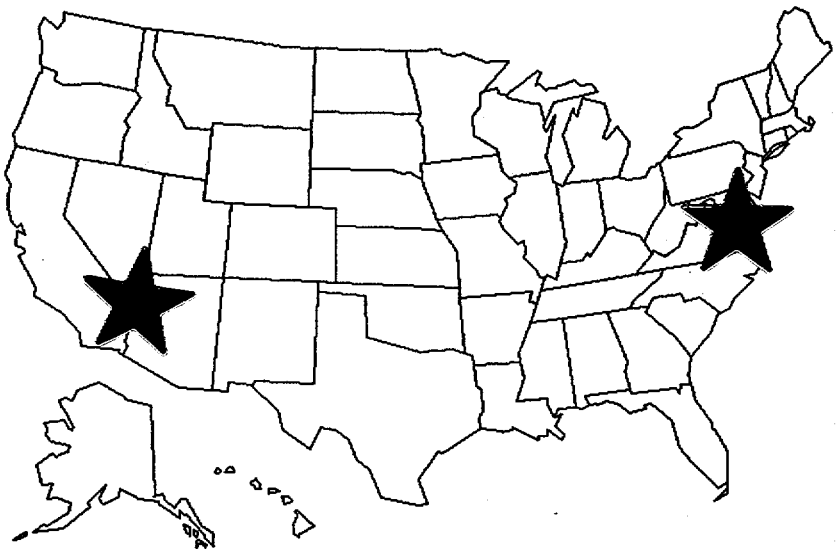
Received with letter dtd 9/24/90

AUDIT 90-I-01

OCRWM HEADQUARTERS
and
PROJECT OFFICE



OCTOBER 15 - 31, 1990

102.8

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

QUALITY ASSURANCE AUDIT PLAN

AUDIT 90-I-01

OCTOBER 15 THROUGH OCTOBER 19, 1990 (WASHINGTON, DC)

OCTOBER 22 THROUGH 26, 1990 (LAS VEGAS, NV)

Prepared by: _____ Date: 9/20/90
Stephen R. Dana
Audit Team Leader

Prepared by: _____ Date: 9-21-90
Charles C. Warren
Lead Auditor

Prepared By: _____ Date: 21 Sept 90
Martha J. Mitchell
Lead Technical Specialist

Approved By: _____ Date: 9/24/90
Donald G. Horton, Director
Office of Quality Assurance

1.0 PURPOSE/SCOPE

The purpose of this audit is to evaluate the implementation and effectiveness of the quality assurance management controls applied to all Office of Civilian Radioactive Waste Management (OCRWM) activities affecting quality. The audit will focus on those activities associated with the Mined Geologic Disposal System (MGDS) with particular emphasis on near-term new site characterization activities.

The scope of the audit will be to verify the following:

1. Establishment of program level technical baseline documents.

2. Adequacy of the Quality Assurance (QA) program. This will be done by verifying implementation and effectiveness of the program in place, as well as verifying compliance with requirements.

Discrepancies identified during previous audits and surveillances of the OCRWM that have not been closed will be added to the scope of this audit to determine whether the OCRWM has taken effective corrective actions in those program areas.

The programmatic and technical elements to be audited, as well as the programmatic elements that have not been included, are identified in Section 5.0 of the audit plan.

2.0 ORGANIZATION TO BE AUDITED

Office of Civilian Radioactive Waste Management

1. Office of Systems and Compliance (OSC)

   a. Systems Engineering and Program Integration Division
   b. Regulatory Compliance Division

2. Office of Program and Resources Management (OPRM)

   a. Information Resources Management Division

3. Office of Geologic Disposal (OGD)

   a. Requirements Analysis Verification Division (HQ)
   b. Yucca Mountain Project Office

3.0 AUDIT SCHEDULE

Headquarters

Team/Observer Badging	8:00 a.m., October 15, 1990 Forrestal Building
Pre-Audit Team/Observer Meeting	9:00 a.m., October 15, 1990 Forrestal Building
Pre-Audit Conference	10:30 a.m., October 15, 1990 Forrestal Building
Audit Activities	1:00 p.m. to 4:00 p.m. October 15, 1990
Audit Activities	8:30 a.m. to 4:00 p.m. October 16 to October 18, 1990
Audit Activities	8:30 a.m. to 11:00 a.m. October 19, 1990
Headquarters Preliminary Post-Audit Conference	1:00 p.m., October 19, 1990 Forrestal Building

Yucca Mountain Project Office

Pre-Audit Team/Observer Meeting	9:00 p.m., October 22, 1990 Valley Bank Center
Pre-Audit Conference	10:30 p.m., October 22, 1990 Valley Bank Center
Audit Activities	12:30 p.m. to 4:00 p.m. October 22, 1990
Audit Activities	8:00 a.m. to 4:00 p.m. October 23 to October 25, 1990
Audit Activities	8:00 a.m. to 11:30 a.m. October 26, 1990
Yucca Mountain Project Office Preliminary Post-Audit Conference	1:00 p.m., October 26, 1990 Valley Bank Center

Post-Audit Conference	9:00 a.m., October 31, 1990 Forrestal Building
Daily Audit Status Meeting	8:30 a.m., Forrestal Building/ Valley Bank Center
Daily Team Caucus	4:00 p.m., Forrestal Building/ Valley Bank Center

4.0 REQUIREMENTS TO BE AUDITED AND APPLICABLE REFERENCES

The requirements to be evaluated through the audit process are contained in the programmatic and technical checklists. These checklists will be developed from the following documents:

Technical Baseline

- Waste Management System Description (WMSD)
- Waste Management System Requirements (WMSR) Volume I
- WMSR Volume IV
- MGDS System Description (SD)
- MGDS System Requirements (SR)
- Site Requirements Document (SRD)
- Test & Evaluation Planning Basis (T&EPB)
- Surface-Based Testing Facilities Requirements Document (SBTFRD)
- Study Plans

Program Documents

- DOE/RW-0215, "Quality Assurance Program Description Document for the Civilian Radioactive Waste Management Program," (QAPD), Revision 2
- Quality Assurance Controls Document (QACD)
- OCRWM Quality Assurance Program Procedures (QAPPs)
- OCRWM Implementing Line Procedures (ILPs)
  Program Change Control Procedure (PCCP)
- Yucca Mountain Project Office (Project Office) Quality Management Procedures (QMPs)
- Yucca Mountain Project Administrative Procedures Manual
- Project Office Branch Technical Procedures (BTPs)

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

- QAAP 18.2, "Audit Program," Revision 1
- QAAP 16.1, "Corrective Action Requests," Revision 1
- QA Audit Task Organization
- Audit Observer Inquiry

- Policy for Participation of State, Tribal, and U.S. Nuclear Regulatory Commission (NRC) Representative Observers on Department of Energy (DOE) Audits, dated July 14, 1987

- High Level Waste Division Procedure for Conducting Observation Audits of U.S. Department of Energy (DOE) High Level Waste Repository Program QA Audits

5.0 ACTIVITIES TO BE AUDITED

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

Programmatic Elements

1.0 Organization
2.0 Quality Assurance Program
3.0 Design Control
4.0 Procurement Document Control
5.0 Instructions, Plans, Procedures, and Drawings
6.0 Document Control
7.0 Control of Purchased Items and Services
8.0 Identification and Control of Materials, Parts, Components, and Samples (Project Office)
12.0 Control of Measuring and Test Equipment (Project Office)
13.0 Handling, Storage, and Shipping (Project Office)
15.0 Control of Nonconforming Conditions
16.0 Corrective Action
17.0 Quality Assurance Records
18.0 Audits
20.0 Scientific Investigation Control

The following programmatic elements will not be audited:

9.0 Control of Processes
10.0 Inspection
11.0 Test Control
14.0 Inspection, Test, and Operating Status
19.0 Computer Software

Technical Elements

1.

SCP SECTION	TITLE
8.3.1.5.2.1	Characterization of the Quaternary Regional Hydrology
8.3.1.17.4.2	Location and Recency of Faulting Near Prospective Surface Facilities

2. Sample Management Facility

3. Establishment of the Technical Baseline

The Technical Specialists will evaluate the above activities to determine adequacy in the following areas:

- Qualification of technical personnel.
- Understanding of procedural requirements as they pertain to technical activities.
- Adequacy of technical plans and procedures.
- Development of study plans and any related work products.

If the audit team identifies a need to verify additional programmatic or technical areas during the audit, they will be added to the audit checklist(s) and verified accordingly.

6.0 AUDIT TEAM MEMBERS

Stephen Dana - SAIC, Las Vegas, Nevada, Audit Team Leader
Charles Warren - MACTEC, Las Vegas, Nevada, Lead Auditor
Martha Mitchell - SAIC, Las Vegas, Nevada, Lead Technical Specialist
Amelia Arceo - SAIC, Las Vegas, Nevada, Auditor (Las Vegas only)
Paul Bryant - SAIC, Las Vegas, Nevada, Technical Specialist (HQ only)
Bob Clark - DOE/HQ, Washington, DC, Auditor (HQ only)
Edward Cocoros - MACTEC, Las Vegas, Nevada, Auditor
Neil Cox - SAIC, Las Vegas, Nevada, Auditor
Mario Diaz - DOE/Project Office, Las Vegas, Nevada, Auditor
James George - CER, Washington, DC, Auditor
John Martin - SAIC, Las Vegas, Nevada, Auditor
Marc Meyer - CER, Washington, DC, Technical Specialist
Art Spooner - WESTON, Washington, DC, Auditor
Richard Weeks - SAIC, Las Vegas, Nevada, Auditor (Las Vegas only)
Ardell Whiteside - SAIC, Golden, Colorado, Auditor

7.0 AUDIT CHECKLISTS

90-I-01-1 Programmatic Audit Checklist (HQ)

90-I-01-2 Technical Audit Checklist (HQ)

90-I-01-3 Programmatic Audit Checklist (Las Vegas)

90-I-01-4 Technical Audit Checklist (Las Vegas)

YUCCA MOUNTAIN PROJECT

MASTER LIST OF CONTROLLED DOCUMENTS

TABLE OF CONTENTS

Notations: * = This is a baseline document.

** = This is a notebook binder to hold the documents indented below it in the list.

(N) = New Document

(R) = Revised Document

October 02, 1990

ADMINISTRATIVE PROCEDURES (PROJECT LEVEL)

Document ID	Title	Revision	Effective Date
YMP/APM-1 **	YMP Administrative Procedures Manual	66	09/13/90
AP-1.3Q	Publications Review and Approval	1	04/11/88
AP-1.4	Distribution of Information Products	1	07/27/87
AP-1.5Q	Issuance & Maintenance of Controlled Documents	1	06/08/90
AP-1.6Q	Release of Unpublished Information	0	06/17/88
AP-1.9	Waste Management Project Office (WMPO) Action Item Tracking System	0	11/24/87
ICN	Interim Change Notice to AP-1.10Q (ICN #2)		05/29/90
ICN	Interim Change Notice to AP-1.10Q (ICN #1)		05/29/90
AP-1.10Q	Preparation, Review, and Approval of SCP Study Plans	1	01/22/90
AP-1.14	Disposition of Comments on The Site Characterization Program	0	04/03/90
ICN	Interim Change Notice to AP-1.16 (ICN #1)		05/18/90
AP-1.16	Litigation Discovery of YMP Records	0	08/01/89
AP-2.4	Participant Input to the Yucca Mountain Project Technical Status Report	0	08/15/90
AP-3.3Q	Change Control Process	1	01/17/89
AP-3.6Q	Configuration Management	0	01/17/89

ADMINISTRATIVE PROCEDURES (PROJECT LEVEL)

Document ID	Title	Revision	Effective Date
ICN	Interim Change Notice #2 to AP-4.1Q (ICN #2)		08/03/90
AP-4.1Q	Procurement	0	06/30/89
AP-5.1Q	Control and Transfer of Technical Data on the Yucca Mountain Project	1	08/03/90
AP-5.2Q	Technical Information Flow to and from the YMP Technical Data Base	1	08/03/90
AP-5.3Q	Information Flow into the Reference Information Base	1	08/03/90
AP-5.9Q	Qualification of Data or Data Analyses not Developed Under the Yucca Mountain Project Quality Assurance Plan	1	07/05/90
AP-5.10Q	Use of NTS Contractors on the NNWSI Project	0	08/30/88
ICN	Interim Change Notice to AP-5.13Q (ICN #2)		05/07/90
ICN	Interim Change Notice to AP-5.13Q (ICN #1)		09/14/89
AP-5.13Q	Readiness Reviews	0	12/29/88
AP-5.14Q	Design Review	0	12/29/88
ICN	Interim Change Notice to AP-5.18Q (ICN #2)		05/07/90
ICN	Interim Change Notice to AP-5.18Q (ICN #1)		02/23/90
AP-5.18Q	ESF Design Control	1	01/15/90

ADMINISTRATIVE PROCEDURES (PROJECT LEVEL)

Document ID	Title	Revision	Effective Date
ICN	Interim Change Notice to AP-5.19Q (ICN #3)		03/16/90
ICN	Interim Change Notice to AP-5.19Q (ICN #2)		03/16/90
ICN	Interim Change Notice to AP-5.19Q (ICN #1)		07/10/89
AP-5.19Q	Interface Control	0	06/15/89
AP-5.20Q	Hold Control	0	05/23/89
AP-5.21Q	Field Work Activation	0	08/13/90
AP-5.27Q	Control of Nonconforming Items	0	09/05/90
ICN	Interim Change Notice to AP-5.28Q (ICN #5)		08/07/90
ICN	Interim Change Notice to AP-5.28Q (ICN #4)		07/05/90
ICN	Interim Change Notice to AP-5.28Q (ICN #3)		08/24/90
ICN	Interim Change Notice to AP-5.28Q (ICN #2)		05/07/90
ICN	Interim Change Notice to AP-5.28Q (ICN #1)		04/13/90
AP-5.28Q	Quality Assurance Grading	0	03/30/90
AP-5.35 **(N)**	Implementation and Control of the Project Work Breakdown Structure and the Responsibility Assignment Matrix	0	09/27/90
AP-6.1Q	Project Office Document Development, Review, Approval and Revision Control	1	05/29/90
AP-6.2Q	Management and Operation of Sample Handling Activities at Borehole Sites	0	06/21/89

ADMINISTRATIVE PROCEDURES (PROJECT LEVEL)

Document ID	Title	Revision	Effective Date
ICN	Interim Change Notice to AP-6.3Q (ICN #1)		04/24/90
AP-6.3Q	Interaction of Participants and Outside Interests with YMP Sample Management	0	06/21/89
ICN	Interim Change Notice to AP-6.4Q (ICN #1)		04/24/90
AP-6.4Q	Procedure for the Submittal, Review, and Approval of Requests for YMP Geologic Specimens	0	07/28/89
ICN	Interim Change Notice to AP-6.6Q (ICN #1)		04/24/90
AP-6.6Q	Field Collection, Documentation, and Specimen removal of Exploratory Shaft and Drift Rock	0	06/21/89
ICN	Interim Change Notice to AP-6.17Q (ICN #2)		08/23/90
ICN	Interim Change Notice to AP-6.17Q (ICN #1)		05/07/90
AP-6.17Q	Determination of Importance of Items and Activities	0	03/19/90
AP-9.1	NNWSI Project Participant and Public Interaction	0	01/15/85
AP-11.1	Electronic Transfer of Correspondence Files	0	04/11/88

CHANGE CONTROL BOARD DOCUMENTS

Document ID	Title	Revision	Effective Date
YMP/CC-0001	YMP Work Breakdown Structure Dictionary	N/A	08/07/90
YMP/CC-0002	YMP Reference Information Base (Version 4)	2	08/06/90
YMP/CM-0006	ESF Subsystem Design Requirements Document for Title II	1	03/22/90
YMP/CC-0004	YMP QA Level Assignment Records	2	06/21/89
YMP/CC-0005	Technical Planning Basis: SCP Yucca Mountain Site, Nevada Research & Development Area	0	06/21/89
YMP/CM-0007 **(N)**	Technical Requirements for the YMP (Midway Valley Trenching and Calcite/Silica Activities)	0	09/12/90

EXPLORATORY SHAFT FACILITY DOCUMENTS

Document ID	Title	Revision	Effective Date
YMP/89-13	Technical Assessment Review Plan Exploratory Shaft Facility Title I Design Acceptability Analysis and Comparative Evaluation of Alternative ESF Locations	1	10/09/89
YMP/89-3	Review Record Memorandum ESF Title I Design Acceptability Analysis & Comparative Evaluation of Alternative ESF Locations	0	02/03/89
YMP/90-2	Technical Assessment Review Review Record Memorandum Geologic and Geophysical Evidence Pertaining to Structural Geology in the Vicinity of the Proposed Exploratory Shaft	0	01/10/90
	METEOROLOGICAL DOCUMENTS		
SAIC 84/7600 DOE/NV/10270-5	Meteorological Monitoring Plan	1	06/05/89
	RADIOLOGICAL/ENVIRONMENTAL DOCUMENTS		
SAIC 87/8000 DOE NV/10576-6 NNWSI/88-14	Radiological Monitoring Plan for the NNWSI Project Volume 1 & 2	0	05/25/88
SAIC-89/8000	YMP Radiological Field Programs Calibration Document Manual	1	06/09/89
SAIC 88/8013	NNWSI Radiological Environmental Monitoring Sampler Location	0	05/04/88

October 02, 1990

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT (OCRWM) DOCUMENTS

Document ID	Title	Revision	Effective Date
DOE/RW-0042 **	Program Management System Policies and Procedures Manual		
DOE/RW-0043	Program Management System Manual	3	08/89
DOE/RW-0119	OCRWM Safety Plan	0	12/18/86
DOE/RW-0051PREV1	Systems Engineering Management Plan	1	03/01/90
DOE/RW-0223	Program Change Control Procedure	2	05/03/90
DOE/RW-0194	Records Management Policies and Requirements	1	05/89
N/A **	Program Baseline Documents		
DOE/RW-0253	* Program Cost and Schedule Baseline	0	01/01/90
DOE/RW-0264	* Waste Management Systems Requirements (WMSR), Vol. I	0	01/01/90
DOE/RW-0270P	* Waste Management System Description	0	03/01/90
DOE/RW-0197 **	Quality Assurance Administrative Procedures	10	09/11/90
QAAP 2.1	Indoctrination and Training	1	04/20/90
QAAP 2.3	Establishing Quality Assurance Controls	0	06/19/89
QAAP 2.5	Quality Assurance Program Document Review	1	10/01/90
QAAP 2.6	Readiness Review	1	04/20/90
QAAP 2.7	Management Assessment	0	06/19/89
QAAP 2.9	Quality Assurance Program Status Reporting	0	10/02/89
QAAP 3.1	Technical Document Review	0	03/27/89
QAAP 3.2	Design Review	0	03/27/89

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT (OCRWM) DOCUMENTS

Document ID	Title	Revision	Effective Date
QAAP 3.3	Peer Review	0	03/27/89
QAAP 3.5	Preparation of Technical Documents	0	08/14/89
QAAP 4.1	Procurement Document Review	0	07/10/89
QAAP 4.2	Establishing Procurement Quality Assurance Controls	0	10/23/89
QAAP 5.1 **(R)**	Preparation of Quality Assurance Administrative Procedures	1	08/24/90
QAAP 5.2	Preparation of Implementing Line Procedures	1	10/01/90
QAAP 6.1	Document Control	0	09/11/89
QAAP 7.1	Control of Purchased Services	0	09/11/89
QAAP 16.1	Corrective Action	0	03/27/89
QAAP 16.2	Stop Work Authority	0	07/17/89
QAAP 17.1	QA Records Management	0	06/01/90
QAAP 18.1	Certification of Audit Personnel	0	03/27/89
QAAP 18.2	Audit Program	0	03/27/89
QAAP 18.3	Surveillance Program	0	03/27/89
DOE/RW-0214(QAR) DOE/RW-0215(QAPD) **	Quality Assurance Manual	2	N/A
	Quality Assurance Requirements Document, QAR (DOE/RW-214)	3	05/14/90
	Quality Assurance Program Description Document, QAPD (DOE/RW-0215)	2	05/14/90
	Quality Assurance Controls (QAC) Document	0	05/14/90

