requirements shall be established for identifying or otherwise marking record copies of all analysis and supporting documentation. Supporting documentation includes computer output (results), code input data including data bases and original sources/references of and assumptions used to obtain such data, code design, user's and/or operation manuals, verification/validation test results and/or hand calculations.

Technical calculations using software shall be performed with applicable computer codes and with software operating procedures defined sufficiently to allow independent repetition of the entire computation.

Controls shall be established for generating and documenting software used to perform technical calculations. All auxiliary software used should be included in documentation of technical calculations performed and should be included in independent review as part of the calculation.

All applications of computer software shall be independently reviewed and approved to assure that the software selected is applicable to the problem being solved and that all input data and assumptions are valid and traceable.

APPENDIX I

REQUIREMENTS FOR THE IDENTIFICATION OF ITEMS AND ACTIVITIES TO BE INCLUDED ON THE Q-LIST

1.0 GENERAL

This Appendix provides requirements for identification of structures, systems, and components important to safety in the pre-closure phase and for identification of the barriers important to waste isolation in the post closure phase which are to be listed on the "Q-List;" and for identification of those major activities conducted during site characterization, construction, operation or closure that relate to natural barriers important to waste isolation and which are to be listed on the Quality Activities List.

2.0 QUALITY ASSURANCE CRITERIA FOR LICENSING

The purpose of the geologic repository program is to permanently dispose of high-level nuclear waste. In order to obtain a license for receipt and possession of radioactive material at the geologic repository, it must be demonstrated that the repository system will function as required to protect health and safety of the public and the environment. Requirements for licensing a repository to meet this goal are specified in 10 CFR Part 60. These requirements describe the performance objectives and other technical criteria to assure safe operation during waste emplacement and retrieval (if necessary), as well as effective containment and long-term isolation of waste following permanent closure of the geologic repository. The QA Level I requirements of this QA Plan specify the QA program for these items and related activities important to safety and/or waste isolation to assure that their characterization, design, construction, and operation comply with the requirements of 10 CFR Part 60.

2.1 QUALITY ASSURANCE CRITERIA FOR THE Q-LIST AND QUALITY ACTIVITIES LIST

The QA Level I requirements of this QA Plan apply to items and activities important to safety and/or waste isolation. As derived from 10 CFR Part 60 (60.152), this QA program is based on the 18 criteria of 10 CFR Part 50 Appendix B. These criteria address, in general terms, the basic elements of a QA program, such as organization, design control, test control, inspection, and records management. As noted in 10 CFR Part 60.152, these criteria are supplemented as

necessary to meet the specific requirements of the repository program. In addition to the QA Level I requirements of this QA Plan items important to safety and the waste package are subject to the design criteria of 10 CFR Part 60.131(b) and 60.135 respectively.

2.2 CRITERIA FOR NON-Q-LIST ITEMS

Certain items that are not important to safety and/or waste isolation shall also be addressed in the license application to demonstrate compliance with 10 CFR Part 60 requirements such as those associated with meeting the design criteria contained in 10 CFR 60.131(a) for protection of worker health and safety. While these items are not subject to the QA Level I requirements of this QA Plan, QA Level II requirements shall be applied. Additional guidance related to this subject can be found in NUREG-1318, (April, 1988), paragraph 5.1(b).

2.3 DATA NOT COLLECTED UNDER A 10 CFR 60 SUBPART G QA PROGRAM

All data collection, interpretations, analyses, and other work to be used to support findings related to important to safety and/or waste isolation in the licensing process shall be technically and procedurally defensible. "Existing data" shall be qualified in accordance with the requirements of Appendix G of the QA Plan. In addition to existing data, some materials that may be important to safety and/or waste isolation may already have been purchased prior to implementation of a 10 CFR 60 Subpart G QA Program. Supporting documentation on these materials (e.g., the technical specifications and QA records) shall be reviewed to determine whether they meet the technical and QA requirements for their designated function. If not, they shall be "qualified" for use to assure they will perform their intended function.