OFFICE OF GEOLOGIC REPOSITORIES (OGR) DOCUMENTS
(PROGRAM-ELEMENT)

Document ID	Title	Revision	Effective Date
DOE/RW-0245 PE-01	Program Elements Change Control Procedure (PE-01)	0	08/89
N/A **	* Office of Geologic Repositories Baseline Documents OGR/B-4 through OGR/B-13		
PE-02	* OGR Work Breakdown Structure and Dictionary-Development and Evaluation Phase (PE-02)	1	08/22/89
DOE/RW-0142	* Annotated Outline for Site Characterization Plans (OGR/B-5)	2	08/31/87
DOE/RW-0147	* Annotated Outline for the SCP Conceptual Design Report (OGR/B-6)	1	06/05/87
DOE/RW-0260	* Waste Acceptance Preliminary Specifications for the Defense Waste Processing Facility High Level Waste Form (PE-03)	1	07/28/89
DOE/RW-0261	* Waste Acceptance Preliminary Specifications for the West Valley Demonstration Project High-Level Waste Form (PE-04)	1	01/02/90
DOE/RW-0101	* Issues Hierarchy For A Mined Geologic Disposal System (OGR/B-10)	1	08/31/87
N/A	* Project Charter for the NNWSI (OGR/B-12)	0	6/87
N/A	* OGR Quality Assurance Requirements for High-Level Waste Form Production (OGR/B-14)	0	2/88
DOE/RW-0268P	* Waste Management System Requirements Document, Volume IV	0	03/01/90

PROJECT LEVEL PLANS/DOCUMENTS

Document ID	Title	Revision	Effective Date
YMP/88-2A	Advance Acquisition or Assistance Plan	0	08/89
YMP/90-48	Automated Data Processing Contingency and Disaster Recovery Plan	0	05/07/90
YMP/90-49	Computer Program Plan	0	05/01/90
YMP/88-4	Configuration Management Plan	2	08/20/90
YMP/89-14	Document Tree and Explanation of Plans	0	10/24/89
YMP/90-18 **(R)**	Design Plan	1	09/13/90
YMP/89-4	Field Management Plan	0	05/24/90
YMP/90-25	Information Management System Plan	0	05/23/90
YMP/90-3	Plan for Risk/Benefit Analysis of Characterizing the Calico Hills Unit at Yucca Mountain	0	02/07/90
YMP/90-35	Planning and Control System System Description	0	05/23/90
YMP/89-15	Project Glossary	0	11/06/89
YMP/88-2	Project Management Plan	2	08/23/90
YMP/88-1	Project Plan	1	05/89
YMP/88-15	Records Management Plan	1	05/23/90
YMP/90-33 **(N)**	Regulatory Compliance Plan	0	09/17/90
YMP/88-11	Regulatory Document Manual Volumes 1, 2, and 3	22	06/30/90
YMP/88-13	SCP Management Plan	3	03/89
YMP/89-12	Software Quality Assurance Plan	0	07/19/90

PROJECT LEVEL PLANS/DOCUMENTS

Document ID	Title	Revision	Effective Date
YMP/90-21 **(R)**	Surface-Based Testing Facilities Plan	1	09/13/90
YMP/88-3	Systems Engineering Management Plan	1	08/20/90
YMP/88-18	Technical Data Management Plan	1	07/17/90
YMP/90-14 **(N)**	Technical Support Documentation Management Plan	0	09/10/90
YMP/90-22	Test and Evaluation Plan	0	08/21/90
YMP/88-16	Training Management Plan	1	1/89
YMP/90-62	Waste Package Plan	0	08/17/90

FIELD OPERATING INSTRUCTIONS

Document ID	Title	Revision	Effective Date
YMP-FOI-1301 **(N)**	Operating Instructions (FOIs) Directives System	0	08/01/90

SITE CHARACTERIZATION PLAN (SCP) DOCUMENTS/STUDY PLANS

Document ID	Title	Revision	Effective Date
	STUDY PLANS		
8.3.1.4.2.2	Characterization of Structural Features in the Site Area	0	02/89
8.3.1.15.2.1	Characterization of the Site Ambient Stress Conditions	0	01/89
8.3.1.2.2.4	Characterization of the Yucca Mountain Unsaturated Zone Percolation Exploratory Shaft Facility Study	0	01/89
8.3.1.2.2.7 **(N)**	Hydrochemical Characterization of the Unsaturated Zone (Pending HQ approval)	0	09/90
8.3.1.8.1.1 **(N)**	Probability of Magmatic Disruption of the Repository (Pending HQ approval)	0	09/90
8.3.1.15.1.2 **(N)**	Laboratory Thermal Expansion Testing (Pending HQ approval)	0	08/90
8.3.1.15.1.5	Excavation Investigations	0	01/89
8.3.1.16.1.1 **(N)**	Characterization of Flood Potential and Debris Hazards of the Yucca Mountain Site (Pending HQ approval)	0	09/90
8.3.1.17.4.1 **(N)**	Historical and Current Seismicity (Pending HQ approval)	0	09/90
8.3.1.2.1.2. **(N)**	Characterization of the Yucca Mountain Regional Surface - Water Runoff and Streamflow (Pending HQ approval)	0	08/90
8.3.1.2.2.2	Water Movement Tests	0	01/89
8.3.1.17.4.2	Evaluating the Location and Recency of Faulting near Prospective Surface Facility	0	05/89
8.3.1.5.2.1	Characterization of the Yucca Mountain Quaternary Regional Hydrology	0	06/89

8.3.1.3.2.1	Mineralogy, Petrology and Chemistry of Transport Pathways	0	06/89
8.3.1.2.3.1.7	Testing of the C-Hole Sites with Study Plan for Reactive Tracers	0	12/89
8.3.1.8.5.1	Characterization of Volcanic Features	0	03/90

YUCCA MOUNTAIN PROJECT OFFICE DOCUMENTS

Document ID	Title	Revision	Effective Date
YMPO/88-1 **	Yucca Mountain Project Office Quality Management Procedures		
	Table of Contents	38	09/18/90
QMP-01-01	Organization	1	05/27/88
QMP-01-02	Stop Work	0	04/11/88
QMP-02-01	Qualification, Proficiency, Indoctrination, and Training of Waste Management Project Personnel	1	09/02/88
ICN	Interim Change Notice to QMP-02-02 (ICN #2)		10/16/89
ICN	Interim Change Notice to QMP-02-02 (ICN #1)		09/07/89
QMP-02-02	Qualification of Quality Assurance Program Audit Personnel	1	02/22/88
ICN	Interim Change Notice to QMP-02-03 (ICN #1)		08/04/89
QMP-02-03	QA Management Assessment	0	07/12/89
ICN	Interim Change Notice to QMP-02-08 (ICN #4)		08/27/90
ICN	Interim Change Notice to QMP-02-08 (ICN #3)		07/20/90
ICN	Interim Change Notice to QMP-02-08 (ICN #2)		07/20/90
ICN	Interim Change Notice to QMP-02-08 (ICN #1)		02/07/89
QMP-02-08	Technical Assessment Review	0	08/08/88
ICN	Interim Change Notice to QMP-02-09 (ICN #2)		05/18/90
QMP-02-09	Development and Conduct of Training	0	03/31/89

YUCCA MOUNTAIN PROJECT OFFICE DOCUMENTS

Document ID	Title	Revision	Effective Date
ICN	Interim Change Notice to QMP-03-01 (ICN #3)		09/17/90
ICN	Interim Change Notice to QMP-03-01 (ICN #2)		07/25/90
ICN	Interim Change Notice to QMP-03-01 (ICN #1)		07/20/90
QMP-03-01	Peer Reviews	1	01/11/89
ICN	Interim Change Notice to QMP-04-01 (ICN #1)		07/14/89
QMP-04-01	Procurement Document Control	0	04/11/88
QMP-05-03 **(R)**	Office of Civilian Radioactive Waste Management Quality Assurance Requirements Document Matrix	1	09/27/90
QMP-06-04	Project Office Document Development, Review, Approval and Revision Control Processes	0	05/29/90
ICN	Interim Change Notice to QMP-07-03 (ICN #1)		11/29/89
QMP-07-03	Control of Purchased Items and Services	0	04/11/88
ICN	Interim Change Notice to QMP-07-04 (ICN #4)	0	08/20/90
ICN	Interim Change Notice to QMP-07-04 (ICN #3)	0	08/20/90
ICN	Interim Change Notice to QMP-07-04 (ICN #2)		07/09/90
ICN	Interim Change Notice to QMP-07-04 (ICN #1)		07/03/90
QMP-07-04	Supplier Evaluation/Qualified Suppliers List	0	11/29/89
QMP-15-01	Control of Nonconformances	2	09/29/90
QMP-16-01	Corrective Action	0	12/10/84

YUCCA MOUNTAIN PROJECT OFFICE DOCUMENTS

Document ID	Title	Revision	Effective Date
ICN	Interim Change Notice to QMP-16-02 (ICN #1)		06/23/89
QMP-16-02	Trend Analysis	2	05/27/88
QMP-16-03	Standard Deficiency Reporting System	1	06/05/89
ICN	Interim Change Notice to QMP-17-01 (ICN #2)		07/25/90
ICN	Interim Change Notice to QMP-17-01 (ICN #1)		05/29/90
QMP-17-01	Records Management: Record Source Implementation	1	10/30/89
QMP-18-01	Audit System for the Waste Management Project Office	3	10/03/88
QMP-18-02 **(R)**	Surveillances	2	09/27/90

YUCCA MOUNTAIN PROJECT OFFICE DOCUMENTS

BRANCH TECHNICAL PROCEDURES (BTPs)

Document ID	Title	Revision	Effective Date
N/A **	BTP for the Central Records Division		
BTP-RMD-002	Central Records Facility Opera.	1	06/02/90
N/A **	BTP for the Engineering & Development Division		
BTP-EDD-001	Acceptance of Documents	1	01/26/90
N/A **	Yucca Mountain Project Office Branch Technical Procedures	0	04/25/90
ICN	Interim Change Notice to BTP-QRB-001 (ICN #1)		08/27/90
BTP-QRB-001	Quality Review Board	0	04/25/90
N/A **	Branch Technical Procedures for the Sample Management Facility (SMF)	2	06/12/90
ICN	Interim Change Notice for BTP-SMF-001 (ICN #2)		06/13/90
BTP-SMF-001	Sample Management for the Yucca Mountain Project Office	0	07/07/89
ICN	Interim Change Notice for BTP-SMF-002 (ICN #1)		06/13/90
BTP-SMF-002	Transport, Receipt, and Admittance for Curation to the SMF of Borehole Samples	0	07/07/89
BTP-SMF-003	Verification of Field Logging and Documentation of Core and Cuttings	0	07/07/89

YUCCA MOUNTAIN PROJECT OFFICE DOCUMENTS

BRANCH TECHNICAL PROCEDURES (BTPs) CONTINUED

Document ID	Title	Revision	Effective Date
ICN	Interim Change Notice for BTP-SMF-004 (ICN #1)		06/13/90
BTP-SMF-004	Physical Processing and Storage of Core and Cuttings at the SMF	0	07/07/89
ICN	Interim Change Notice for BTP-SMF-005 (ICN #1)		06/13/90
BTP-SMF-005	Examination of Samples by Participants at the SMF	0	07/07/89
ICN	Interim Change Notice for BTP-SMF-006 (ICN #1)		06/13/90
BTP-SMF-006	Removal of Whole Core and Other Specimens from Samples by the SMF for Shipment, and Remnant Return	0	07/07/89
ICN	Interim Change Notice for BTP-SMF-007 (ICN #1)		06/13/90
BTP-SMF-007	Acceptance for Curation by the SMF of Selected Samples and Documentation	0	07/07/89
ICN	Interim Change Notice for BTP-SMF-008 (ICN #1)		06/13/90
BTP-SMF-008	Field Logging, Handling and Documenting Borehole Samples	0	07/14/89

QA LEVEL ASSIGNMENT RECORDS/QA REQUIREMENTS RECORDS/TECHNICAL DOCUMENTS

Document ID	Title	Revision	Effective Date
YMP/90-55	Q-List	0	07/24/90
YMP/90-56	Quality Activities List (QAL)	0	07/24/90
YMP/90-57	Project Requirements List (PRL)	0	07/24/90
YMP/90-58 **(N)**	Supporting Documentation for Evaluation of Items Important to Safety	0	09/06/90
YMP/90-59 **(N)**	Supporting Documentation for Evaluation of Items Important to Waste Isolation	0	09/05/90
YMP/90-60 **(N)**	Supporting Documentation for Evaluation of Activities for the Quality Activities List	0	09/05/90
YMP/90-61 **(N)**	Matrix of Engineered Items and Activites Representing Q-List, Quality Activies List (QAL), and Project Requirements List (PRL)	0	09/05/90
QALA 1	Quality Assurance Level Assignment (QALA) for Review of Priorities for Surface Based Testing at Yucca Mountain	0	01/23/90
QAR 1	Quality Assurance Requirements (QAR) Assignment Record for Review of Priorities for Surface-Based Testing at Yucca Mountain	0	01/23/90
YMP/90-1	YMP Qualified Suppliers List (QSL)	2	04/90
ICN	Interim Change Notice to QSL Number 1		05/04/90
ICN	Interim Change Notice to QSL Number 2		05/16/90

QA LEVEL ASSIGNMENT RECORDS/QA REQUIREMENTS RECORDS/TECHNICAL DOCUMENTS

Document ID	Title	Revision	Effective Date
DOE/YMP/90-4	Implementation Plan: Review of Priorities for Surface-Based Testing at Yucca Mountain	0	01/01/90
DOE/YMP-90-5	Lower-Tier Quality Assurance Level Originated by YMPO & T&MSS	0	02/01/90
DOE/YMP/90-6	Implementation Plan - Evaluation of Alternatives to the Current License Application Strategies	0	02/07/90
DOE/YMP-90-7	Quality Assurance (QA) Requirements Reports, and QA Grading Reports Originated by YMPO & T&MSS	0	02/08/90
DOE/YMP-90-8	Technical Assessment Review Notice for Waste Package Design Requirements	0	02/14/90
YMP/90-26	Quality Assurance Level Assignment Records Originated by the USGS	0	03/13/90
YMP/90-27	Quality Assurance (QA) Requirements Reports and QA Grading Reports Originated by the USGS	1	03/15/90
YMP/90-28	Quality Assurance Level Assignment Records Originated by SNL	0	03/13/90
YMP/90-29	Quality Assurance (QA) Requirements Reports and QA Grading Reports Originated by SNL	0	03/13/90
YMP/90-31	Quality Assurance Level Assignment Report, Evaluation of Alternatives to the Current License Application Strategies	0	03/16/90
YMP/90-32	Quality Assurance (QA) Requirements Assignment Record and QA Grading Report for Evaluation of Alternatives to the Current License Application Strategies	0	03/16/90
YMP/90-39	Quality Assurance (QA) Grading Reports Originated by Holmes & Narver for the Yucca Mountain Project	0	04/11/90

QA LEVEL ASSIGNMENT RECORDS/QA REQUIREMENTS RECORDS/TECHNICAL DOCUMENTS

Document ID	Title	Revision	Effective Date
YMP/90-44	Assessment Team Controlled List	2	07/13/90
YMP/90-68 **(N)**	System Requirements Documentation For Use in Identification of Items by the Assessment Team Under AP-6.17Q	0	09/05/90
YMP/90-53	YMP Course Catalog	1	08/10/90
YMP/90-72	Technical Assessment Review Notice for Waste Acceptance Preliminary Specification for High-Level Waste Glass	0	08/23/90

VENDOR MANUALS

Document ID	Title	Revision	Effective Date
N/A	Assman Psychrometer, Model 5230/5231	B	01/84
N/A	Instruction Manual for Mini-servo III Strip-chart Recorder	0	N/A
N/A	Manual for Three Position Module Enclosure, Model 1025	0	N/A
N/A	2001 Meteorological Monitoring System	0	N/A
N/A	Instruction Manual, Tower Instrumentation Elevator System, Model TS-2500	0	N/A
N/A	Manual for Precipitation Gage Wind Screen, Model 6410/6411	B	N/A
N/A	Manual for Analog Output Barometer, Model 7105-A	B	12/83
N/A	Monitor Labs 9300 Maintenance Manual	C	N/A
N/A	Monitor Labs Model 9350 Operator's Manual	B	9/27/83
1	Operations and Maintenance Manual The Wedding & Associates' PM10 Critical Flow High-Volume Sampler	0	9/17/87
2	Operations and Maintenance Manual The Wedding & Associates' PM10 Critical Flow High-Volume Sampler	0	9/17/87
3	Operations and Maintenance Manual The Wedding & Associates' PM10 Critical Flow High-Volume Sampler	0	9/17/87
4	Operating Manual--The Wedding & Associates' TSP Critical Flow High Volume Sampler	0	10/86
5	Operating Manual--The Wedding & Associates' TSP Critical Flow High Volume Sampler	0	10/86

VENDOR MANUALS

Document ID	Title	Revision	Effective Date
6	Operating Manual--The Wedding & Associates' TSP Critical Flow High Volume Sampler	0	10/86
S1	CR10 Measurement and Control Module	0	7/88
S2	CR10 Measurement and Control Module	0	7/88
S3	CR10 Measurement and Control Module	0	7/88
S4	CR10 Operator's Manual	0	N/A
S5	CR10 Measurement and Control Module	0	7/88
S6	CR10 Measurement and Control Module Operator's Manual	0	7/88
S1	Climatronics Instruction Manual	0	N/A
S2	Climatronics Instruction Manual	0	N/A
S3	Climatronics Instruction Manual	0	N/A
S4	Climatronics Instruction Manual	0	N/A
S5	Climatronics Instruction Manual	0	N/A
S6	Climatronics Instruction Manual	0	N/A
E3188003	Calibrator Work Sheet for the Wedding & Associates Pressure Transfer Standard Calibrator	0	N/A
0740880557UTS	Look-Up Table for Use in Determination of Volumetric Flow Rate for the Wedding & Associates' Critical Flow High Volume Sampler	0	N/A
0740880558UTS	Look-Up Table for Use in Determination of Volumetric Flow Rate for the Wedding & Associates' Critical Flow High Volume Sampler	0	N/A
0740880559UTS	Look-Up Table for Use in Determination of Volumetric Flow Rate for the Wedding & Associates' Critical Flow High Volume Sampler	0	N/A

VENDOR MANUALS

Document ID	Title	Revision	Effective Date
0740880563U	Look-Up Table for Use in Determination of Volumetric Flow Rate for the Wedding & Associates' Critical Flow High Volume Sampler	0	N/A
0740880564U	Look-Up Table for Use in Determination of Volumetric Flow Rate for the Wedding & Associates' Critical Flow High Volume Sampler	0	N/A
0740880565U	Look-Up Table for Use in Determination of Volumetric Flow Rate for the Wedding & Associates' Critical Flow High Volume Sampler	0	N/A

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 YMPO Audit Checklist...Ref* _____

_____
Audit Team Leader

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Lead Auditor / Lead Technical Specialist

☐ *Incorporated in YMPO Audit Checklist...Ref* _____

_____
Audit Team Leader

Sept. 24, 1990

Please Note: The enclosed checklists are for the portion of Audit 90-I-01 to be performed at OCRWM Headquarters. Audit checklist items to evaluate Section 1 of Revision 3 of the QAPD have not been finalized or included because Revision 3 has not yet been approved. Checklist items evaluating Section 1 of the QAPD at Headquarters and checklists for the entire Project Office portion of the audit will be forwarded at a later date.