3.0 IDENTIFICATION OF ITEMS IMPORTANT TO SAFETY

Items important to safety are those items essential to the prevention or mitigation of an accident that could result in a radiation dose to the whole body, or any organ, of 0.5 rem or greater at or beyond the nearest boundary of unrestricted area at any time until the completion of permanent closure (10 CFR 60.2). The 0.5 rem value is, therefore, the threshold for determining what structures, systems, and components shall be on the Q-List as items important to safety. The rationale for placing a system, structure, or component on the Q-List is to provide added assurance, via application of rigorous QA/QC and design requirements, that they should perform their designated function.

3.1 Probabilistic Risk Analysis (PRA) may be used to the extent practicable, to support the identification of structures, systems, and components important to safety in the license application. Use of this approach for the operations phase of the HLW program is consistent with the approach prescribed by the EPA standard (40 CFR Part 191) for the overall system containment following emplacement of waste in a geologic repository. In cases where data are limited, engineering judgment and conservative bounding assumptions shall be used. Conservative assumptions shall include non-mechanistic failures where information and/or experience are not adequate to reliably determine failure modes and accident scenarios. However, non-mechanistic failures need not be considered where failure modes and mechanisms are understood and failure rates can be determined.

3.2 Operator actions or errors which could initiate accidents shall be identified in PRAs or other analysis. These shall be controlled to minimize the probability of occurrence. Other activities which are subject to QA Level I requirements, such as designing, inspecting, and purchasing will not be identified in PRAs but shall be controlled in accordance with QA Level I requirements.

3.3 PRAs shall utilize the following techniques:

3.3.1 System modeling to depict the combination of safety function and system successes or failures which constitute accident scenarios. Two modeling techniques which may be used are event tree analysis, which identifies the sequence of events that may result in an accident, and fault tree analysis, which determines how failures in safety systems may occur. Both techniques are analytical tools which organize and characterize potential accidents in a methodical manner.

An event-tree defines a comprehensive set of accident sequences that encompass the effects of all realistic and physically possible potential accidents. By definition, an initiating event is the beginning point in the sequence. Hence, a comprehensive list of accident-initiating events shall be compiled to ensure that the event trees properly depict all important sequences.

A fault tree examines the various ways in which a system designed to perform a safety function can fail. Each safety system identified in the event tree as involved in an accident shall be examined to determine how failures of components within that system could cause the failure of the entire system.

If failure of a mitigating system could contribute to an off-site dose, individual components within the mitigating system shall be reviewed, using fault tree analysis, to determine the effect of their failure on performance of the overall system. For example, individual components in the ventilation system which may need to be analyzed include dampers, motors, and filters.

3.3.2 Consequence analysis of accident scenarios identified in event/fault tree analysis to determine the amount and kind of radionuclides which may reach the unrestricted area and contribute to an off-site dose. Consequence analysis includes identification of a source term for radioactive releases and evaluation of mechanisms for movement and deposition of radioactive materials released from the HLW facility. The energy, magnitude, and timing of radiological releases resulting from various accidents shall be considered in this analysis.

3.3.3 Analysis to assess the effect of uncertainties in the data base and uncertainties arising from modeling assumptions on the PRA findings. The insights gained in the analysis about features that are significant contributors to risk can provide qualitative understanding into system performance.

Additional guidance related to the assessment of pre-closure accidents can be found in NUREG 1318, (April, 1988), paragraph 5.2(a).

3.4 REDUNDANCY

The use of redundant structures, systems, and components is a method of providing additional assurance that necessary safety functions will be performed if an accident occurs and that the accident dose limit will not be exceeded. In a redundant system, the failure of one train of the system shall not comprise or prevent the associated safety function from being performed. For the high-level waste repository, 10 CFR 60 [60.131(b)(5)(ii)] addresses requirements for redundancy. The items needed to provide redundancy of items important to safety shall also be on the Q-List.

3.5 USE OF PREVIOUSLY ESTABLISHED GUIDELINES AND STANDARDS

Many guidelines and standards have been developed in the nuclear power reactor program and other nuclear program which may be applicable for the geologic repository program. For example, there are regulatory guides covering design basis earthquakes, floods, and tornado wind velocities which may be used in the design of the HLW facility and developing the Q-List. While some of these guidelines and standards may not be directly applicable to a geologic repository, they shall be considered to the extent practicable, to eliminate the need to develop new approaches.

3.6 RETRIEVAL

The option for retrieval of waste is addressed as a performance objective in 10 CFR 60.111(b). If retrieval is found to be necessary, analysis of retrieval operations shall be conducted at that time, to identify Q-List items.

4.0 IDENTIFICATION OF ITEMS AND ACTIVITIES IMPORTANT TO WASTE ISOLATION

The term "important to waste isolation" refers to engineered and natural barriers that will be relied on to meet the containment and isolation performance objectives of 10 CFR 60 Subpart E. Four of the performance objectives for waste isolation after permanent closure are stated in 10 CFR 60.112 and 60.113 and include:

- Ground water travel time.
- Waste package containment period.
- Maximum yearly release rate from the engineered barrier system.
- The overall system performance objective in 10 CFR 60.112 for release of radioactive materials to the accessible environment (the EPA standard in 40 CFR Part 191).

The items and activities important to waste isolation shall include:

- Components of the engineered barrier system relied on to meet the performance objectives.
- Elements of the natural barrier system (e.g., host rock, and geochemical retardation characteristics) relied on to meet the performance objectives.
- Activities necessary to demonstrate that the performance objectives will be met, including collection of data to characterize the site or performance of engineered barriers.
- Activities in the preclosure phase that could effect post-closure performance.

The broad performance objectives for waste isolation provide some flexibility in allocating credit among the various components of the natural and engineered barrier systems to meet each objective. For example, a 300 to 1000 year lifetime for the waste package might be achieved by a combination of performance from each of the components in the waste package or by a single component, such as the canister. The allocation of performance among the various components of the natural and engineered barrier system for each performance objective will provide the basis for determining which barriers are important to waste isolation. Performance assessments shall be conducted on these barriers to ascertain that those relied on will meet the waste isolation and containment performance objective of 10 CFR Part 60. The initial allocations of performance will provide a basis for determining what site characterization testing will be needed. The initial allocations of performance among the barriers is likely to change based on the results of performance assessments using data collected during site characterization.

It is expected that most of the data collected during the site characterization phase can potentially be used in the license application performance assessments. During the early phase of characterization in particular, when little is known about the site and the importance of data characterizing it, data collection activities shall be controlled in accordance with the QA Level I requirements of this QA Plan. However, there may be cases where it is known that data are not needed for performance assessments, or will be duplicated later in accordance with QA Level I requirements of this QA Plan and therefore would not have to be performed in accordance with the QA Level I requirements at this time. For example, scoping tests or tests to examine the feasibility and appropriateness of a data collection technique may not need to be performed in accordance with the QA Level I requirements of this QA Plan.

5.0 SUBMITTAL REQUIREMENTS

5.1 LICENSE APPLICATION

A description of the QA program to be applied to items important to safety and/or waste isolation shall be submitted with the license application. The submittal shall identify the structures, systems, and components important to safety and describe the analyses used in this identification. It should also identify the barriers important to waste isolation falling under the QA program and describe the evaluations used to identify these barriers [10 CFR 60.21(c) (1)(ii)(C)]. A Quality Activities List, as defined in Section 1.0, should also be provided listing major site characterization, isolation, operation, and performance confirmation activities under the QA program.