C.C. Warren

C.C. Warren
Lead Auditor

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-1	QAPD, Revision 2, Para. 2.1.1	1. Verify that a matrix that cross-references OCRWM procedures and the QAPD to the QARD requirements, has been established and is maintained by the Office of Quality Assurance (QA).			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-2	QAPD, Revision 2, Para. 2.1.6	1. Verify that OCRWM staff has evaluated the adequacy and effectiveness of programmatic systems and technical products through overview techniques such as audits, surveillances or reviews.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTEI
2-3	QAPD, Revision 2, Para. 2.1.7, QAAP 2.6, Revision 1, Para. 5.1	1. Verify that readiness reviews have been performed by OCRWM personnel and based on the QA Controls Matrix of pertinent work.			
	Para. 6.1.4	2. Verify that the cognizant Associate Director, OCRWM, has approved the Readiness Review Plan Tree and Action Item List prior to start of activities.			
	Para. 6.3.3	3. Verify that the cognizant Associate Director, OCRWM had approved the recommendation to start the activity undergoing Readiness Review as proposed by the RRB Chairman (letter or memo).			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-4	QAPD, Revision 2, Para. 2.1.7	1. Verify that each Associate Director maintains a list of planned readiness reviews and submits revised lists to the Director, OCRWM, semi-annually.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-5	QAPD, Revision 2, Paras. 2.1.9.c and d. QAAP 2.1, Revision 1, Paras. 6.1.1 and 6.1.2	1. Verify that minimum requirements for indoctrination and training are determined by the pertinent supervisors and the QA Training Officer. These are recorded on Attachment I.			
	Para. 6.3.1	2. Verify that the QA Training Officer has prepared a schedule of QA indoctrination and training courses every 3 months.			
	Paras. 6.3.3 and 6.4.2	3. Verify that classroom training is being provided in accordance with approved lesson plans as documented on Attachment III.			
	Paras. 6.2.1 and 6.4.3	4. Verify that initial reading assignments and classroom training are being documented by personnel performing activities affecting quality on Attachments I and II, respectively.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-6	QAPD, Revision 2, Paras. 2.1.9.a and c. QAAP 2.1, Revision 1, Para. 6.6.1	1. Verify that when job and task analyses have been used to assess job positions, the results of such analyses have been documented.			
	Para. 6.6.3	2. Verify that OCRWM personnel are required to read all changes to documents identified in their Training Matrix (Attachment I).			
	Para. 6.6.4	3. Verify that when an employee is assigned to a new position or the employee's position description is revised, an evaluation on the indoctrination or training is made and documented on the employee's Training Matrix.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-7	QAPD, Revision 2, Paras. 2.1.9.a and b. QAAP 2.2, Revision OG, Para. 5.1	1. Verify that OCRWM Supervisors shall develop position summaries (see Attachment I and Subsection 6.1) that describe the minimum and special skills, knowledge, and experience and the major duties and responsibilities for each of their staff who perform activities subject to QA Program controls.			
	Paras. 6.1.1.a, 6.2.1, and 6.1.3	2. Verify that each OCRWM position summary a) have the appropriate page from the OPM Handbook X-118, and b) have been reviewed and approved by the OCRWM Supervisor.			
	Para. 6.1.1.b	3. Verify that the position summary specify allowable substitution for education and experience either directly on the form or as an attached document.			
	Paras. 6.1.1.c and 6.4.1	4. Verify that the OCRWM Supervisor has developed an Indoctrination and Training Matrix for each position and this is documented on the position summary or attached as a separate document.			
	Paras. 6.3.1 and Attachment II	5. Verify that the education and experience of each employee is recorded by the supervisor on Part 2 of Attachment II and is supported by the appropriate documentation identified in Para. 6.3.1.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-8	QAPD, Revision 2, Paras. 2.1.9.a, and d. QAAP 2.2, Revision OG, Para. 6.1.1.d	1. Verify that the positions descriptions providing the major duties and responsibilities in response to FPM 5.11 are attached to each position summary.			
	Para. 5.5	2. Verify that personnel involved with the preparation of reviews of WMSR Volumes 1 and 4, QARD, Revision 3 and QAPD, Revision 2, a) meet the criteria identified in Para. 5.5.1 through 5.5.3 before being assigned to the activity, and b) their certification and qualification records contain the required documentation identified in Part "a" of this question.			
	Para. 6.1.5	3. Verify that the OCRWM Supervisor evaluates the position summary annually attestin the accuracy and appropriateness for the work currently being done by the employee.			
	Para. 6.5	4. Verify that for new employees or reassigned employees, documented evidence exists to attest that the appropriate supervisor has fulfilled the responsibilities identified in Paras. 6.5.1 and 6.5.2.			
	Para. 7.1	5. Verify that the OCRWM Supervisor maintains the documentation generated as a result of the implementation of this procedure in accordance with DOE System 2.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-9	QAPD, Revision 2, Paras. 2.1.9.a, b, and d. QAAP 2.2, Revision OG, Paras. 5.1.2, 6.1.2, and Attachment III	THE FOLLOWING QUESTIONS APPLY TO DIRECT SUPPORT CONTRACTORS (2-9 AND 2-10) 1. Verify that the direct-support contractor supervisors developed a document equivalent to the OCRWM position summary which describes the minimum and special skills, knowledge, and experience, and the major duties and responsibilities for each of their staff performing activities subject to QA program controls.			
	Para. 6.1.4	2. Verify that the direct-support contractor supervisors have reviewed and approved the position summaries.			
	Attachment III	3. Verify that the position summary contain a completed Part 2 attesting to the accuracy of the individual experience and education with supporting documentation attached.			
	Para. 4.4.5	4. Verify that the direct-support contractor supervisor has provided the completed Attachment III, including all supporting documentation required by the procedure, to the cognizant DOE official.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM (2) Page 27 of 116

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-10	QAPD, Revision 2, Para. 2.1.9.d. QAAP 2.2, Revision OG, Para. 5.5	1. Verify that the direct-support contractor personnel involved with the preparation or review of WMSR Volumes 1 and 4, QARD, Revision 3, and QAPD, Revision 2 meet the criteria specified in Paras. 5.5.1, 5.5.2, and 5.5.3 before being assigned to the activity.			
	Para. 7.2	2. Verify that the documentation generated to support the direct-support contractor personnel qualifications and certifications are maintained in accordance with their contract requirements.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-11	QAPD, Revision 2, Para. 2.1.11 QAAP 2.7, Revision 0, Paras. 5.1 and 6.6.1	1. Verify that management assessment are being performed annually and reported to the Director, OCRWM by each Associate Director.			
	Paras. 6.3 and 6.4	2. Verify that management assessment does contain an assessment plan that includes the minimum requirements of the pertinent paragraph.			
	Para. 6.5.1	3. Verify that management assessment report is signed by all the team members.			

(9) Auditor Signature (10) Date

YMPO AUDIT CHECKLIST NO. 90-I-01-01

N-QA-044
12/88

(1) Organization OCRWM

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-12	QAPD, Revision 2, Para. 2.1.11 QAAP 2.7, Revision 0, Para. 6.5.2	1. Verify that assessment report contains the information described in pertinent procedure. NOTE: Procedure does not mention the use of Section 15 to document deficiencies.			
	Para. 6.7.1	2. Verify that affected Associate Directors, notify the Director, OCRWM of the actions required to be taken to correct adverse conditions.			
	Para. 6.7.2	3. Verify that responses are tracked until resolution is completed and approved by the Director, OCRWM and concurred by the Director, OQA.			

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2-13	QAPD, Revision 2, Para. 2.1.2	1. Verify what type of information system has been developed to ensure timely reporting, dissemination, and tracking of quality assurance management information, such as: a. Status of quality assurance programs. b. Status of resolution of deficiencies and conditions adverse to quality. c. Status of quality assurance overview results. d. Status of the quality concern program.			

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2-14	DOE/RW-0215, QAPD, R2, Section 18, Para. 18.3; Section 2, Para. 2.1.9 OCRWM QAAP 18.1, R0, Para. 5.0	1. Verify QAAP 18.1 addresses QAPD requirements for maintaining qualification records and annual evaluation of proficiency by supervisors. NOTE: 1. Does procedure address indoctrination, orientation, training, etc.? 2. Is there a procedure for surveillance personnel? (Reference QAAP 18.3, Paras. 5.3, 5.6, and 5.7). 3. Verify auditor qualifications, annual proficiency evaluation, and audit participation are documented. QA records maintained.			

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2-15	OCRWM QAAP 18.1, R0, Paras. 6.5.2 and 6.5.3	1. Verify Director, OQA maintains file for each Lead Auditor, auditor, and technical specialist. - Resume - Qualification documentation - Degree(s) - Training records, certificates - Audit participation, exam records			
	Para. 6.5.1	NOTE: Upon completion of QA audit, LA notifies Director, OQA.			
	QAAP 18.1, Rev. 0 Para. 6.5.4	2. Verify annual review of Lead Auditor and auditor qualifications. - Director, OQA maintains list of LA. (Para. 6.6.5)			

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2-16	OCRWM QAAP 18.1, R0, Paras. 6.2, 6.3, 6.5, and 7.1	1. Verify Lead Auditor qualification, annual proficiency evaluations, and audit participation are documented. QA records maintained.			
	OCRWM QAAP 18.1, R0, Para. 6.6	2. Verify development and administration of Lead Auditor examination. QA records maintained. 3. Verify that Lead Auditor examination does reflect the requirements explained during the training course (Reference NQA-1, Supplement 25-3, Para. 3.2 and QAAP 2.1, Para. 6.5.1).			
	OCRWM QAAP 18.1, R0, Paras. 6.4 and 6.5	4. Verify technical specialists assignment and audit participation complies with QAAP. Participation record maintained. QA records maintained.			

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3-1	HQ QAAP 3.1, Rev. 0 Para. 5.0	TECHNICAL DOCUMENT REVIEW			
	HQ ILP 22.3.1, Rev. 1 Para. 6.3	DOE/HQ Review of Study Plans At a minimum, the Regulatory Compliance Branch (OSI&R), and the Office of Quality Assurance will be included on all study plan reviews. ..... 1. Verify that each study plan in a randomly selected set of six was reviewed by OSI&R and by the Office of Quality Assurance.			
	Para. 6.5	After selection of reviewers and concurrence by the Lead Branch Chief, SGB, a memorandum will be prepared requesting the review and transmitting the study plan. The transmitting memorandum will specify: the identity of the reviewers; the type of review required (Management/integration overview or detailed technical review); the review criteria or reference to them; the time frame for the the review; the requirements and materials for reviewer training; and any other direction appropriate for the review. 2. Verify that such memoranda exist for each of the selected study plans, and that they specify the information as required.			

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3-1 cont'd	HQ QAAP 3.1, Rev. 0 Para. 5.0				
	HQ ILP 22.3.1, Rev. 1 Para. 6.9	Each review comment and specific recommendations for resolution shall be documented on separate Study Plan Document Review Record (SPDRR) forms (Attachment B). .... If the reviewer has no comments, "No comments" shall be entered on the SPDRR and the reviewer will sign this form.			
		3. Verify that comments are documented properly on SPDRR forms that are signed by the reviewers.			
	Para. 6.11	The Lead Technical Branch Chief, or designee (typically the Lead Reviewer), shall perform a comment consolidation with support from the SGB to develop a consolidated set of comments. Comments will be deleted ... on the basis of being duplicative, editorial in nature or outside the scope of the review.... During the comment consolidation, the comments will be prioritized into categories {, mandatory or non-mandatory}.			
		4. Verify that each comment is labeled as mandatory or non-mandatory on the "priority" line on the SPDRR sheets.			
		5. Verify that the comments are numbered sequentially.			

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3-1, cont'd	HQ QAAP 3.1, Rev. 0 Para. 5.0				
	HQ ILP 22.3.1, Rev. 1 Para. 6.14	A comment resolution meeting, if necessary, will be scheduled by the Branch Chief, SGB,.... at the earliest time. .... This meeting should be held no earlier than five (5) days after the transmittal of the consolidated comments.			
	Para. 6.16	HQ-OCRWM may elect to hold a teleconference instead of meeting...Results of a teleconference shall be documented. 6. Verify that a meeting or a documented teleconference was held to resolve comments.			
	HQ ILP 22.3.1, Rev. 1 para. 6.17	The proposed comment dispositions, agreed to by HQ-OCRWM and the Project Office, shall be documented on the Study Plan Document Record Review forms. The dispositions shall receive the concurrence of the Lead Technical Branch Chief, or the Lead Reviewer, and the Lead Project Office representative, or designee, and documented by their initials and date on the concurrence block of the SPDRR forms. 7. Verify that the agreed upon dispositions are documented and that concurrence signatures are present.			

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3-1, cont'd	HQ QAAP 3.1, Rev. 0				
	HQ ILP 22.3.1, Rev. 1 Para. 6.19 & 6.20	Upon disposition of the comments, the Project Office shall revise the study plan, as appropriate, and resubmit it by memo to the Branch Chief, SGB, for verification review. {Upon satisfactory verification, the SPDRR forms will be signed in the final concurrence block (Actual Disposition). If mandatory comments have not been satisfactorily resolved, the {study plan shall be returned to the Project Office for further revision.}			
		8. Verify that concurrences with Actual Dispositions are shown by the signatures.			
	para. 6.21	After verification review is successfully completed, ... the Associate Director, OFS&D, {will issue a memorandum indicating approval of the plan (and copy to the Project Office) to Associate Director, OSI&R.			
		9. Verify that approval memoranda are in the record packages.			

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3-1, cont'd	HQ QAAP 3.1, Rev.0 para. 5.0				
	HQ ILP 22.3.1, Rev. 1 paras. 6.23, 6.24, and 6.25	If the NRC chooses to comment on the study plan, { the their resolution will be documented by memorandum from the Division Director, SF&T, to the Project Office representative. The Project Office shall revise the study plan as deemed appropriate in response to the NRC comments. The Project Office shall transmit the revised study plan by memorandum to the {SGB Chief} for final review and for approval by the Associate Director, OFS&D. This memorandum shall identify how the NRC comments were addressed. 10. Verify that NRC comments were handled by the above procedure.			
	para. 6.27	A Tracking Sign-Off Sheet for Technical Review of Study Plans (Attachment D) shall be used to document completion of required steps during the review process. 11. Verify that each study plan entering the review cycle has an associated, up-to-date, Tracking Sheet.			

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3-1 , cont'd	HQ QAAP 3.1, Rev. 0 para. 5.0 HQ ILP 22.3.1, Rev. 1 paras. 6.28 and 6.29	If revisions to approved study plans prove to be necessary, {YMPO makes revisions in accordance with AP-1.1Q and applicable Project Office and HQ change control procedures and responsibilities. HQ-OCRWM may perform a review of any major revisions to approved study plans, following the same process used during the original study plan review..... Change requests approved by the Project Office will be monitored by the Branch Chief, SGB, ... 12. Verify that any revisions are ,or have been, monitored by the Branch Chief, SGB, and that any revisions comply with YMPO and HQ Change Control procedures.			

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3-2	HQ QAPD, Rev. 2 para. 3.1.3	OCRWM Headquarters identifies regulatory requirements that affect design, such as 10 CFR 60, 10 CFR 70, 10 CFR 71, environmental regulatiopns, applicable quality standards, etc. Project Offices and other affected organizations identify any additional state and local requirements. These requirements are baselined and maintained in system and subsystem design requirements documents, that require management, technical, and quality assurance review prior to approval at a level determined by the program level of the document. 1. Verify that OCRWM has identified regulatory requirements that affect design. 2. Verify that the Project Office and other affected organizations have identified any additional state and local requirements. 3. Verify that the above requirements are baselined and maintained in system and subsystem design requirements documents. 4. Verify that the baseline documents received management, technical and quality assurance reviews prior to approval.			

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3-3	HQ QAPD, Rev. 2 para. 3.1.6	TECHNICAL REVIEWS			
	HQ QAAP 3.1, Rev. 0 para. 6.6.1	Subsequent to document acceptance (by Technical Review) the Cognizant Associate Director, OCRWM, shall provide for release of the document, ... 1. Verify that OCRWM-generated technical documents, if any, are technically reviewed prior to approval and issuance.			
	paras. 5.5 and 5.6	.... The Cognizant Associate Director, OCRWM, shall select the reviewer(s) from OCRWM, PROGRAM Participants, and OCRWM-managed contractors, as needed, to cover the subject matter of the document. The reviewer(s) shall not have participated directly in the development of the technical document. The Cognizate Director, OCRWM, shall document the rationale for selection of the specified reviewer(s). This rationale shall address the qualifications of the reviewer(s) relative to the review subject. 2. Verify that the technical review was performed by competent individuals other than those who prepared the technical document.			

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3-3, cont'd	para. 5.11	The resolution of comments shall be documented by the organization that prepared the technical document, adjacent to the reviewer(s) comments on the same DRR on which the comments appear. 3. Verify that Document Review Record Forms are correctly filled out and that comment resolution is accomplished in the way described above.			

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3-4	HQ QAPD, Rev. 2 para. 3.1.2 QAAP 3.5, Rev. 0 para. 6.1.1	Upon identifying the need fpr a technical document or when requested by higher-level management, the responsible Branch Chief shall direct the preparation of technical document management plans. 1. Verify that each technical document, if any, were prepared in accordance with a technical management plan that presents the objective and scope, final product description, responsibilities, and schedule. (This is required to be in the QA Records package.)			

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3-5	HQ QAPD, Rev.2 para. 3.1.2) HQ ILP 22.3.3, Rev. 0 para. 6.0 dated 7/6/90	The responsible Branch Chief or higher management will identify the need for a HQ-Technical Assessment Review. 1. Verify that any Technical Assessment Review conducted since 7/6/90 complies with the requirements of this ILP.			

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3-6	HQ QAPD, Rev. 2 para. 3.1.2 HQ ILP 22.3.2, Rev. 0 para. 5.1 dated 7/16/90	Technical analyses may be performed (1) as part of formal DOE/HQ review controlled under {QAAP 3.1 or QAAP 3.2}, (2) as part of the preparation of technical documents (QAAP 3.5), to develop guidance to the Project Office or DOE/HQ contractor(s), or (4) to assess the status of technical and regulatory issues and develop assessments to be used for issue resolution and licensing. 1. Verify that every technical analysis has associated with it in the QA Records an "Analysis Definition Form" that includes the purpose, documentation by a "checker," and the QA status of any computer software used.			

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3-7	HQ QAPD, Rev. 2 para. 2.1.8 QAAP 2.3, Rev. 0 para. 6.4	GRADED QUALITY ASSURANCE Each Office shall submit function, work, and task definitions; associated QA Controls Matrices; and QA Controls Basis Sheets to OQA for incorporation into the QA Controls Document. 1. Verify that an up-to-date Quality Assurance Controls Document is in force. NOTE: The document dated May 1990 is reportedly updated. NOTE: Examine function, work, and task definitions in conjunction with the QA Controls Document. 2. Verify that the document has been approved by the Director, OQA, and the Director, OCRWM, per para. 6.5. para. 6.6 The QA Controls Document shall be maintained as a controlled document by OQA ..... 3. Verify this document is controlled.			

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3-7, cont'd	QAAP 2.3, Rev. 0 para. 6.2	The results of, and the basis (that is justification) for, the determination (of applicability of the QARD) shall be documented on Attachment II, QA Controls Matrix and Attachment III, QA Controls Basis Sheet, respectively. 4. Verify that the required documentation is complete and that the justification is adequate.			
	QAAP 2.3, Rev. 0 para. 6.3.1	When the QARD is applicable, the QAPD shall be implemented. This shall be documented on the associated QA Controls Matrix form. 5. Verify that the mandatory QAPD subsections are listed for each function where the QARD is applicable. 6. Verify that a justification is documented on Attachment III, QA Controls Basis Sheet, for those cases where the QA controls and/or QAPD Section 3, 4, and 7 are not applicable. 7. Verify that plans for QA surveillances and audits are documented on Attachment IV, QA Controls Basis Sheet. NOTE: This should be Attachment III, not IV.			