5.2 SITE CHARACTERIZATION PLANS

The following information related to the Q-List should be submitted in the Site Characterization Plan:

- A description of the QA program to be applied to items and activities during the site characterization phase.
- A preliminary Q-List identifying major structure, systems, and components important to safety, engineered barriers important to waste isolation and the methodology used to develop the list.
- A list of major site characterization activities (Quality Activities List) and the QA requirements which apply to them.
- A general description of the process by which the preliminary Q-List will be revised as the design advances.

Plans for development and implementation of a QA program to demonstrate that non-Q-List licensing requirements are met should also be described in the Site Characterization Plan.

6.0 GRADED APPLICATION OF QA MEASURES

The 10 CFR 60 Subpart G requirements can be met using graded QA measures and should be applied to items and activities important to safety and/or waste isolation based on considerations such as the following:

- ' The impact of malfunction or failure of the item, or the impact of erroneous data associated with data collection activities, on safety or waste isolation.
- ' The complexity of design or fabrication of an item, or design and implementation of a test, or the uniqueness of an item or test.
- ' The special controls and surveillance needed over processes, tests, and equipment.
- ' The degree to which functional compliance can be demonstrated by inspection or test.
- ' The quality history and degree of standardization of the item or test.

Note: Additional guidance related to this subject can be found in NUREG-1318, "TECHNICAL POSITION ON ITEMS AND ACTIVITIES IN THE HIGH-LEVEL WASTE GEOLOGIC REPOSITORY PROGRAM SUBJECT TO QUALITY ASSURANCE REQUIREMENTS" (APRIL, 1988).

APPENDIX J

REQUIREMENTS FOR PEER REVIEW

1.0 GENERAL

This appendix provides the requirements regarding the applicability of peer reviews, the structure of peer review groups, acceptability of peers, and the conduct and documentation of peer reviews.

2.0 APPLICABILITY OF PEER REVIEW

2.1 A peer review shall be used when the adequacy of information (e.g., data, interpretations, test results, design assumptions, etc.) or the suitability of procedures and methods essential to showing that the repository system meets or exceeds its performance requirements with respect to safety and waste isolation cannot otherwise be established through testing, alternate calculations or reference to previously established standard and practices.

2.2 In general, the following conditions are indicative of situations in which a peer review shall be considered:

- a. Critical interpretations or decisions will be made in the face of significant uncertainty, including the planning for data collection, research, or exploratory testing.
- b. Decisions or interpretations having significant impact on performance assessment conclusions will be made.
- c. Novel or beyond the state-of-the-art testing, plans and procedures, or analysis are or will be utilized.
- d. Detailed technical criteria or standard industry procedures do not exist or are being developed.
- e. Results of tests are not reproducible or repeatable.
- f. Data or interpretations are ambiguous.
- g. Data adequacy is questionable--such as, data may not have been collected in conformance with an established QA program.

2.3 A peer review shall be used when the adequacy of a critical body of information can be established by alternate means, but there is disagreement within the cognizant technical community regarding the applicability or appropriateness of the alternate means.

3.0 STRUCTURE OF PEER REVIEW GROUP

The number of peers comprising a peer review group shall vary commensurate with the following:

- a. The complexity of the work to be reviewed.
- b. Its importance to establishing that safety or waste isolation performance goals are met.
- c. The number of technical disciplines involved.
- d. The degree to which uncertainties in the data or technical approach exist.
- e. The extent to which differing viewpoints are strongly held within the applicable technical and scientific community concerning the issues under review.

3.2 The collective technical expertise and qualifications of peer review group members shall span the technical issues and area involved in the work to be reviewed, including any differing bodies of scientific thought. The potential for technical or organizational partiality shall be minimized by selecting peers to provide a balanced peer review group. Technical areas more central to the work to be reviewed shall receive proportionally more representation in the peer review group.

4.0 ACCEPTABILITY OF PEERS

4.1 The technical qualification of the peer reviewers, in their review areas, shall be at least equivalent to that needed for the original work under review and shall be the primary consideration in the selection of peer reviewers. Each peer shall have recognized and verifiable technical credentials in the technical area that the peer has been selected to review.

4.2 Members of the peer review group shall be independent of the original work to be reviewed. Independence in this case means that the peer was not involved as a participant, supervisor, technical reviewer, or advisor in the work being reviewed, and to the extent practical, has sufficient freedom from funding considerations to assure the work is impartially reviewed. In some cases (i.e., funding considerations) it may be difficult to meet the independence criteria without reducing the technical

quality of the peer review. When the independence criteria cannot be met, a documented rationale shall be included in the peer review report.

5.0 PEER REVIEW PROCESS

5.1 Since the peer review process may vary from case to case, a peer review plan shall be prepared prior to initiating a peer review. The peer review plan shall describe the work to be reviewed, the size and spectrum of the peer review group, and the suggested method and schedule necessary to produce a peer review report.

5.2 The peer review group shall evaluate and report on:

- a. Validity of assumptions.
- b. Alternate interpretations.
- c. Uncertainty of results and consequences if incorrect.
- d. Appropriateness and limitations of methodology and procedures.
- e. Adequacy of application.
- f. Accuracy of calculations.
- h. Adequacy of requirements and criteria.
- g. Validity of conclusions.

Documentation shall be prepared to indicate the results of meetings, deliberations, and activities of the peer review process.

6.0 PEER REVIEW REPORT

6.1 A report documenting the results of the peer review shall be prepared and issued under the direction of the peer review group chairperson and shall be signed by each peer review group member. The peer review report shall include the following:

- a. A clear description of the work or issue that was peer reviewed.
- b. Conclusions reached by the peer review process.
- c. Individual statements by peer review group members reflecting dissenting views or additional comments, as appropriate.

- d. Listing of the peers and the technical qualification and evidence of independence for each peer, including potential technical and/or organizational partiality.

Note: Additional guidance related to this subject can be found in NUREG-1297, "PEER REVIEW FOR HIGH LEVEL NUCLEAR WASTE REPOSITORIES" (FEBRUARY, 1988).

APPENDIX K

FORMAT AND CONTENT REQUIREMENTS FOR SCP STUDY PLAN

1.0 PURPOSE AND OBJECTIVES OF STUDIES

1.1 Describe the information that will be obtained in the study. Briefly discuss how this information will be used; and

1.2 Provide the rationale and justification for the information to be obtained by the study. It can be justified by: 1) a performance goal and a confidence level in that goal (developed via the performance allocation process and results that will be described elsewhere in the SCP); 2) a design goal and a confidence level in that goal (design goals beyond those related to performance issues); 3) direct Federal, State, and other regulatory requirements for specific studies. Where relevant performance or design goals actually apply at a higher level than the study (e.g., where the goals apply to a group of studies), describe the relationship between this study and that higher level goal.

2.0 RATIONAL FOR SELECTED STUDY

2.1 Provide the rationale and justification for the selected tests and analyses (including standard tests). Indicate the alternative test and analytical methods from which they were selected, including options for type of test, instrumentation, data collection and recording, and alternative analytical approaches. Describe the advantages and limitations of the various options; and

2.2 Provide the rationale for the selected number, location, duration, and timing of tests with consideration to various sources of uncertainty (e.g., test method, interference with other tests, and estimated parameter variability). This rationale should also identify reasonable alternatives; summarize reasons for not selecting these alternatives, and reference if available, reports which evaluate alternatives considered.

2.3 Describe the constraints that exist for the study, and explain how these constraints affect selection of test methods and analytical approaches. Factors to be considered include:

- a) Potential impacts on the site from testing;
- b) Whether the study needs to simulate repository conditions;
- c) Required accuracy and precision of parameters to be measured with test instrumentation;
- d) Limits of analytical methods that will use the information from the tests;

- e) Capability of analytical methods to support the study;
- f) Time required versus time available to complete the study;
- g) The scale of the phenomena, especially the limitations of the equipment relative to the scale of the phenomena to be measured and the applicability of studies conducted in the laboratory to the scale of the phenomena in the field;
- h) Interrelationships of tests involving significant interference with other tests and how plans have been designed or sequenced to address such interference; and
- i) Interrelationships involving significant interference among tests and ESF design and construction, as appropriate (refer to Section 8.4 of the SCP or its references for specific ESF design information).