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3-8	QAPD, Section 3, Para. 3.0	1. Are procedures in place which describe design activity planning, control, implementation, control of inputs, interfaces, reviews, changes, and deficiencies.			

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3-9	QAPD, Section 3, Para. 3.1.1(b)	1. Is the process for integrating the disciplines involved in design development interfacing between various levels of the program, and controlling revisions to the technical baseline consistent with the guidance specified in the systems engineering structure.			

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3-10	QAPD, Section 3, Para. 3.1.1	The reference states that the system engineering approach addresses the control of design interfaces by defining who is responsible for each element of the design. The reference further states the approach addresses responsibility for establishing requirements for documenting and controlling the technical baseline.			
	QAAP 3.7, Sections 6.1 and 6.2	1. Are interfaces and revisions to interfaces being controlled in accordance with the requirements expressed in the referenced sections?			
	QAAP 3.7, Para. 6.3	2. Are the Interface Identification forms for new or changed interfaces being controlled in accordance with the requirements expressed in the referenced paragraphs?			

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3-11	QAPD, Section 3, Para. 3.1.4	The referenced paragraph states that computer programs used in design are developed and controlled in accordance with Section 19 of the QAPD. NOTE: No procedures exist for this activity.			

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3-12	QAPD, Para. 3.1.8	The referenced paragraph addresses technical reviews and design controls pertinent to OCRWM originated design related documents. Are procedures also in place which address how design related documents which originate from OCRWM managed contractors are controlled?			
	QAAP 3.6, Section 6.1, and QAPD 3.13	1. Do the Technical Document Management Plans contain the information needed for design inputs which is identified in paragraphs 6.1.1 through 6.1.7 of Section 6.1?			
	QAAP 3.6, Para. 6.4.1	2. Are the Technical Document Input Control forms being completed and maintained as required by the referenced paragraph?			
	QAAP 3.6, Para. 6.2.1	3. Are the design inputs referenced on the Technical Document Input Control form the same as the inputs contained in the Technical Document Management Plan and are the inputs the same as those included with the controlled master list maintained by the Branch Chief - CMB?			
	QAAP 3.6, Sections 6.3 and 6.4	4. Were changes to the input documents identified and controlled in accordance with the referenced paragraphs?			

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3-13	QAPD, Section 3, Paras. 3.1.2 and 3.1.9	1. Does the documentation reviewed indicate compliance with the overall requirements expressed by the referenced paragraphs of the QAPD and QAAPs 3.5, 3.6, and 3.7?			

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4-1	DOE/RW-0215 OCRWM QAPD Revision 2, Section 4, "Procurement Document Control", Para. 4.1	1. Verify, by review of objective evidence, that procedures are established and implemented for control of procurement documents and the following procedures: a. Define the methods and responsibilities for procurement planning including: o identifying need for a specific service, o determining the specific work to be accomplished, o identifying technical and quality requirements, o identifying sources for the work, and b. Define the methods and responsibilities for procurement document: o preparation, o review, o approval, and o changes thereto.			
	QAAP 4.1, Revision 0, Paras. 4.0, 5.0, and 6.0 QAAP 7.1, Revision 0, Paras. 4.0, 5.1, 6.1, and Attachment I.	2. Are adequate controls in place to ensure that all required and applicable information is included in procurement documents?			

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4-2	QAPD, Revision 2, Section 4, Para. 4.2	1. Verify by review of objective evidence that procurement document packages contain the following: o scope of work statement, o technical requirements, o quality assurance program requirements, o right of access to supplier facilities, o required documentation, and o requirements for reporting, review or approval of nonconformance dispositions.			
	QAAP 7.1, Revision 0, Paras. 5.1, 5.4, and Attachment 1	2. Are controls in place to ensure that appropriate QA requirements are included in all procurement documents?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
4-3	QAPD, Revision 2, Section 4, Para. 4.3	1. Verify by review of objective evidence and interviews with appropriate personnel that organizations executing procurement document control activities a) provide for documented technical and QA reviews of procurement document packages: o ensure that documents include all necessary requirements and provisions, o reviews performed by personnel who have access to pertinent information, and b) procurement documents and changes are reviewed to verify that the procurement documents are: o prepared in accordance with applicable procedural requirements, o reflect adequate and appropriate QA requirements, o include applicable regulatory, design basis, and related technical information procurement documents.			
	QAAP 4.2, Revision 0, Para. 5.0, 6.0, and Attachments I - IV				
	QAAP 7.1, Revision 0, Paras. 5.1.1, 5.2.1, 6.1.5,and Attachment I	c. procedures that are correctly stated, and include provisions for analysis of exceptions requested or specified by the supplier in order to assess impact on intent of procurement documents or on quality of service.			

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4-4	QAPD, Revision 2, Section 4, Para. 4.4 QAAP 4.2, Revision 0, Paras. 5.6 and 6.10 QAAP 7.1, Revision 0, Paras. 6.1.3 and 6.3.3	1. Verify by review of objective evidence that changes to procurement documents receive the same degree of control as utilized for the originals.			

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4-5	QAAP 4.1, Revision 0, "Procurement Document Review", Para. 4.4.1	1. Verify by review of objective evidence that the DOQA reviews procurement documents to ensure proper quality requirements are adequately addressed.			
	QAAP 4.1, Revision 0, Para. 5.1	2. Verify by review of objective evidence that OCRWM purchased services are reviewed and accepted or approved.			
	QAAP 4.1, Revision 0, Para. 6.1.1	3. Verify that initiators of procurement documents identify any technical and quality acceptance criteria applicable to the document on a DRR and submits the DRR with the subject procurement document.			
	QAAP 4.1, Revision 0, Para. 6.1.2	4. Verify that the DOQA is included in the review(s) to ensure that QA requirements are adequately addressed.			

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4-5 cont	QAAP 4.1, Revision 0, Para. 6.2.1	5. Verify by review of objective evidence and interviews with personnel that reviewers perform reviews of procurement documents based upon the review and acceptance criteria specified on the DRR.			
	QAAP 4.1, Revision 0, Para. 6.5	6. Verify by review and interview that: o upon satisfactory completion of the review process, an acceptance or approval memo shall be prepared and forwarded to the DOCRWM, and o ensure that the procurement document review is complete and the procurement document packages forwarded to the DOE procuring organization for action.			

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4-6	QAAP 4.2, Revision 0, "Establishing Procurement Quality Assurance Controls" Paras. 5.1 and 5.2	1. Verify by review and interviews that effective planning and selective application of QA requirements and controls for procurement are clearly defined in accordance with QAAP 7.1 and that these determinations are performed by management: o quality requirements included in procurement documents jointly selected by technical and QA personnel?) o as a minimum, the OCRWM procurements listed under Paras. 5.2.1 and 5.2.2 considered subject to OCRWM QA program requirements.			
	QAAP 4.2, Revision 0, Para. 6.1	2. Verify by review of objective evidence that procurement initiators determine the applicable OCRWM QA requirements and QA controls applicable to a procurement in accordance with QAAP 2.3 and the QACD.			
	QAAP 4.2, Revision 0, Para. 6.6.1	3. Verify by review that for procurement of services from an OCRWM direct-support contractor, the initiator specifies applicable QAPD subsections and any other QA controls on the Procurement QA Controls Specification (Attachment II).			

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4-7	QAAP 7.1, Revision 0, "Control of Purchased Services", Para. 4.3.1	1. Verify by interviews with personnel that the DOQA designates staff to review procurement documents and to participate in supplier selection/evaluation activities.			
	QAAP 7.1, Revision 0, Para. 5.1.1	2. Verify by review of objective evidence and interviews with personnel that the procurement plan addresses: o Steps to be taken by DOE to accomplish the procurement, o Who in DOE are responsible to accomplish the procurement, o How is procurement to be accomplished, o What are the steps and sequence of actions/milestones for the completion of actions to accomplish the procurement, o Definition and scope of the services to be procured and products to be provided by supplier, o Technical and QA requirements and what specification documents will be required, and o The approach to be used for evaluation of proposals and suppliers.			

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4-7 (con't)	QAAP 7.1, Revision 0, Para. 5.2.1	3. Verify by review of objective evidence that OCRWM evaluates bids/proposals against the following, as applicable: o Technical and cost considerations, o QA requirements, o Suppliers personnel, o Suppliers past performance, o Alternates, and o Exceptions.			
	QAAP 7.1, Revision 0, Para. 5.3.1	4. Verify by review of objective evidence and interviews with personnel that OCRWM organizational responsibilities for determining supplier capability are identified.			
	QAAP 7.1, Revision 0, Para. 6.1.2	5. Verify by review of objective evidence that the (cognizant) AD develops a Procurement QA Controls Specification for the procurement in accordance with QAAP 4.2, and the procurement QA Controls Specification is included in the solicitation.			

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4-6 (cont)	QAAP 7.1, Revision 0, Para. 6.1.5	6. Verify by review of objective evidence or personnel interviews that designated technical and QA staff prepare checklists or equivalent review aids for the initial evaluation of suppliers' capabilities. o These checklists are to be included as part of the evaluation criteria used in the proposal/bid evaluation activities, o These checklists are to reflect consideration of the evaluation characteristics (Sections 5.2/5.3) and the solicitation documents.			

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4-7 (cont)	QAAP 7.1, Revision 0, Para. 7.0	7. Verify by review of objective evidence that records include: o Procurement Plans, o Sections of solicitation documents/proposals/contracts addressing technical and QA requirements, o QA and Technical evaluation plans, checklists, and reports, o Documentation of supplier performance evaluations and acceptance of services and deliverables (including schedules, plans, and reports), and o Supplier submittals and documentation of OCRWM actions relative to the submittals.			

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5-1	QAPD, Revision 2, Section 5, Para. 5.0	1. Verify that plans, procedures, and instructions include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished. NOTE: Specific criteria could not be located that requires the reference of appropriate quantitative or qualitative acceptance criteria for plans, procedures or instructions. Determine how this is accomplished.			

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5-2	QAPD, Revision 2, Section 5, Para. 5.1 QAAP 5.1, Revision 1, Para. 6.1.1 QAAP 5.2, Revision 0, Para. 6.1.1	1. Verify that activities affecting quality are prescribed in documented plans, procedures, and instructions. In addition, verify through review of these documents, that this is accomplished.			

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6-1	QAPD, Revision 2, Section 6, Para. 6.1.1	1. Verify that procedures for the preparation and revision of plans, manuals, procedures, instructions, and other documents address the requirements identified in (a) through (e) of this paragraph. In addition, verify the implementation these requirements.			
	QAAP 5.1, Revision 1, Paras. 4.1, 4.2, 4.3, and 4.4 QAAP 5.2, Revision 0, Paras. 4.1, 4.2, and 4.3	a. Identification of the individuals or organizations responsible for the preparation, revision, review, approval, and release of the document.			
	QAAP 5.1, Revision 1, Para. 4.3.2 QAAP 5.2, Revision 0, Paras. 5.4 and 6.2.2	b. Review of documents affecting quality by individuals or organizational elements with responsibility for implementation.			

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6-1 (con't)	QAAP 5.1, Revision 1, Paras. 4.2.2, 4.3.2, and 4.4.4 QAAP 5.2, Revision 0, Paras. 5.4 and 6.2.2	c. Review of documents affecting quality by individuals other than the preparer of the document.			
	QAAP 5.1, Revision 1, Para. 5.1.5	d. Access by reviewing organizations to pertinent background data or information to assure a complete review.			
	QAAP 5.1, Revision 1, Paras. 6.3 and 7.1 QAAP 5.2, Revision 0, Paras. 6.4 and 7.1	e. Resolution of review comments for which resolutions are considered mandatory by the reviewing organizations, prior to approval and issuance of the document. Review comments and resolutions are to be documented and maintained in accordance with approved procedures.			

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6-2	QAPD, Revision 2, Section 6, Para. 6.1.1 QAAP 5.1, Revision 1, Paras. 3.2.4 and 6.5 QAAP 5.3, Revision 0, Paras. 3.2.5 and 6.5	1. Verify that minor changes which are not subject to the same review and approval as the original document are processed in accordance with procedural guidelines. In addition, determine who makes the final decision on whether or not a change is considered minor or major.			

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6-3	QAPD, Revision 2, Section 6, Para. 6.1.2 QAAP 6.1, Revision 0, Paras. 4.4, 5.2, and 5.3	1. Verify that correct, applicable, and current documents are available to the personnel performing prescribed activities, prior to commencing work and at the location where work is performed.			

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6-4	QAPD, Revision 2, Section 6, Para. 6.1.2	1. Verify that documents that require verification and are released prior to verification are identified as such. NOTE: Review of QAAPs reveals that this upper-tier requirement may not be transferred to lower-tier documents.			

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6-5	QAPD, Revision 2, Section 6, Para. 6.1.2	1. Verify that document control procedures include the following: (In addition, verify the implementation of these requirements.)			
	QAAP 6.1, Revision 0, Paras. 5.4 and 6.2.3	a. Identification and marking of documents, including documents released prior to completion of the approval process.			
	QAAP 6.1, Revision 0, Para. 6.3	b. Use of receipt acknowledgment document transmittal forms.			
	QAAP 6.1, Revision 0, Para. 6.5	c. Maintenance of controlled document distribution.			
	QAAP 6.1, Revision 0, Para. 6.4	d. Marking, removal, or destruction of obsolete or superseded controlled documents.			
	QAAP 6.1, Revision 0, Para. 6.2.4	e. Maintenance of an index giving revision status for controlled documents (controlled document list).			

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6-6	QAPD, Revision 2, Section 6, Para. 6.1.2	1. Verify that controlled documents handled in accordance with the Program Change Control Procedure (DOE/RW-0223) are listed in a controlled document register. In addition, verify what controls exist to control this activity.			

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6-7	QAPD, Revision 2, Section 6, Para. 6.1.2	1. Verify that (DOE/RW-0223) is issued as changes or revisions occur.			

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6-8	QAPD, Revision 2, Para. 2.1.3	1. Verify that preparation of procedures is assigned to the discipline or group with lead responsibility for the activity or area. NOTE: No specific criteria could be located that required this upper-tier requirement to be accomplished as delineated. Determine who is responsible for preparation of procedures.			

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6-9	QAPD, Revision 2, Para. 2.1.3	1. Verify that each affected discipline or group reviews the procedures to ensure appropriate requirements and interfaces are defined. Note: No specific criteria for reviewers to ensure appropriate requirements and interfaces are defined could be located. Determine how this is accomplished.			

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6-10	QAPD, Revision 2, Para. 2.1.3 QAAP 5.1, Revision 1, Paras. 4.4.9 and 4.4.10 QAAP 5.2, Revision 0 Para. 4.3.4	1. Verify that the procedures are approved by the Director, OQA, or the Project QA organization, as applicable, and the line organization. In addition, verify through review that this requirement is being effectively administered through the controlling procedures.			

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6-11	QAPD, Revision 2, Para. 2.1.4 QAAP 6.1, Revision 0, Para. 4.1.1	1. Verify that line procedures are prepared, reviewed, and approved by the highest line position responsible for performing the activities. In addition, verify the implementation of this requirement through the implementing procedures.			

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7-1	DOE/RW-0215, OCRWM QAPD, Revision 2, Section 7, "Control of Purchased Items and Services", Para. 7.1	1. Verify by review of objective evidence and interview with personnel that procedures are established to control purchased services and that the system for control of purchased services includes: a. Procurement Planning: o accomplished and documented as early as practicable, o ensure systematic approach to process, o determine what, how, when, and who is to accomplish planning, b. Supplier Selection: o contracts placed by cognizant government procurement agency, o suppliers QA programs evaluated and deficiencies corrected, c. Bid Evaluation: o technical considerations, o QA requirements, o supplier personnel, o supplier past performance, d. Supplier Performance Evaluation: o evaluate and determine suppliers QA program effectiveness,			

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7-1 (con't)	QAPD, Revision 2, Section 7, Para 7.1	e. Supplier Generated Document Control:, f. Change Control: g. Acceptance of Services: o results of audits/surveillances, o verification of technical data, o review conformance to requirements, o evaluate C of Cs to ensure validity and documentation of results, and h. Control of Nonconformances: o evaluate nonconforming conditions, o nonconformance documentation submitted to OCRWM, o OCRWM disposition of supplier recommended corrective action, o corrective action implementation verification, and o maintain supplier submitted nonconformance documentation.			
	QAAP 7.1, Revision 0, Paras. 5.1.1, 5.2.1, 5.2.2, 5.3.1, 5.5, 6.1.3 6.2, 6.3.3, 6.4, and Attachment I.				

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15-1	DOE/RW-0215, QAPD, R2, Section 15, Para. 15.0	1. Verify written procedures describe methods to identify and control nonconforming conditions for programmatic and hardware deficiencies. NOTE: There are no OCRWM QAAPs for Criteria 15. QAAP 16.1 involves DRs.			
	"	2. Verify that personnel assigned approval authority for nonconformance dispositions are identified and the quality assurance organization responsibilities are described in written procedures.			

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15-2	DOE/RW-0215, QAPD, R2, Section 15, Para. 15.0	1. Verify that nonconforming conditions are evaluated to determine the degree of significance. How is this documented?			

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15-3	DOE/RW-0215, QAPD, R2, Section 15, Paras. 15.1 and 15.2	1. Verify method(s) for identifying nonconformances described in written procedures. o No adverse impact on end use of item. o Who selects method, documents selection. o Status indicators - authority for application and removal. o Continued use/installation prior to implementation of disposition - approval and justification. o Designated hold areas - segregation.			
	DOE/RW-0215, QARD, R2, Section 15, Para. 15.5	2. Verify programmatic deficiencies documented and uniquely identified on nonconformance or deficiency reports. NOTE: QAAP 16.1 DRs.			

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16-1	OCRWM QAAP-16.1, Rev. 0, para. 6.1 DOE/RW-0215, QAPD, Rev. 2, Sect. 16, para. 16.1.2	1. Verify DRs reported as required for programmatic or implementation deficiencies, OCRWM product deficiencies, or participant - product deficiencies. NOTE: Does QAAP-16.1 include methods and responsibilities for processing, control and resolution of deficiencies? NOTE: Coordinate with audit item 15-1 through 15-3.			

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16-2	OCRWM QAAP-16.1, Rev. 0, paras. 5.6, 6.1.1, 6.1.2 & 6.2.2	1. Verify DRs monitored by responsible audit/ surveillance personnel and OQA maintains status tracking system. NOTE: QAAP-18.2			

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16-3	OCRWM QAAP-16.1, Rev. 0, paras. 6.1.3, 6.1.4 & 6.1.5	1. Determine if immediate actions; marking/segregation or other controls; or Director OQA actions are warrented.			

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16-4	OCRWM QAAP-16.1, Rev. 0, paras. 6.2.2 & 6.2.3	1. Verify DRs evaluated by OQA to validate or cancel DR and to issue CAR. NOTE: CAR processing starts with 16-5.			
	OCRWM QAAP-16.1, Rev. 0, para. 6.7	2. Verify cancellation of DRs in accordance with para. 6.7.			

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16-5	DOE/RW-0215, QAPD, Rev. 2, Sect. 16, paras. 16.0 & 16.1.1	1. Verify identification of "significant conditions adverse to quality" described in written procedures with QA review and concurrence. NOTE: OCRWM QAAP-16.1 = Corrective Action and QAAP-2.9 = Trend Analysis.			

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16-6	OCRWM QAAP-16.1, Rev. 0, para. 6.3 DOE/RW-0215, QAPD, Rev. 2, Sect. 16, paras. 16.1.1 & 16.1.2	1. Verify CARs issued as required, including QAPD requirements for repetitive conditions or conditions adverse to quality that may adversely impact safety/waste isolation. NOTE: Trending accomplished via QAAP-2.9. Does QAAP-16.1 include methods and responsibilities for processing, control and resolution of deficiencies?			
	OCRWM QAAP-16.1, Rev. 0, paras. 6.3.2 & 6.3.3	2. Verify basis for CAR and related DRs or SWO are referenced or included with CAR.			