3.0 DESCRIPTION OF TESTS AND ANALYSES

3.1 Since studies are comprised of tests and analyses, provide for each type of test:

- a) Describe the general approach that will be used in the test. Describe key parameters that will be measured in the test and the experimental conditions under which the test will be conducted. Indicate the number of tests and their locations (e.g., spatial location relative to the site, ESF elements, repository layout, stratigraphic units, depth, and test location);
- b) Summarize the test methods. Reference any standard procedures (e.g., ASTM, API) to be used. If any of the procedures to be used are not standard, or if a standard procedure will be modified, summarize the steps of the test, how it will be modified, and reference the technical procedures that will be followed during the test. If procedures are not yet available, indicate when they will be available. Indicate the level of quality assurance and provide a rationale for any tests which are not judged to be QA level 1. Reference the applicable specific QA requirements that will be applied to the test;
- c) Specify the tolerance, accuracy, and precision required in the test, where appropriate;
- d) Indicate the range of expected results of the test and the basis for those expected results;
- e) List the equipment required for the test and describe briefly any such equipment that is special;

- f) Describe techniques to be used for data reduction and analysis of the results;
- g) Discuss the representativeness of the including why the test results are considered representative of future conditions or the spatial variability of existing conditions. Also indicate limitations and uncertainties that will apply to the use of the results;
- h) Provide illustrations such as maps, cross sections, and facility design drawings to show the locations of tests and schematic layouts of tests, and
- i) Relationship of the test to the set performance goals and confidence levels.

3.2 For each type of analysis:

- a) State the purpose of the analysis, indicating the testing or design activity being supported. Indicate what conditions or environments will be evaluated and any sensitivity or uncertainty analyses that will be performed. Discuss the relationship of the analysis to the set performance goals and confidence levels;
- b) Describe the methods of analysis including any analytical expressions and numerical models that will be employed;
- c) Reference the technical procedures document that will be followed during the analysis. If procedures are not yet available, indicate when they will be available. Indicate the level of quality assurance that will be applied to the analysis and provide a rationale for any analyses that are not judged to be QA level 1. Reference the applicable QA requirements.
- d) Identify the data input requirements of the analysis;
- e) Describe the expected output and accuracy of this analysis; and
- f) Describe the representativeness of the analytical approach (e.g., with respect to spatial variability of existing conditions and future conditions) and indicate limitations and uncertainties that will apply to the results.

4.0 APPLICATION OF RESULTS

4.1 Briefly discuss where the results from the study will be used for the support of other studies (performance assessment, design, and characterization studies).

4.2 For performance assessment uses, refer to specific performance assessment analyses (described in Section 8.3.5 of the SCP) that will use the information produced from the studies described above, and refer to any use of the results for model validation;

4.3 For design uses, refer to, or describe, where the information from the study described above will be used in construction equipment design and development, and engineering system design and development (e.g., waste package, repository engineered barriers, and shafts and borehole seals); and

4.4 For characterization uses, refer to, or describe, where the information from the study described above will be used in planning other characterization activities.

5.0 SCHEDULE AND MILESTONES

5.1 Provide the durations of and interrelationships among the principal activities associated with conducting the study (e.g., preparation of test procedures, test set-ups, testing data analyses, preparation of reports), and indicate the key milestones including decision points associated with the study activities;

5.2 Describe the timing of this study relative to other studies and other program activities that will affect, or will be affected by, the schedule for completion of the subject study; and

5.3 Dates for activities or milestones including durations and interrelationships, for the study plans will be provided. These should reference the master schedules provided in Section 8.5 of the SCP.