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16-7	DOE/RW-0215, QAPD, Rev. 2, Sect. 16, paras. 16.1.1 & 16.1.2	1. Verify that Project Office deficiency documents (especially Drs and CARs) submitted to Director OQA. Determine if other organizations also submit copies. Determine who receives, and how copies are used. NOTE: Should involve trending. NOTE: Supplier deficiencies/nonconformances from Criterion 7.			

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16-8	OCRWM QAAP-16.1, Rev. 0 para. 6.4 para. 6.5 para. 6.6 para. 7.1	1. Verify DRs and CARs processed comply with QAAP: o investigation phase o resolution phase o verification phase o QA records			

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16-9	DOE/RW-0215, QAPD, Rev. 2, Sect. 16, para. 16.1.2 OCRWM QAAP-2.9, Rev. 0, paras. 1.0 & 2.0	1. Verify that methods and responsibilities for handling trends has been established in written procedures. NOTE: Copies of Project Office DRs/CARs are submitted to Director, OQA (ref. Audit No. 16-7). Assure sources of information are available.			

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16-10	OCRWM QAAP-2.9, Rev. 0, para. 5, DOE/RW-0215, QAPD, Rev. 2, Sect. 16, Para. 16.1.3	1. Verify that the OQA analyzes information describing the degree of achievement of quality, such as audit reports, surveillance reports, and deficiency and deviation reports. o assess adequacy and effectiveness o identify root cause, problem definition, corrective actions, preventive actions. o comparisons, projections for establishing objectives o monthly reports/quarterly summaries o review each QSS draft o include Executive Summary o used by management for further assessment and actions. 2. Verify that OQA reviews affected organizations and OCRWM analyses to determine trends that are Program wide. 3. Verify that the results of trend analyses are reported to upper management.			

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16-10 (Continued)		4. Verify that the trend analysis program is described in procedures and that these procedures consider the following: o The quality indicators to be trended. o The methods of data handling such as gathering, collecting, sorting, grouping, and coding. o The statistical processes to be used such as type of charts, normalizing to remove bias, weighting, and control limits. o The methods to be used in analyzing data and trend determination. o The actions to be taken when an adverse trend is identified. o The type, distribution and frequency of issue of trend results reporting.			

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16-11	OCRWM QAAP-2.9, Rev. 0, para. 6.1	1. Verify method and use of requests for information from PROGRAM participants.			
	para. 6.2	2. Verify frequency of analysis to determine effectiveness, and analysis meets requirements of QAAP.			

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16-12	OCRWM QAAP-2.9, Rev. 0, para. 6.3	1. Verify immediate corrective actions initiated as required by QAAP-16.1.			

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16-13	OCRWM QAAP-2.9, Rev. 0, paras. 6.4, 6.5, 6.6, 6.7 & 7.0	1. Verify reporting is documented and reflects actual analysis. Verify QA records available. o monthly report o quarterly PROGRAM and OQA (draft) trend report (QSS) o management, review of QSS draft o executive summary of management assessment of QSS including impact, objectives o OQA finalizes/issues QSS o QA records maintained.			

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17-1	QAPD, Revision 2, Sect. 17, Para. 17.0	The quality assurance (QA) records program for the OCRWM is accomplished in accordance with written plans and procedures.			
	QAAP 17.1, Revision 0	1. Verify that the QA records program for OCRWM is accomplished in accordance with written plans and procedures.			

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17-2	QAPD, Revision 2, Sect. 17, Para. 17.2	OCRWM QA and implementing line procedures, and program plans, define minimum QA records generated as a result of implementation. In general, the following documents are considered QA records: a. Individual documents that have been executed, completed, and approved that furnish evidence of the quality and completeness of data (including raw data) and activities affecting quality. b. Documents prepared and maintained to demonstrate implementation of QA programs. c. Procurement documents subject to QA controls. d. Other documents, such as plans, drawings, correspondence, specifications, technical data, books, maps, papers, photographs, and data sheets subject to QA controls. e. Other materials that provide data and document quality, regardless of physical form or characteristic including magnetic media. A complete record is a document that will either receive no more entries or whose revision would normally consist of the reissue of the document; and when applicable is signed and dated by the originator and by personnel authorized to approve the document.			
	QAAP 17.1, Revision 0, Paras. 6.1.1 and 6.2.1	1. Verify that QA and implementing line procedures and program plans, define minimum QA records generated as a result of implementation.			

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17-3	QAPD, Revision 2, Sect. 17, Para. 17.3	The applicable design specifications, procurement documents, and other documents specify the records to be generated, supplied, or maintained by OCRWM.			
	QAAP 17.1, Revision 0, Paras. 6.1.1 and 6.2.1	1. Verify that technical baseline documents and procurement documents, as appropriate, specify records to be generated, supplied, and maintained.			

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17-4	QAPD, Revision 2, Section 17, Para. 17.3	Documents designated to become records are to be legible, identifiable, accurate, complete, reproducible, microfilmable, and appropriate to the work accomplished. Documents are 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.			
	QAAP 17.1, Revision 0, Paras. 6.2.3 through 6.2.5 and 6.7.1 through 6.7.6	1. Verify that records meet the above requirements.			

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17-5	QAPD, Revision 2, Sect. 17, Para. 17.3	OCRWM maintains lists that contain the signatures and initials of personnel authorized to authenticate records.			
	QAAP 17.1, Revision 0, Para. 6.1.2	1. Verify that managers/supervisors generate and forward to the QRC a list of personnel who are authorized to authenticate record packages prior to transmittal for microfilming. The list includes the written signatures and initials of each designated validator.			

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17-6	QAPD, Revision 2, Section 17, Para. 17.3	Complete records are suitably protected by the record initiator prior to turnover.			
	QAAP 17.1, Revision 0, Para. 6.9.1	1. Verify that QA records are protected from deterioration, loss or damage from environmental extremes.			

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17-7	QAPD, Revision 2, Section 17, Para. 17.4	The receipt of records is applicable to LRCs and the CRFs. A receipt-control system is established that is structured to permit a current and accurate assessment of the status of records. The organization responsible for receiving the records provides for protection from damage, deterioration, or loss during the time that the records are in their possession.			
	QAAP 17.1, Revision 0, Paras. 5.2, 5.3, 6.7.7, and 7.1	1. Verify that the QRC and CRF have procedures for receipt-control, and protection of records in their possession.			

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17-8	QAPD, Revision 2, Section 17, Para. 17.5	Records or indexing systems provide sufficient information to permit identification between the record and its applicable items or activities. The records are indexed and the indexing system or systems include the location of the record within the records system or systems.			
	QAAP 17.1, Revision 0, Paras. 4.5.3, 6.6.1, 6.6.2, 6.6.3, and 6.7.7	1. Verify that records are identified, indexed, and that the indexing system include the location of the record within the record system.			

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17-9	QAPD, Revision 2, Section 17, Para. 17.6	Records are controlled from time of completion until the time of storage in a permanent storage facility. When necessary, records are controlled from when they are initiated to protect their integrity. Temporary storage, preservation, safekeeping, and retrievability of completed records is performed in accordance with requirements applicable to the storage of records delineated in the QARD.			
	QAAP 17.1, Revision 0, Paras. 6.9.1 and 6.11	1. Verify that records are controlled from time of completion until the time of storage in a permanent storage facility. 2. Verify that records are retrievable.			

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17-10	QAPD, Revision 2, Section 17, Para. 17.7	All of OCRWMs QA records are classified as permanent records. 1. Verify that all QA records are classified as permanent records.			

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17-11	QAPD, Revision 2, Section 17, Para. 17.8	Records are corrected in accordance with approved procedures. These procedures provide for review or approval by the record-originating organization. Corrections to records include dates and identifications of the persons authorized to make such corrections.			
	QAAP 17.1, Revision 0, Paras. 6.8.1 through 6.8.5	1. Verify that records are corrected in accordance with approved procedures.			

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18-1	OCRWM QAAP 18.2, R0, Paras. 6.1 and 5.2 DOE/RW-0215, QAPD, R2, Section 18, Para. 18.2	1. Verify OCRWM audit schedule includes HQ and Project Office activities and supplier activities. NOTE: Determine if schedules reflect adequate coverage of internal, external, technical, and programmatic verifications.			

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18-2	OCRWM QAAP 18.2, R0, Paras. 6.3 through 6.8 Para. 6.3 Para. 6.4 Para. 6.5 Para. 6.6 Para. 6.7 Para. 6.8 DOE/RW-0215, QAPD, R2, Section 18, Paras. 18.4 and 18.5	1. Verify audit process complies with QAAP and QAPD. - Preparation phase. - Notification phase. - Planning phase. - Checklist - Performance (pre- and during audit) - Post-audit			

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18-3	OCRWM QAAP 18.2, R0, Para. 6.9 DOE/RW-0215, QAPD R2, Section 18, Para. 18.6	1. Verify audit reports document results as supported by checklist(s). NOTE: Para. 6.9.1 says audit closes upon issuance of report. How are observations closed?			

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18-4	OCRWM QAAP 18.2, R0, Para. 6.10 DOE/RW-0215, QAPD, R2, Section 18, Paras. 18.6 and 18.7	1. Verify audit responses and evaluation comply with QAAPs (18.2, 16.1, and 16.2) and QAPD. NOTE: DRs required for audit findings (Para. 3.2.3) and observations (Para. 3.2.5).			
	OCRWM QAAP 18.2, R0, Paras. 6.11 through 7.0 DOE/RW-0215, QAPD, R2, Section 18, Para. 18.7	2. Verify follow-up and close-out of deficiencies comply with QAAP and QAPD.			

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18-5	OCRWM QAAP 18.3, R0, Para. 5.0 DOE/RW-0215, QAPD, R2, Section 2, Para. 2.1.10	1. Verify QAAP addresses surveillance requirements and responsibilities. - Personnel responsibilities - Checklists - Reporting - Deficiencies - Personnel qualifications - Planning - Documentation NOTE: Coordinate qualifications portion with audit or Criteria 2.			

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18-6	OCRWM QAAP 18.3, R0, Paras. 5.5 and 6.1	1. Verify OCRWM surveillance schedule maintained as required. NOTE: Unscheduled surveillances, if any.			

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18-7	OCRWM QAAP 18.3, R0, Paras. 6.2 and 6.3	1. Verify surveillance process complies with QAAP. - Preparation phase. - Performance phase.			
	OCRWM QAAP 18.3, R0, Para. 6.4	2. Verify surveillance reports document results as supported by checklists or procedures.			

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18-8	OCRWM QAAP 18.3, R0, Paras. 6.5, 6.6, and 7.0	1. Verify deficiencies documented, evaluated, and verified for close-out. Note QA record processing. NOTE: Surveillances close when all DRs close, while audits close upon issuance of report.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
		SCP 8.3.1.5.2.1.5, CALCITE AND OPALINE-SILICA VEIN DEPOSIT STUDIES SCP 8.3.1.17.4.2, MIDVALLEY FAULTING STUDIES OTHER SITE CHARACTERIZATION STUDIES			
T-1	ILP 22.3.1, Para. 4.1, 6.21 & Attachment D	Did the OFS&D AD decide whether the Study Plan required a HQ review? Did the OFS&D AD approve the Study Plan prior to submittal to the NRC? Was AD approval based on a HQ or YMPO review of the Study Plan? Does evidence exist that, prior to approval, the AD was familiar with important technical issues raised and "resolved" during the comment process?			
T-2	ILP 22.3.1, Para. 4.2 & 6.2	Is there evidence that the SGB Chief consulted with the S&FTD Director prior to naming a Lead Technical Branch responsible for the Study Plan's review? Based on interviews, what was the technical basis for the decision? Do the Branch's technical responsibilities, as defined in other Program documents, appear to support the decision			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-3	ILP 22.3.1 Para. 4.3 & 6.2	Is there evidence that the Lead Technical Branch Chief consulted with the SGB Chief prior to deciding the type of HQ review the Study Plan would receive? Can the decision be technically justified based on criteria in Para. 6.2?			
T-4	ILP 22.3.1, Para. 4.4 & 6.2	Did the Lead Technical Branch Chief and SGB Chief jointly approve the Study Plan's review criteria? Do the criteria appear to be technically adequate? Consider scope and depth of review required. Can the criteria be satisfied without conducting a Peer Review per QAAP 3.1?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-5	ILP 22.3.1, Para. 4.4, 6.2 & 6.4	Is there evidence that the Lead Technical Branch Chief consulted with the SGB Chief prior to naming a Lead Reviewer and other reviewers? Was the team's collect technical expertise equal to that required to complete the review in accordance with identified criteria?			
T-6	QAR, Para. 6.0, and NQA-1, 6S-1, Para. 3.1	Did reviewers refer to documents cited as input to the Study Plan during the course of their review? Did they refer to other pertinent background information in order to determine whether valid sources of input were overlooked or excluded without technical justification?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-7	ILP 22.3.1, Para. 6.7 & 6.8	Was the Study Plan reviewed in accordance with established review criteria and was the review effective? Spot check the Study Plan to determine if technical deficiencies were overlooked during the review.			
T-8	ILP 22.3.1, Para. 6.12.	Were Mandatory Comments always identified as "Mandatory" and were they resolved in a manner that appears to be technically defensible? Spot check comments and their resolution.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-9	QAR, Para. 3.1	Did reviewers know if the Study Plan they were reviewing had been reviewed by the orginating organization, in accordance with its QA Program, prior to submittal to HQ for review and approval? Did HQ reviewers understand the provisions of QAAP 16.1, "Corrective Action," with respect to reporting technical deficiencies? Did comments identify technical deficiencies that were not reported on a Deficiency Report?			
T-10	QAR, Para. 20.10	Does the Study Plan identify sources of input in a manner that differentiates between qualified and unqualified input? Does the Study Plan contain any unqualified input and is it identified as such? Did reviewers comment on or question the input?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-11	ILP 22.3.1, Para. 6.19	Were Mandatory Comments incorporated into the Study Plan as agreed during comment resolution? Spot check document to verify comments were appropriately incorporated.			
T-12	Para. 6.0 & NQA-1, 6S-1, Para. 2	Is the OCRWM approved Study Plan agree with and incorporate requirements contained in interfacing and higher-order technical documents?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
		The following questions apply to WMSR I, the SR, the management plan, and the associated Rationale (TAAG Review Document) and associated material.			
T-13		Was the staff organization such that the controls and guidance for the production of these documents could be developed and disseminated?			
T-14		What controls guidance (directives, procedures, etc.) were used in the the production of the documents?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-15		Was the management plan sufficiently detailed to technically establish the scope of the WMSR?			
T-16		Is the grading assignment appropriate to technically control the production to the product document?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-17		Identify staff assigned to the activity, and their background. NOTE: Pass this information and the procedures used to the programmatic Criterion 2 auditor			
T-18		What was the organizational structure that produced the document? How was the group organized?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-19		Were subcontracts used to develop the document? Identify them. If the document was the responsibility of another organization, what was the guidance given and what acceptance standards were established for the technical product? NOTE: Pass this information to the auditor doing procurement			
T-20		What technical systems planning was done prior to the production of the documents? Is the application of systems engineering apparent in this planning? Is this carried into the SR and the Rationale Document?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-21		What actions were established that assure that all information inputs or requirements were identified?			
T-22		Are requirements identified? Are constraints identified? Are these differentiated?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-23		Are regulatory issues addressed? Are DOE orders addressed?			
T-24		Are differences between functional requirements and regulatory requirements clear?			
				(9) Auditor Signature	(10) Date

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-25		Were assumptions documented? Where? Is the level of detail sufficient to support the functional analysis?			
T-26		Are other documentation needs met (such as literature reviews)?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-27		How are functional requirements allocations made? Is this consistent between the various subsystems?			
T-28		How are interfaces, both physical and functional, identified? Are controls of these interfaces identified?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-29		Is review sufficient to assure the technical quality of the document based on the qualifications of the reviewers, the level of technical comments, and the resolution and incorporation of the comments in the final document?			
T-30		From the technical standpoint, are the documents usable by another organization without additional information or explanation? Is the purpose and use Clear and Complete?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-31		The following questions apply to WMSR IV and the associated Rationale (TAAG Review Document) and associated material.			
T-32		Was the staff organization such that the controls and guidance for the production of these documents could be developed and disseminated? Is this consistent with WMSR I?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-33		What controls guidance (directives, procedures, etc.) were used in the the production of the documents? Is the flow down of the process and directives from WMSR 1 adequate?			
T-34		Is the grading assignment appropriate to technically control the production to the product document?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-35		Identify staff assigned to the activity, and their background. NOTE: Pass this information and the procedures used to the programmatic criteria 2 auditor.			
T-36		What was the organizational structure that produced the document? How was the group organized?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-37		Were subcontracts used to develop the document? Identify them. If the document was the responsibility of another organization, what was the guidance given and what acceptance standards were established for the technical product? NOTE: Pass this information to the auditor doing procurement			
T-38		What technical systems planning was done prior to the production of the documents? Is the application of systems engineering apparent in this planning?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-39		What actions were established that assure that all information inputs or requirements were identified? How is consistency with WMSR I established?			
T-40		Is the requirements flow down from higher level documents assured? Is this sufficient and appropriate?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-41		Are requirements identified? Are constraints identified? Are these differentiated?			
T-42		Are differences between functional requirements and regulatory requirements clear?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-43		Were assumptions documented? Where? Is the level of detail sufficient to support the functional analysis?			
T-44		Are other documentation needs met (such as literature reviews)?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-45		How are functional requirements allocations made. Is this consistent between the various subsystems?			
T-46		How are interfaces, both physical and functional, identified? Are controls of these interfaces identified?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-47		How are horizontal interfaces (with WMSR II and II) established and controlled?			
T-48		Is review sufficient to assure the technical quality of the document based on the qualifications of the reviewers, the level of technical comments, and the resolution and incorporation of the comments in the final document?			

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T-49		Were lower tier documents in the hierarchy developed before the WMSR IV was completed? If so what are they? What will be done to assure appropriate flow down and interfacing?			
T-50		From the technical standpoint, is the document usable by another organization without additional information or explanation? Is the purpose and use Clear and Complete?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
		Generic checklist for technical baseline documents not covered in the above sections.			
T-51		Was the staff organization such that the controls and guidance for the production of these documents could be developed and disseminated?			
T-52		What controls guidance (directives, procedures, etc.) were used in the the production of the documents?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-53		Is the grading assignment appropriate to technically control the production to the product document?			
T-54		Identify staff assigned to the activity, and their background. NOTE: Pass this information and the procedures used to the programmatic criteria 2 auditor			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-55		What was the organizational structure that produced the document? How was the group organized?			
T-56		Were subcontracts used to develop the document? Identify them. If the document was the responsibility of another organization, what was the guidance given and what acceptance standards were established for the technical product? NOTE: Pass this information to the auditor doing procurement			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-57		What technical systems planning was done prior to the production of the documents? Is the application of systems engineering apparent in this planning?			
T-58		What actions were established that assure that all information inputs or requirements were identified?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-59		Is the requirements flow down from higher level documents assured?			
T-60		Is this sufficient and appropriate?			

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T-61		Are requirements identified? Are constraints identified? Are these differentiated?			
T-62		Are differences between functional requirements and regulatory requirements clear?			

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T-63		Were assumptions documented? Where? Is the level of detail sufficient to support the functional analysis?			
T-64		Are other documentation needs met (such as literature reviews)?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-65		How are functional requirements allocations made is this consistent between the various subsystems?			
T-66		How are interfaces, both physical and functional, identified? Are controls of these interfaces identified?			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
T-67		Is the review process from the standpoint of the qualifications of the reviewers and the technical content of the comment process sufficient to assure the technical quality of the document?			
T-68		From the technical standpoint, are the documents usable by another organization without additional information or explanation? Is the purpose and use Clear and Complete?			

(9) Auditor Signature (10) Date

October 3, 1990

Please Note: The enclosed checklists are for the portion of Audit 90-I-01 to be performed at the Project Office. Audit checklist items to evaluate Section 1 of Revision 3 of the QAPD have not been finalized or included because Revision 3 has not yet been approved. Checklist items evaluating Section 1 of the QAPD will be forwarded at a later date.

C.C. Warren

C. C. Warren
Lead Auditor

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-1	QAPD, Revision 2, Para. 2.1.1	1. Verify that a matrix, which cross-references OCRWM procedures and the QAPD to the QARD requirements, has been established and is maintained by the Office of Quality Assurance.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-2	QAPD, Revision 2, Para. 2.1.7 AP-5.13Q, Revision 0, Para. 4.1.3	1. Verify that the Associate Director for the Mined Geologic Disposal System maintains a list of planned readiness reviews and submits revised lists to the Director, OCRWM, semiannually. NOTE: This requirements is not addressed in the same manner in the pertinent paragraph.			

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2-2 (con't)	Para. 5.2.1 and 5.3	2. Verify that the Readiness Review Board Chairperson had a. determined the technical disciplines to be used during the review, b. established minimum qualifications (e.g., education, experience, and independence) needed by the review board members, c. obtained suitable documentation of review board members' qualifications (Ref. Para. 5.2.2 and 5.2.3), d. ensured that the documentation of the review team members' qualifications meets the need of the review, and signed and dated the Readiness Review Team Selection Record(s), e. determined the number of reviewers for the Readiness Review board, f. ensured that the assigned review board members have been trained to procedure AP-5.13Q and other applicable documents, and g. approved the Readiness Review checklist.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-2 (con't)	Para. 5.3	3. Verify that the checklist contains the following: a. Checklist questions b. Space for the response to the checklist questions c. Space for indication of the team members' evaluations of the response (sat., unsat., or open item). d. Space for comments which will include the document, person interviewed, or other source to the response to the question. e. Signature of the team member			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
2-3	QAPD, Revision 2, Para. 2.1.7 AP-5.13Q, Revision 0, Para. 3.5 and 5.5.6	1. Verify that the Review Record Memorandum prepared by the Secretary includes items mentioned in Para. 3.5 and is approved by the Readiness Review Team Chairperson and the Readiness Review Board. 2. Verify that, in case of unresolved comment, supplements have been provided to the memorandum to close the item.			

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2-4	QAPD, Revision 2, Para. 2.1.9.a QMP-02-01, Revision 1, Para. 5.0	1. Verify that the WMPO Training Manager does: a) Approve training plans b) Establish training policy c) Conduct periodic evaluations of the overall training program.			

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2-5	QAPD, Revision 2, Para. 2.1.9.b QMP-02-01, Revision 1, Para. 5.1.1 through 5.1.5	1. Verify that managers conduct a Qualification Evaluation (QE) of individuals who are to perform or verify quality related activities prior to their performing such activities. 2. Verify that QE forms are used to attest management determination. 3. Verify that, when training is required prior to qualification, it has been documented on the Employee Training Assignment form and it has been completed prior to the issuance of the QE form. 4. Verify that education and experience of each employee has been verified by personnel department.			

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2-6	QAPD, Revision 2, Para. 2.1.9.e QMP-02-01, Revision 1, Para. 5.2.1 and 5.2.2	1. Verify that annual Proficiency Evaluations are performed by pertinent managers and documented on Proficiency Evaluation forms. NOTE: QAPD requires to discuss the Proficiency Evaluation with the person who was evaluated. However, procedure does not address it.			

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2-7	QAPD, Revision 2, Para. 2.1.9.c QMP-02-01, Revision 1, Para. 5.3.1 and 5.3.4	1. Verify that, prior to performing activities that affect quality, all new YMPO staff personnel are required to receive indoctrination into the Project scope, purpose, and objectives. 2. Verify that T&MSS Training Manager does ensure that new employees are scheduled to attend Project Orientation course.			

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2-8	QAPD, Revision 2, Para. 2.1.9.d QMP-02-01, Revision 1, Para. 5.4.1	1. Verify that YMPO staff personnel have received training prior to performing activities affecting quality.			
	Para. 5.4.3, 5.4.4, and 5.4.5	2. Verify that YMPO staff have attended required training courses and documented evidence of these events is available.			
	Para. 5.4.6	3. Verify that these training classes have been performed by qualified instructors.			
	Para. 5.4.7	4. Verify that tracking the required training is performed by the T&MSS Training Manager and documented on the Employee Training Assignment form.			

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2-9	QAPD, Revision 2, Para. 2.1.9.d QMP-02-01, Revision 1, Para. 5.5.1	1. Verify that each employee training file contains: a. Job Description b. Resume c. Qualification Evaluation form d. Verification of Education and Experience by the personnel department e. Familiarization Program form f. Employee Training Assignment g. List of training courses attended h. Proficiency Evaluation form 2. Verify that copies of individual files have been submitted to the LRC by the T&MSS Training Manager.			

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2-10	QAPD, Revision 2, Para. 2.1.11 QMP-02-03, Revision 0, Para. 4.1 and 5.1 Para. 5.2	1. Verify that Management Assessment (MA) are conducted on annual basis. 2. Verify that Yucca Mountain Project Manager has been designated by the Director, OCRWM, to direct the MA. 3. Verify that Yucca Mountain Project Manager selects the members of the MA Committee and notifies them by letter. 4. Verify that a MA plan is developed by the MA Committee. NOTE: Procedure does not address all the elements of the purpose of the MA as described in the QAPD. 5. Verify that the MA plan does contain all the elements mentioned in the pertinent paragraph.			

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2-11	QAPD, Revision 2, Para. 2.1.11 QMP-02-03, Revision 0, Para. 5.4	1. Verify that the MA report addresses the concerns found during the assessment. NOTE: This portion of the procedure contradicts the requirements in the QAPD, "Deficiencies shall be documented in accordance with requirements in Section 15 and 16, as appropriate."			
	Para. 5.5	2. Verify that actions to close out committed improvement measures have been documented.			
	Para. 8.0	3. Verify that the following QA records are available for each MA performed: a. Project Manager's committee selection letter b. MA Committee's memorandum plan c. Organizations' notification d. MA committee's training e. MA report f. Correspondence used to close out committed improvement actions.			

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2-12	QAPD, Revision 2, Para. 2.1.12	1. Verify what type of information system has been developed to ensure timely reporting, dissemination, and tracking of QA management information such as: a. Status of QA programs. b. Status of resolution of deficiencies and conditions adverse to quality. c. Status of QA overview results. d. Status of the quality concern program.			

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3-1	QARD, Rev. 3 para. 20.1	SCIENTIFIC INVESTIGATIONS			
	AP-1.10Q, Rev. 1 para. 5.1.5	The TPO or a designee submits the participant approved Study Plan, any ICNs and documentation of the qualifications of the principal investigators to the Director, Regulatory and Site Evaluation Division (R&SED). 1. Verify that a random sample of six study plan packages contain the documentation of the qualifications of the PIs.			
	paras. 5.2.1 and 5.2.2	Upon receipt of a draft study plan, the Branch Chief, Regulatory Interactions Branch (RIB), initiates a screening review of the study plan..... Comments generated in the screening review are documented on comment resolution forms (CRF) (Exhibit 3). 1. Verify that a screening review was performed on each Study Plan and it was documented.			

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3-1, cont'd	QARD, Rev. 3 para. 20.1				
	AP-1.10Q, Rev. 1 para. 5.2.4	When a Study Plan is judged to be acceptable for Project Review, the Branch Chief, RIB, initiates quality assurance and technical reviews of the Study Plan ..... The written request establishes the review criteria, the proposed reviewers, and the schedule for completing the review. {OCRWM review may be in parallel.} In cases where OCRWM will conduct a technical review, the Branch Chief, RIB, may specify {this meets the requirements of this procedure.} 1. Verify that written requests for reviews contains the three items of information described above.			
	para. 5.2.6	Reviews of Study Plans are performed only by qualified staff. Documentation of the qualifications of reviewers will be completed internally by participant organizations prior to initiation of the Project review. 1. Verify that there is evidence of staff qualifications in the study plan packages.			

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3-1, cont'd	QARD, Rev. 3 para. 20.1				
	AP-1.10Q, Rev. 1 para. 5.2.8	Reviewers document mandatory and nonmandatory comments on CRFs and Section 2 of Exhibit 4. After completion of the review, the responsible TPO returns the completed CRFs to the Branch Chief, RIB. 1. Verify that the CRFs and Exhibits 4 (effective date 1/22/90) are properly filled out.				
	para. 5.3.1 and 5.3.2	The Branch Chief, RIB, consolidates the CRFs from all reviews. Comments that are redundant, out of scope, or technically incorrect may be withdrawn with concurrence from the original reviewer(s). {The consolidated set is reviewed by the PI(s) and then a comment resolution meeting may be scheduled to discuss mandatory comments. As a minimum, representatives of the principal investigator(s); the Branch Chief, RIB; and reviewers will attend the meeting. 1. Verify that any comments withdrawn were with the concurrence of the reviewer. 2. Verify that mandatory comments were resolved by the PIs. 3. Verify that the PIs revised the revised Study Plans and completed CRFs were resubmitted.			

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3-1, cont'd	QARD, Rev. 3, para. 20.1				
	AP-1.10Q, Rev. 1 paras. 5.3.3 and 5.3.4	The Branch Chief, RIB, distributes the revised Study Plan and CRFs for mandatory comments to the reviewers. The reviewers will verify resolutions of their mandatory comments. If their mandatory comments have been resolved, the reviewers sign and return their CRFs, and Exhibit 4 to the Branch Chief, RIB. {If not, the Director, R&SED must develop a final disposition and obtain a revision through the TPO.} 1. Verify that dispositions of comments have been attained.			
	para. 5.5	The OCRWM reviews SCP Study Plans in parallel with or following the Project review. {Mandatory QCRWM comments are resolved and study plan revisions are again made.} {When resolution of OCRWM comments is adequate, OCRWM receives the study plan and CRFs for approval. Then the NRC receives the study plan for review and approval. NRC comments are resolved in much the same way and revisions are again made.} 1. Verify that OCRWM and NRC approvals are finally obtained by iteration of this comment resolution process.			

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3-1, cont'd	QARD, Rev. 3 para. 20.1 AP-1.10Q, Rev. 1 para. 5.7.1	Revision and review of changes to the objectives, testing strategy, test methods, and quality assurance level assignments (of study plans) follow the same procedures for the preparation and review of the original study plan. (An ICN may be used as a temporary method to identify changes. A Project review may be initiated at the discretion of the Director, R&SED. Comment documentation and comment resolution follow the procedures described previously.) 1. Verify that any revisions, including ICNs, were reviewed and approved using the same procedure as for the original study plan.			

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3-2	QARD, Rev. 3 para. 2.5	QUALITY ASSURANCE GRADING			
	AP-6.17Q, Rev. 0 para. 4.2(2)	The Assessment Team (AT) Manager is responsible for developing and revising the AT controlled List of documents from which information is obtained for the analysis and evaluation of items and activities. The documents on the AT Controlled List are identified in this procedure as the bases information. 1. Verify that the AT Controlled List is consistent with the latest list of Controlled Documents.			
	para. 5.11.7	The reviewer(s) (QRB Members) shall be trained in the application of the governing review procedure and AP-6.17Q.			
	BTP-QRB-001 Section 4/5 item 1	Chairman establishes training requirements for QRB members and Technical Advisors. 1. Verify that all QRB members have been trained prior to beginning work with this procedure.			

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3-3	QARD, Rev. 3 para. 2.5	QUALITY ASSURANCE GRADING			
	AP-5.28Q, Rev. 0 para. 4.5 (14)	In accordance with criteria determined under the approved QRB review procedure, determine the adequacy and completeness of the QAG Report, commensurate with basis information maturity.			
	BTP-QRB-001 Section 4/5 item 10	Administrative Assistant prepares and distributes review packages to members and selected Technical Advisors. 1. Verify that QRB Members reviewed each (all) QAG Reports in accordance with the QRB Review Procedure.			

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3-4,	QARD, Rev. 3 para. 2.5	QUALITY ASSURANCE GRADING			
	AP-5.28Q, Rev. 0 para. 4.5 (14)	In accordance with criteria determined under the approved the QRB review procedure, determine the adequacy and completeness of the QAG Report, commensurate with basis information maturity.			
	BTP-QRB-001 Section 4/5 Item 7 a	{A selected member shall determine whether specific technical criteria are required. If required, member prepares them and the Chairman approves them}.			

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3-5	QARD, Rev. 3 para. 2.5 AP-5.28Q, Rev. 0 para. 4.5 (17) BTP-QRB-001 Sect. 4/5 item 17	QUALITY ASSURANCE GRADING Following conclusion of the QRB review procedure, the QRB Chairman signs and and dates the QAG Report, indicating a two-thirds majority of the board members has been achieved. 1. Verify that the QRB Chairman signed and dated each QAG Report, indicating a two-thirds majority.(Validate)			

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3-6	QARD, Rev. 3 para. 2.5 AP-5.28Q, Rev. 0 para. 4.5 (20) BTP-QRB-001 Sect. 4/5 item 18 AP-5.28Q, Rev. 0 para. 4.5 (23) BTP-QRB-001 Sect. 4/5 Item 18	QUALITY ASSURANCE GRADING Prepare a QRB Record that describes in brief the issues discussed by the board, action items and their assignment, the results of any board action (including each members accept/return record), the signatures of each member, and the meeting time and place. 1. Verify that the QRB Record contains the information above. Submit the QRB Record to the Yucca Mountain Project Office (YMP) Local Records Center for filing in accordance with applicable Project procedures. 1. Verify that QRB Records are entered into the YMP Local Records Center and can be retrieved.			

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3-7	QARD, Rev. 3 para. 2.5 AP-5.28Q, Rev. 0 para. 4.6 (25)	QUALITY ASSURANCE GRADING QRB Administrative Assistant provides a copy of each accepted QAG Report, and subsequent changes, along with evidence of QRB of QRB review completion to the Central Records Facility for filing as a Project record in accordance with applicable Project procedures. 1. Verify that the Central Records Facility is receiving the items listed above, either directly from the Administrative Assistant or the LRC. NOTE: This requirement is not expressed in BTP-QRB-001.			

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		NOTE: In Checklists Items 3-8, 3-9, and 3-10 verify that documents processed under the document control system have been processed in accordance with criteria established in QMP-06-04 by reviewing several document packages to determine if available documentation demonstrates that the process is being implemented as required in the folloing areas.			

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3-8	QARD, Rev. 2 Para. 3.1.8	Changes to OCRWM originated design-related documents including design input documents, are justified and processed using the same methods applied to the preparation of the original document.			
	QMP-06-04, Rev. 0	1. Were change requests which involved documents controlled by the Change Control Board forwarded to CCB Secretary for action on Attachment 2?			

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3-9	QARD, Rev. 2, Para. 3.1.6 QMP-06-04, Rev. 0	The adequacy and correctness of OCRWM-generated technical documents are verified by technical review prior to approval and issuance. 1. Do records indicate that the appropriate DD received concurrence or rejection from the other DDs and returned Attachment 2 to the PCB for processing, as required by Steps 2 and 3 of the procedure? 2. Did the document Development Process identified in Steps 4 - 7 meet the criteria and guidelines identifed on Attachment 3 and 4? 3. Do the records indicate that the document review package for each of the controlled documents contain the required documents identified in Steps 9 - 11?			

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3-9 cont.		4. Were comments generated during the review process documented as required by the document review package and Steps 12 - 15 of the procedure?			
		5. Were Peer Reviews conducted when the Technical Review indicated the necessity (Step 17)?			
		6. Were comments resolved as required by Steps 18 - 20 of the procedure?			
		7. Was the approved process conducted as required by Steps 21 and 22 of the procedure?			

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3-10	QARD, Rev. 2, Para. 3.1.3	Requirements documents are developed for the overall program mission, each system element, and other organizations responsible for parts of the system, as identified in the next higher level design dosument. These controlled documents are reviewed and approved at the level for which they were written and also approved at the next higher level.			
	QMP 06-04, Rev. 0	1. Was athe document prepared for issuance in accordance with either QMP-03-09 or AP-1.5Q, as appropriate, in accordance with Step 23 and 24 of the procedure?			

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4-1	DOE/RW-0215 OCRWM QAPD Rev. 2, Sect. 4 QMP-04-01, Rev. 0, paras. 4.0, 5.2.1, 5.3, 5.5.1.3, 5.5.3.3 & 5.5.4; QMP-07-03, Rev. 0. paras. 4.0, 5.1 & 5.2.1; AP-4.1Q, Rev. 0, paras. 5.2.2 & 5.5	1. Verify by review of objective evidence and interviews with personnel that procurement procedures: a. Define the methods and responsibilities for procurement planning: o identify need for a specific service, o determine specific work to be accomplished, o identify technical and quality requirements, o identify sources for the work, and b. Define the methods and responsibilities for procurement document: o preparation, o review, o approval, and o changed thereto.			

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4-2	QAPD, Rev. 2, Sect, 4, para 4.2	1. Verify by review of objective evidence that procurement document packages contain the following: o Statement of the Scope of Work o Technical Requirements - specific plans - drawings - specifications - codes - standards - regulations - procedures or instructions - acceptance requirements - technical accept/reject criteria o QA Program requirements - address applicable program elements - supplier performance under purchase QA program - supplier to "Flowdown" QA requirements in subtierr procurements o Right of access to supplier facilities and records o Supplier required documentation - schedules - documentation (info., review & approval) - retention/disposition requirements o Requirements for reporting review or approval of nonconformance dispositions			

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4-3	QAPD, Rev. 2, Sect. 4, para. 4.3	1. Verify by review of objective evidence and interviews with appropriate personnel that organizations executing procurement document control activities: a. Provide for documented technical and quality assurance review of procurement document packages: - ensure documents include all necessary requirements and provisions, - reviews performed by personnel who have access to pertinent information, and b. Procurement documents and changes are reviewed to verify that procurement documents: - prepared in accordance with applicable procedural requirements, - reflect adequate and appropriate QA requirements, - include applicable regulatory, design basis and related technical information and these requirements are correctly stated, and c. Applicable procedures include provisions for analysis of exceptions requested or specified by the supplier to assess potential impact of such exceptions on intent of procurement documents or quality of the service.			

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4-4	QAPD, Rev. 2, Sect. 4, para. 4.4 QMP-04-01, Rev. 0, para. 5.5.1.2	1. Verify by review of objective evidence that changes receive the same degree of control as utilized for the original documents. 2. Verify by review of objective evidence that changes resulting from RFQ/RFP evaluations and pre-contract negotiations are reviewed by the requester, the CAM and the Project QA Department Manager to analyze and determine their effects on the quality of the item or service. Additionally, these reviews shall include the following considerations: o appropriate para. 5.2 PR Form Requirements, o determination of additional or modified design or scientific investigation criteria, o analyses of exceptions or changes requested or specified by the supplier, o determination of the effects such changes may have on the intent of the procurement documents or quality of items or services (should this 4th bullet be item No. 4 under 5.5.1.2?). NOTE: How are these analysis and determinations decided and documented? What about conflicts of opinions on such?			

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4-5	QMP-04-01, Rev. 0, para. 5.3	1. Verify by review of objective evidence and interviews that final PR package reviews are performed by: o Technical Organizations, o QA Department, o Cost Account Manager (CAM) o Project QA Department Manager.			
	QMP-07-03, Rev. 0, paras. 5.2.2 & 5.2.3 (including IN No. 1)	2. Verify by review of objective evidence that suppliers are qualified prior to award of the PO or subcontract based on an evaluation of their capability to provide items/services in accordance with the procurement of requirements, and that this evaluation is documented.			

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4-5 cont'd		3. Additionally, verify that suppliers that have been evaluated and determined to be qualified to provide items/services are placed on the Qualified Suppliers List. Finally, for suppliers of commercial grade items placed on the Qualified Suppliers List and for when no supplier evaluation was performed, verify that the determination by the CAM and Project QA Department Manager not to perform an evaluation has been documented via a memo from the Project QA Department Manager to the CAM and the purchasing agent.			
	QMP-07-03, Rev. 0, para. 5.4.4	4. Verify by review of objective evidence that whenever another Project Participant performs activities assigned to YMP, YMP performs surveillances of these activities to determine if the item/service is in accordance with requirements.			

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4-5 cont'd	QMP-07-04, Rev. 0, paras. 4.1 & 5.7.3(1)	5. Verify by review of objective evidence that the Director, QA, approves the evaluation of suppliers; approves the QSL including change notices thereto; approves QSL deletion notices and approves the QSL quarterly revisions.			
	QMP-07-04, Rev. 0, para. 5.7.2	6. Verify by review of objective evidence that the QSL contains the minimum information as follows: o supplier name/location, o type of quality program implemented by the supplier based on supplier evaluation, o product/service for which supplier has been approved, o date of next required evaluation, o date of next required audit, o code information, and o remarks relative to the suppliers capability, including restrictions.			

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4-5 cont'd	QMP-07-04, Rev. 0, para. 5.8.3 (including IN No. 2)	7. Verify by review that QA conducts annual performance evaluations of suppliers. (Determine if any supplier evaluations have indicated a decline in performance thereby requiring an audit to be scheduled and performed prior to the triennial audit.)			

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5-1	QAPD, Rev. 2, Sect. 5 paras. 5.0 & 5.1; QMP-06-04, Rev. 0 para. 1.1	1. Verify that activities affecting quality are prescribed by and performed in accordance with documented instructions, procedures, or drawings of a type appropriate to the circumstances.			

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5-2	QAPD, Rev. 2, Sect. 5, para. 5.0; QMP-06-04, Rev. 0, paras. 5.6, 5.12, & Attachment 7	1. Verify that documents (plans, procedures and instructions) include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished.			

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5-3	QAPD, Rev. 2 Sect. 5, para. 5.0; QMP-06-04, Rev. 0, para. 5.13	1. Verify that reviews of instructions, procedures, plans and drawings are performed by the originating organization to assure technical adequacy, including the correct translation of design requirements and inclusion of quality requirements.			
	QAPD, Rev. 2, Sect. 2, para. 2.1.3; QMP-06-04, Rev. 0, para. 5.6	2. Verify that preparation of procedures is assigned to the discipline or group with lead responsibilities for the activity or area.			

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6-1	QAPD, Rev. 2, Sect. 6, paras. 6.0 & 6.1.1; QMP-06-04, Rev. 0 paras. 4.0 & 5.0	1. Verify that individuals, identified as responsible for the preparation, revision, review, approval and issuing of documents are those who perform these duties.			

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6-2	QAPD, Rev. 2, Sect. 6, para. 6.1.1; QMP-06-04, Rev. 0, paras. 5.12 & 5.13	1. Verify that reviews of plans, procedures, instructions and other documents are performed by individuals or organizations with responsibility for implementation of these documents. In addition, verify that these reviews are performed by individuals other than the preparer of the documents.			
	QAPD, Rev. 2, Sect. 2, para. 2.1.3; QMP-06-04, Rev. 0, para. 5.12	2. Verify that each affected discipline or group reviews the procedures to ensure appropriate requirements and interfaces are defined. In addition, verify that procedures are approved by the Director, OQA, or the Project Office QA organization.			

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6-3	QAPD, Rev. 2, Sect. 6, para. 6.1.1	1. Verify that the reviewing organization has access to pertinent background data or information to assure a complete review. NOTE: Specific criteria for this upper-tier requirement could not be found in implementing procedures. Determine how this is accomplished.			

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6-4	QAPD, Rev. 2, Sect. 6, para. 6.1.1; AP-6.1Q, Rev. 1, paras. 5.8 & 8.0, QMP-06-04, Rev. 0, paras. 5.20 & 8.0	1. Verify that the resolution of review comments for which resolutions are considered mandatory by the reviewing organization are resolved prior to approval and issuance of documents. In addition, verify that these comments and resolutions are maintained in accordance with procedural guidelines.			

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6-5	QAPD, Rev. 2, Sect. 6, para. 6.1.1; QMP-06-04, Rev. 0, paras. 3.3 & 5.8	1. Verify that changes considered minor in nature actually fall into the "minor change" category.			

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6-6	QAPD, Rev. 2, Sect. 6, para. 6.1.2; QMP-06-04, Rev. 0, paras. 1.1, 1.2, 1.3, 5.12, 5.22 & 5.24; AP-1.5Q, Rev. 1, para. 5.31	1. Verify that correct, applicable, and current documents are available to the personnel performing prescribed activities, prior to commencing work and at a location where work is performed.			

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6-7	QAPD, Rev. 2, Sect. 6, para. 6.1.2; QMP-06-04, Rev. 0, para. 5.24b	1. Verify that when controlled documents which require verification or approval are released prior to verification, or approval, they are identified, controlled, and authorized for release through signature approval, with the bases for release described and the unverified portions identified.			

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6-8	QAPD, Rev. 2, Sect. 6, para. 6.1.2; QMP-06-04, Rev. 0, para. 5.246; AP-1.5Q, Rev. 1, paras. 5.31 & 5.32	1. Verify the identification and marking of documents, including documents released prior to completion of the approval process.			

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6-9	QAPD, Rev. 2, Sect. 6, para. 6.1.2; AP-1.5Q, Rev. 1, paras. 5.13 & 5.14	1. Verify the use of receipt acknowledgment documentation transmittal forms.			

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6-10	QAPD, Rev. 2, Sect. 6, para. 6.1.2; AP-1.5Q, Rev. 1, paras. 5.31 & 5.32	1. Verify the maintenance of controlled document distribution lists of procedures, plans, and instructions.			

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6-11	QAPD, Rev. 2, Sect. 6, paras. 6.1.2; AP-1.5Q, Rev. 1, paras. 5.13b & 5.13c	1. Verify the marking, removal, or destruction of obsolete or superseded controlled documents.			

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6-12	QAPD, Rev. 2, Sect. 6, para. 6.1.2; AP-1.5Q, Rev. 1, para. 5.31	1. Verify the maintenance of an index giving revision status for controlled documents (Controlled Documents List).			

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6-13	QAPD, Rev. 2, Sect.6, para. 6.1.2	1. Verify that controlled documents handled in accordance with the Program Change Control Procedure (DOE/RW-0223) are listed in a controlled document register. In addition, verify that the register is issued as changes or revisions occur.			

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7-1	DOE/RW-0215 OCRWM QAPD Rev. 2, Sect. 7, para. 7.1	1. Verify by review of objective evidence and interviews with personnel that procedures established to control purchased services includes: a. Procurement Planning: o accomplished and documented as early as practicable, o ensuring systematic approach to process, o planning determines what, how, when and who is to accomplish it. b. Supplier Selection: o contracting officer solicit bids and award contracts, o source selection officials are responsible for evaluating bid offers or proposals, o suppliers' QA programs evaluated and any deficiencies corrected prior to initiating quality-affecting work.			

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7-1 Cont'd		c. Bid Evaluation: o based on procurement type, bid evaluation considers - technical considerations - QA requirements - supplier personnel - supplier past performance. d. Supplier Performance Evaluation: o documentation is evaluated to determine suppliers' QA program effectiveness. e. Supplier Generated Document Control: o Supplier documents are submitted in accordance with procurement document requirements.			

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7-1 Con't		f. Change Control: g. Acceptance of Services: o Services are accepted by one or more of the following: - audit/surveillance results - verification of technical data - review conformance to procurement document requirements - evaluate suppliers' certificates of nonconformance to ensure validity and documentation of results. h. Control of Nonconformances: o Procedures include provisions for: - evaluation of nonconforming condition - supplier submittal of nonconformance document to OCRWM - OCRWM disposition of suppliers corrective action recommendation - maintenance of supplier submitted nonconformance documents.			

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		IDENTIFICATION AND CONTROL OF MATERIALS, PARTS, COMPONENTS AND SAMPLES			
8-1	QAPD, R2, Appendix A, Para. 8.1, (a) BTP-SMF-006, R0, Para. 5.2.2	1. Verify that the SOC Specimen Removal Request form (Figure 1) is used for requests for specimens selected prior to or during a Core Examination Meeting.			

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8-2	QAPD, R2, Appendix A, Para. 8.1, (a) BTP-SMF-006, R0, Para. 5.3.2.1	1. Verify that the Whole Core Specimen Removal Checklist (Figure 2) is completed by the SMF Geotechnician during whole core segregation activities and accompanies the whole core specimen throughout the removal process.			

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8-3	QAPD, R2, Appendix A, Para. 8.1, (a) BTP-SMF-006, R0, Para. 5.4	1. Verify that the SMF Geotechnician uses a Specimen Removal Log (Figure 3) as required.			

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8-4	QAPD, R2, Appendix A, Para. 8.1, (a) BTP-SMF-006, R0, Para. 5.4.1.1.1	1. Verify that core specimens are assigned an SPC bar code number prior to being removed from the SMF. 2. Verify that specimen containers are labeled and contain the following information: SPC bar code number, acquisition site, depth interval, and Recipient. 3. Verify that the process stated in 2. is documented on the Specimen Removal Log.			

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8-5	QAPD, R2, Appendix A, Para. 8.1, (a) BTP-SMF-006, R0, Para. 5.4.1.1.2	1. Verify that the label containing the SPC bar code number and interval is affixed to the spacer.			

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8-6	QAPD, R2, Appendix A, Para. 8.1, (a) BTP-SMF-006, R0, Para. 5.4.1.2	1. Verify that the vial containing specimens of split of cuttings is labeled to reflect the contents, SPC bar code #, and Recipient. 2. Verify that the process for removal of split of cuttings specimens is documented on the Specimen Removal Log.			

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8-7	QAPD, R2, Appendix A, Para. 8.1 (a) BTP-SMF-006, R0, Para. 5.4.2.1	1. Verify that information on specimens that have been photographed before shipment has been recorded on the Specimen Photography Log (Figure 4).			

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8-8	QAPD, R2, Appendix A, Para. 8.1 (a) BTP-SMF-006, R0, Para. 5.4.3	1. Verify that packaging and shipping activities are recorded on the Specimen Packaging and Shipping Log (Figure 5).			

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8-9	QAPD, R2, Appendix A, Para. 8.1 (a) BTP-SMF-006, R0, Para. 5.4.3.2.1	1. Verify that when a bill of lading is not available from the courier, a Transfer of Custody Form (Figure 6) is used.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
8-9 cont.		2. Verify that the required information as stated in Para. 5.4.3.2.1 is on the form. o Requestor's name and address o Recipient's name and address o SHP bar code number o Date shipped o Shipping instructions o Number of containers in shipment o Set bar code numbers o Total weight of the container o Signature of courier accepting custody the shipment o SMF staff member relinquishing custody of the shipment o Date and time of the transfer of custody			

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8-10	QAPD, R2, Appendix A, Para. 8.1 (a) BTP-SMF-006, R0, Para. 5.4.3.2.2	1. Verify that the Curatorial Sample Inventory and Tracking System (CSITS) has generated a Specimen Removal Contract (Figure 7) for each specimen shipped.			

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8-11	QAPD, R2, Appendix A, Para. 8.1 (a) BTP-SMF-006, R0, Para. 5.5	1. Verify that all activities associated with processsing of remnants are recorded on the Remnant Return, Packaging and Storage Log (Figure 8).			

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8-12	QAPD, R2, Appendix A, Para. 8.1, (b) BTP-SMF-002, R0, Para. 5.2.1	1. Verify that the Field Container Summary and Transmittal Form ([transmittal form] Figure 1) is used for all activities associated with transmittal of borehole samples and documentation from the drill site to the SMF. 2. Verify that all completed and original records are photocopied on paper marked "COPY" and retained at the borehole site. 3. Verify that original records have been transferred to the SMF within 24 hours of completion unless prior approval for delays have been given by the FO Manager.			

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8-13	QAPD, R2, Appendix A, Para. 8.1, (b) BTP-SMF-002, R0, Para. 5.5.2	1. Verify that the Borehole Sample Confirmation Checklist ([checklist] Figure 2) is generated after a sample shipment is transferred to the SMF.			

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8-14	QAPD, R2, Appendix A, Para. 8.1, (b) BTP-SMF-008, R0, Para. 5.3.4.1.1	1. Verify that the FO Geologist completes a Structural Log (Figure 5) for significant structural features.			

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8-15	QAPD, R2, Appendix A, Para. 8.1, (b) BTP-SMF-008, R0, Para. 5.3.4.2.1	1. Verify that the FO Geologist completes the Lithologic Log (Figure 9) as required in Para. 5.3.4.2.1.			

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8-16	QAPD, R2, Appendix A, Para. 8.1, (e) BTP-SMF-004, R0 Para. 5.2.3	1. Verify that one Core Slabbing/Boxing Checklist (Figure 1) per box with information from the CSITS is used to document the various steps in the slabbing process of whole core.			

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8-17	QAPD, R2, Appendix A, Para. 8.1, (e) BTP-SMF-004, R0, Para. 5.3.3	1. Verify that the Cuttings Processing Log (Figure 11) is used to document the various steps in processing the cuttings samples.			

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12-1	QAPD, R2, Para. 12.1	CONTROL OF MEASURING AND TEST EQUIPMENT (M&TE) 1. Does the SMF have any M&TE? 2. What procedures exist to implement and ensure compliance with requirements for control of M&TE?			

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12-2	QAPD, R2, Para. 12.3.1	1. Verify that M&TE equipment has a unique identification number. 2. Verify that type, range, accuracy and tolerance of measuring devices are specified in approved procedures. 3. Verify that this unique identification number is recorded on the data sheet, log, or equivalent, along with the measurement taken.			

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12-3	QAPD, R2, Para. 12.3.2	How are the following requirements met? 1. Measuring and test equipment are calibrated against certified equipment having known valid relationships to the National Institute of Standards and Technology (NIST) or other nationally recognized standards and is calibrated, adjusted, and maintained at prescribed intervals. 2. Calibrating standards have equal or greater accuracy than equipment being calibrated.			

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12-4	QAPD, R2, Para. 12.3.3	How are the following requirements met? 1. The method and interval of calibration for each M&TE item is defined. 2. M&TE is labeled, tagged, or otherwise documented in a manner that indicates the due date of the next calibration and provides traceability to calibration data. 3. If M&TE is found to be out of calibration, an evaluation is made and documented of data gathered since last calibration.			

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12-5	QAPD, R2, Para. 12.3.6	How is the following requirement met? 1. M&TE records are maintained and identify the calibration procedure (including revision) used to perform the calibration.			

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		HANDLING, STORAGE AND SHIPPING			
13-1	QAPD, R2, Para. 13.2	1. Verify that procedures have been developed and implemented to conduct handling, storage and shipping activities.			

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13-2	QAPD, R2, Para. 13.3.1	1. Will special equipment or protective environments be required during SMF operations and if so, how will the requirements of 13.3.1 be met?			

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13-3	QAPD, R2, Para. 13.3.2 BTP-SMF-008, R0 Para. 5.3.8	1. Verify that when requested by a participant or at the discretion of the FO Geologist this procedure is used to seal core in low-permeability packaging.			

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13-4	QAPD, R2, Para. 13.3.3	1. Is the SMF currently using or planning to use special handling tools and equipment and if so, how will the requirements of 13.3.3 be met?			

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13-5	QAPD, R2, Para. 13.3.4	1. If special handling and lifting equipment is used, are operators experienced and trained to use the equipment? 2. Is the conducted training documented in accordance with procedures?			

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13-6	QAPD, R2, Para. 13.3.5	1. Does the SMF have a need for special environments or special controls to ensure adequate identification, maintenance, and preservation of items?			

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15-1	DOE/RW-0215, QAPD, Rev. 2, Sect. 15, para. 15.0	1. Verify written procedures describe methods to identify and control nonconforming condition for programmatic and hardware deficiencies. NOTE: Project Office uses Nonconformances, Corrective Action and SDRs. NOTE: Determine how supplier deficiencies are identified and documented. 2. Verify that personnel assigned approval authority for nonconformance dispositions are identified and the quality assurance organization responsibilities are described in written procedures.			

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15-2	DOE/RW-0215, QAPD Rev. 2, Sect. 15, paras. 15.1 & 15.2	1. Verify methods for identifying Nonconformances described in written procedures: o no adverse impact on end use of item o who selects method, documents selection o status indicators - authority for application and removal o continued use/installation prior to implementation of disposition - approval and justification. o Designated hold areas - segregation.			
	DOE/RW-0215, QAPD, Rev. 2, Sect. 15, para. 15.5	2. Verify programmatic deficiencies documented and uniquely identified on nonconformance or deficiency reports.			

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15-3	YMP QMP-15-01, Rev. 1, paras. 5.1 & 5.7 DOE/RW-0215, QAPD, Rev. 2, Sect. 15, paras. 15.0, 15.1 & 15.2	1. Verify NCR initiators obtain numbers and place that tags are required. Verify segregation practices. NOTE: Follow through with maintenance of Log. Determine how personnel keep informed of status of NCRs.			
	YMP QMP-15-01, Rev. 1, paras. 5.2.1, 5.2.2. & 5.2.3	2. Verify NCRs issued as required for nonconforming items. o NCR #, form o related SDRs o verbal notification to TM & WMPO Branch Chief o validation o assignment to TM be disposition within 20 working days of receipt o distribution o QA logging/teaching o reviewed for significance NOTE: Verify nonconforming condition degree of significance. How is this documented?			
	YMP QMP-15-01, Rev. 1, paras. 5.2.2 5.2.3 & 5.2.6	3. Verify "voided." NCRs include justifications and approvals, and notifications and distributions completed, including removal of Hold Tags.			

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15-4	YMP QMP-15-01, Rev. 1, paras. 5.3 & 15.4	1. Verify NCR disposition processed as required. o timely o responsible TM & others evaluating are knowledgeable, competent o supplier input o categorization o instructions, actions o documentation o reference to documents o as-builts o responsible organization o completion schedule o reviews and approvals o rejections o completion of actions			

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15-5	YMP QMP-15-01, Rev. 1, para. 5.6; DOE/RW-0215, QAPD Rev. 2, Sect. 15, para. 15.6	1. Verify QA review and verification of completed NCRs. o review/evaluation o documentation o Hold Tag removal o distribution o QA records			

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15-6	YMP QMP-15-01, Rev. 1, para. 5.4	1. Verify conditional releases are requested and approved when work must proceed on nonconforming items.			

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15-7	YMP QMP-15-01, Rev. 1, para. 5.9	1. Verify YMPO review and processing of Participant and NTS Support Contractor NCRs. o use-as-is or repair dispositions o approvals o rejections			

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16-1	YMP QMP-16-01, Rev. 0, paras. 1.0 - 4.0; DOE/RW-0215, QAPD, Rev. 2, Section 16, paras. 16.0 & 16.1 DOE/RW-0215, QAPD, Rev. 2, Sect. 16, paras. 16.0 & 16.1.1	1. Verify identification of "significant condition adverse to quality" described in a written procedure that has QA concurrence. NOTE: Project Office CARs = QMP-16-01 and trending = QMP-16-02. 2. Verify compatibility - reference with other processes and procedures.			

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16-2	YMP QMP-16-01, Rev. 0, para. 5.1; DOE/RW-0215, QAPD, Rev. 2, Sect. 16, paras. 16.1.1 & 16.1.2	1. Verify CARs issued as required, including QAPD requirements for repetitive condition or conditions adverse to quality that may adversely impact safety/waste isolation. Determine how other documents - NCRs, SDRs, surveillances - may be evaluated. NOTE: Check CAR Log - maintenance, accuracy, periodic reviews, as referenced in QMP-16-01, paras. 5.1.3.2, 5.2.2 & 5.3.3. NOTE: Verify that copies are submitted to Director, OQA, HQ.			

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16-3	YMP QMP-16-01, Rev. 0, para. 5.2 YMP QMP-16-01, Rev. 0, para. 5.3	1. Verify CAR dispositions identify cause(s) and corrective action(s), and are approved as required. 2. Verify QA verifications conducted in timely manner and documented to close CAR. NOTE: What happens if verification "unsatisfactory"?			

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16-4	YMP QMP-16-03, Rev. 1, para. 5.1; DOE/RW-0215, QAPD, Rev. 2, Sect. 15, paras. 15.0 & 15.5	1. Verify SDRs reported as required for programmatic deficiencies, procedure violations, and providing preventive measures for repetitive hardware deficiencies. NOTE: Check maintenance of logging status system.			
	YMP QMP-16-03, Rev. 1, paras. 5.2 & 5.7; DOE/RW-0215, QAPD, Rev. 2, Sect. 15, para. 15.0	2. Verify SDRs initiation addresses identification, severity levels and approvals. NOTE: Assure that personnel assigned approval authority are identified and the quality assurance organization responsibilities are described. NOTE: Verify degree of significance is determined and documented. NOTE: Address "Exceptions" for Severity Level 3 SDRs.			

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16-5	YMP QMP-16-03, Rev. 1, para. 5.4	1. Verify responses are received and evaluated within timely manner by responsible QA personnel (audit, surveillance, etc.), and follow-up actions (amended responses, notifications of acceptance/rejection, etc.) are taken.			
	YMP QMP-16-03, Rev. 1, para. 5.5; DOE/RW-0215, QAPD, Rev. 2, Sect. 15, para. 5.6	2. Verify SDR verifications conducted in timely manner by responsible QA personnel and documented as required. NOTE: Check processing of extension requests and status log.			
	YMP QMP-16-03, Rev. 1, para. 5.6	3. Verify SDRs are closed as required and processed as quality record. NOTE: Check on trending of SDRs (Ref. QMP-16-02).			

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16-6	YMP QMP-16-03, Rev. 1, para. 5.8	1. Verify that "prior" open items (6-5-89), such as NCRs, AFSs, CARs are being evaluated and closed in accordance with applicable governing procedures, or "rolled over" as SDR or NCR. NOTE: QMP on NCRs does not address this "roll-over."			

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16-7	DOE/RW-0215, QAPD, Rev. 2, Sect. 16, para. 16.1.2	1. Verify methods and responsibilities for handling trends have been established in written procedures. NOTE: Copies of Project Office nonconformances and deficiencies, including supplier problems, should be sent to Director, OQA, (HQ).			
	DOE/RW-0215, QAPD, Rev. 2, Sect. 16, para. 16.1.3	2. Verify that the written trend analysis program (procedure) considers the following: a. The quality indicators to be trended. b. The methods of data handling such as gathering, collecting, sorting, grouping, and coding. c. The statistical processes to be used such as type of charts, normalizing to remove bias, weighting, and control limits. d. The methods to be used in analyzing data and trend determination. e. The actions to be taken when an adverse trend is identified. f. The type, distribution and frequency of issues of trend results reporting. g. The results of trend analyses are reported to upper management.			

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(1) Organization YMPO

(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
16-8	DOE YMP-16-02, Rev. 2, paras. 5.1.1 thru 5.1.6	1. Verify QAED Manager evaluates documents (NCRs, SDRs) to determine trends on annual basis, as minimum: o plotted on charts o criteria type o categorized o performance (comparative analyses) o determination of systematic weakness o issuance of SDRs (QMP-16-03)			

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16-9	DOE YMP-16-02, Rev. 2, paras. 5.2.1, 5.2.2 and 8.0	1. Verify report prepared and issued as required, and reflects results of analysis. o positive trends o negative trends o charts o list of SDRs generated o other conditions warranting assessment o actions needed and/or requested o approval of report o distribution o QA records NOTE: Determine resolution of adverse trends. Determine how potential problems are monitored, re-evaluated or checked.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
17-1	QAPD, Revision 2, Sect. 17, Para. 17.0	The quality assurance (QA) records program for the OCRWM is accomplished in accordance with written plans and procedures.			
	QMP-17-01, Rev. 1 ICNs 1 and 2	1. Verify that the QA records program for OCRWM is accomplished in accordance with written plans and procedures.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
17-2	QAPD, Revision 2, Sect. 17, Para. 17.2	OCRWM QA and implementing line procedures, and program plans, define minimum QA records generated as a result of implementation. In general, the following documents are considered QA records: a. Individual documents that have been executed, completed, and approved that furnish evidence of the quality and completeness of data (including raw data) and activities affecting quality. b. Documents prepared and maintained to demonstrate implementation of QA programs. c. Procurement documents subject to QA controls. d. Other documents, such as plans, drawings, correspondence, specifications, technical data, books, maps, papers, photographs, and data sheets subject to QA controls. e. Other materials that provide data and document quality, regardless of physical form or characteristic including magnetic media. A complete record is a document that will either receive no more entries or whose revision would normally consist of the reissue of the document; and when applicable is signed and dated by the originator and by personnel authorized to approve the document.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
17-2 cont.	QMP-17-01, Rev. 1, ICNs 1 & 1, Para. 5.1.1	1. Verify that the Project Manager, Project Office (or designee), the TPO MACTEC or designess ensures that each procedure, task plan, activity plan, etc., identify what doceument(s) resulting from the implementation of that plan or procedure constitutes a QA record for incorporation into a record package.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
17-3	QAPD, Revision 2, Sect. 17, Para. 17.3	The applicable design specifications, procurement documents, and other documents specify the records to be generated, supplied, or maintained by OCRWM.			
	QMP-17-01, Rev. 1, ICNs 1 & 2, Paras. 5.1.1, 5.2 & 5.3	1. Verify that technical baseline documents and procurement documents, as appropriate, specify records to be generated, supplied, and maintained.			

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17-4	QAPD, Revision 2, Section 17, Para. 17.3	Documents designated to become records are to be legible, identifiable, accurate, complete, reproducible, microfilmable, and appropriate to the work accomplished. Documents are 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.			
	QMP-17-01, Rev. 1 ICNs 1 & 2 Paras. 5.5.1.1, 5.5.1.2 & 5.5.1.3 BTP-RMD-002, Rev. 1, Para. 5.1.2.3	1. Verify that QA records are properly authenticated, assigned a WBS number, designated as QA or non-QA (QA:N/A).			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
17-5	QAPD, Revision 2, Sect. 17, Para. 17.3	OCRWM maintains lists that contain the signatures and initials of personnel authorized to authenticate records.			
	BTP-YMP-001, Rev. 0 Para. 5.1	1. Verify that the Project Office maintains a list of signatures and initials of personnel authorized to authenticate records.			

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17-6	QAPD, Revision 2, Section 17, Para. 17.3	Complete records are suitably protected by the record initiator prior to turnover.			
	QMP-17-01, Rev. 1 , ICNs 1 & 2, Para. 1.9	1. Verify that QA records are protected from deterioration, loss or damage from environmental extremes.			

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(3) AUDIT ITEM NO.	(4) QUALITY ELEMENT & REFERENCE	(5) STANDARD QUALITY REQUIREMENTS AUDIT GUIDELINES	(6) RESULTS S, X, N/A	(7) SUMMARY OF INVESTIGATION	(8) PERSON CONTACTED
17-7	QAPD, Revision 2, Section 17, Para. 17.4	The receipt of records is applicable to LRCs and the CRFs. A receipt-control system is established that is structured to permit a current and accurate assessment of the status of records. The organization responsible for receiving the records provides for protection from damage, deterioration, or loss during the time that the records are in their possession.			
	BTP-YMP-001, Rev. 0 BTP-RMD-002, Rev. 1 Paras. 5.1.1, 5.1.3, 5.1.4, 5.2.6, 5.2.7, and 5.2.8	1. Verify that the LRC and CRF have procedures for receipt-control, and protection of records in their possession.			

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17-8	QAPD, Revision 2, Section 17, Para. 17.5	Records or indexing systems provide sufficient information to permit identification between the record and its applicable items or activities. The records are indexed and the indexing system or systems include the location of the record within the records system or systems.			
	BTP-RMD-002, Rev.1 Paras., 5.2.1, 5.2.2, 5.2.3, 5.2.4, 5.2.5 & 5.3.3	1. Verify that records are identified, indexed, and that the indexing system include the location of the record within the record system.			

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17-9	QAPD, Revision 2, Section 17, Para. 17.6	Records are controlled from time of completion until the time of storage in a permanent storage facility. When necessary, records are controlled from when they are initiated to protect their integrity. Temporary storage, preservation, safekeeping, and retrievability of completed records is performed in accordance with requirements applicable to the storage of records delineated in the QARD.			
	QMP-17-01, Rev. 1 ICNs 1 & 2, Paras. 4.6.6, 5.5.4, 5.9.1, 5.9.2, 5.12 BTP-RMD-002, Rev. 1 Para. 5.2.6, 5.2.7, 5.2.8, 5.3.1, 5.8.2, 5.4, 5.5	1. Verify that records are controlled from time of completion until the time of storage in a permanent storage facility. 2. Verify that records are retrievable.			

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17-10	QAPD, Revision 2, Section 17, Para. 17.8	Records are corrected in accordance with approved procedures. These procedures provide for review or approval by the record-originating organization. Corrections to records include dates and identifications of the persons authorized to make such corrections.			
	QMP-17-01, Rev. 1 ICNs 1 & 2 Para. 5.5.3, 5.5.1.10.3.e	1. Verify that records are corrected in accordance with approved procedures.			

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18-1	YMP QMP-18-01, Rev. 3, para. 5.1; DOE/RW-0215, QAPD, Rev. 2, Sect. 18, para. 18.2	1. Verify that Project Office input to audit schedules is reflected in OCRWM schedules (ref. Audit Item No. 18-1). NOTE: Determine if YMP schedules reflect adequate coverage of internal, external, technical and programmatic verifications.			

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18-2	YMP QMP-18-01, Rev. 3, paras. 4.5, 4.6, 4.7, 4.8 & 4.9; DOE/RW-0215, QAPD, Rev. 2, Sect. 18, para. 18.3 and Sect. 2, para. 2.1.9	1. Verify that written procedures address qualification requirements for audit team members (ATL, LA, Tech. Specialist, Lead Tech. Specialist, Observer). NOTE: Coordinate with auditor assigned Criterion 2 (especially regarding QMP-02-02).			

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18-3	YMP QMP-18-01, Rev. 3, paras. 5-2 thru 5.6, paras. 5.2.1, 5.2.2, & 5.2.5 paras. 5.2.3, 5.2.3.3, 5.2.4, 5.3 & 5.4 DOE/RW-0215, QAPD Rev. 2, Sect. 18, paras. 18.4 & 18.5	1. Verify audit process complies with QMP and QAPD: o preparation phase o notification phase o checklist o performance (prior to and during audit) o post-audit			
	YMP QMP-18-01, Rev. 3 para. 5.7	2. Verify SDRs reported, then issued as required by QMP 16-03.			
	YMP QMP-18-01, Rev. 3 paras. 5.8 & 5.12; DOE/RW-0215, QAPD, Rev. 2, Sect. 18, para. 18.6	3. Verify audit reports document results as supported by checklists. NOTE: Determine when audits are considered closed, and how status of audits is monitored.			
	YMP QMP-18-01, Rev.3, para. 5.9; DOE/RW-0215, QAPD, Rev. 2, Sect. 18, paras. 18.6 & 18.7	4. Verify audit responses and evaluations comply with QMPs and QAPD.			
	YMP QMP-18-01, Rev. 3, paras. 5.10 & 8.0; DOE/RW-0215, QAPD, Rev. 2, Sect. 18, para. 18.7	5. Verify follow-up and close-out of deficiencies comply with QMPs and QAPD, including QA record requirements.			

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18-4	YMP QMP-18.01, Rev. 3, para. 5.11; DOE/RW-0215, QAPD, Rev. 2, Sect. 18, para. 18.2	1. Verify supplemental audits conducted as required.			
	YMP QMP-18-01, Rev. 3, para. 5.13	2. Verify HQ-OCRWM participation in YMP audits.			

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18-5	YMP QMP-18.01, Rev. 3, para. 5.14	1. Verify previous YMP audit finding (as of 10/3/88) have been evaluated, closed, "rolled-over," etc.			

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18-6	YMP QMP-18-02, Rev. 1, paras. 1.0 & 4.0; DOE/RW-0215, QAPD, Rev. 2, Sect. 2, para. 2.1.10	1. Verify QMP addresses surveillance requirements and responsibilities: o planning o personnel qualifications o reporting o deficiencies o checklist(s) o documentation			

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18-7	YMP QMP-18-02, Rev. 1, para. 5.1	1. Verify YMP surveillance schedules maintained as required. NOTE: Unscheduled surveillance (para. 5.1.3) have been conducted.			

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18-8	YMP QMP-18-01, Rev. 1, para 5.2, 5.3 & 8.0	1. Verify surveillance process complies with QMP: o personnel indoctrination and training (QMP-02-01) o notification o checklists or guidance o scientific investigation team = technical plus QA personnel o exiting (briefings) o generation of SDRs (QMP-16-03), NCRs (QMP-15-01) or observations 2. Verify reports reflect results as supported by documentation. o numbering report - Status Log o contents o approvals o distribution o QA records			

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18-9	YMP QMP-18-02, Rev. 1, paras. 5.2.6, 5.2.7 & 5.2.8	1. Verify deficiencies and observations were documented, evaluated and verified for close-out. Note QA record processing. NOTE: Determine when surveillances close, who tracks "open" surveillances and are results trended?			

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18-10	QAPD, Rev. 2, para. 1.8.3				
	QMP-02-02, Rev. 1, paras. 5.2.2 & 5.2.3	1. Verify that the PQAD Manager has documented the results of the evaluation of a prospective auditor's previous experience and training, and has identified needed additional training and indoctrination.			
	QMP-02-02, Rev. 1, para. 5.2.4	2. Verify that the information concerning previous and additional required experience and training are documented on the Record of Auditor/Lead Auditor Qualification.			
	QMP-02-02, Rev. 1, para. 5.3.3	3. Verify that all Lead Auditors participated in at least five QA audits within three years prior to their Lead Auditor Certification . . . ."			
	QMP-02-02, Rev. 1, para. 5.3.4	4. Verify that all Lead Auditors have passed an examination that evaluated their ability to the specified knowledge.			

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18-10 Cont'd	QMP-02-02, Rev. 1, para. 5.3.5	5. Verify that the Lead Auditors' qualifications are documented on Figures 1 and 2.			
	QMP-02-02, Rev.1, para. 5.4.1	6. Verify that the activities performed by Auditors and Lead Auditors to maintain their proficiency are listed on Figure 2.			
	QMP-02-02, Rev. 1, para. 5.4.1	7. Verify that the evaluation results extending Auditor/Lead Auditor certification are documented by the PQAD Manager's dated signature on Figure 1.			
	QMP-02-02, Rev. 1, para. 5.7.3	8. Verify that a file exists for each Lead Auditor and Auditor containing the above seven categories as required.			

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		TECHNICAL BASELINE DOCUMENTS			
T-1	QAPD, Rev. 2 Para. 3.1.1 & 3.1.3	Have TBDs (technical baseline documents) been developed by YMPO for the MGDS and its subsystems? Do the TRDs contain sufficient technical requirements to support development of Study Plans, especially those needed to begin near term site characterization work?			
T-2	QMP-06-04, Attachment 1, Line 3(c); Attachment 4, Lines (a)-(f)	Were instructions for preparing TBDs technically adequate? Did instructions contain acceptance or rejection criteria [QMP-06-04, Attach. 1, Line 6(b); and QAPD, Para. 5.0]? Did instructions identify the role of the TBD and interfaces between TBDs?			

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T-3	QMP-06-04, Steps 9(c) & 12	Was a "Technical Review" required? If not why not? Were reviewers provided with technical review criteria? Were the criteria adequate?			
T-4	QAPD, 3.1.6; QMP-06-04, Step 12	Were assigned reviewers independent of those who prepared the document? Based on their collective education and experience, were they qualified to determine the TBDs' technical adequacy? Could the review criteria realistically be satisfied without conducting a "Peer Review?"			

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T-5	QMP-06-04, Attachment 5, Block 11(b)	Were Major Comments always classified as "Major" and resolved in a manner that appears to be technically defensible? Spotcheck comments and their resolution.			
T-6	QMP-06-04, Attachment 4, Items (a)-(e)	Did reviewers refer to documents cited as sources of input during their review? Did they also refer to other pertinent background information in order to determine whether valid sources of input were overlooked or excluded without technical justification?			

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T-7	QMP-06-04, Step 13	Did reviewers conduct their review in accordance with assigned review criteria and was the review effective? Spotcheck documents to verify that technical deficiencies were not overlooked during the review.			
T-8	QMP-06-04, Attachment 7, Item T1	Does the document identify sources of input in a manner that differentiates between qualified and unqualified input? Does the TBD contain unqualified input and is it identified as such? Did reviewers comment on or question the input?			

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T-9	QMP-06-04, Attachment 7, Items T4 & 6	Does the TBD reflect applicable data and requirements in higher-order and interfacing technical documents such as the WMSR and SCP? Are data and requirements consistent with that contained in these documents?			
T-10		Were the documents approved by those having technical responsibility at the level at which they were written and also at the next highest level? Verify that TBDs received all required technical approvals. Through interviews or document reviews, determine technical basis for approvals.			

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T-11		Have necessary changes to TBDs been assessed to determine their technical impact on lower-tier and other interfacing documents? Have impacts been identified and plans developed for timely revisions in order to establish technical consistency among interfacing documents?			
T-12		Is the approved TBD complete, correct, and technically adequate?			

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		This series of questions is for the Sample management Facility and is the technical portion of Criteria 8, 12, and 13.			
	Primary reference to BTP-SMF-001 and other procedures as applicable				
T-13		Diagram the flow of activities from one SMF BTP to another to cover the SMF functions. Note: Fig 1 in BTP-SMF-001 is out of date.			
T-14		What is the grading package for these activities? What is the WBS element for this?			

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T-15		How are the various code conditions for core established (Lost, destroyed, consumed) How much core is not present before these apply? Are these categories consistently used among the staff?			
T-16		What lessons were learned from Apache Leap drilling exercise and how have these lessons been integrated into the project?			

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T-17		How are interfaces established and controlled for samples into and out of the SMF?			
T-18		In the sample management activities what roles and responsibilities does REECo have? How is the interface controlled? What procedures do these staff members work to? How are they trained?			

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T-19		What controls are in place to cover non-core samples collected by participant organizations?			
T-20		How are equipment, equipment use, and equipment calibration interfaces planned, established and controlled?			

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T-21		What is the status of CSITS and how is/will Software QA be planned?			
	Primary reference BTP-SMF-003				
T-22	Para. 5.4.1.2	For measurements stated what accuracy and precision is expected? Is this reasonable for the equipment used?			

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T-23	Para. 5.4.2.1	How are lithologic changes referred to in the procedure identified? When is a difference identified as a lithologic change? What tools are used in this activity?			
T-24	Para. 5.5.1	What is the limit for a depth discrepancy to be identified?			

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	Primary reference BTP-SMF-004				
T-25		Who is responsible for The SOC?			
	BTP-SMF-004, Para. 5.2.2, and 5.3.2				
T-26	BTP-SMF-008, Para. 5.2.2	What preventative maintenance is planned/done on the equipment identified here? Is this balance calibrated?			

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T-27	Para 5.2.9	What tests have been completed evaluating the polyethylene tubing used for storage? Is contamination possible from plasticizers?			
T-28	Para. 5.6	What criteria are used to determine if the quality of an item or activity is unacceptable or indeterminate? This applies to BTP-SMF-005 Para. 5.9 also.			

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	Primary reference BTP-SMF-005				
T-29	Para. 5.6	Note: Reference to method in 5.3.3, no 5.5.3 exists.			
	Primary reference BTP-SMF-006				
T-30	Para. 5.3.7.1	Why is the polystyrene cradle placed inside the lay-flat tubing?			

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T-31		What forms attached to this procedures have been implemented? If used is the information sufficient to fulfill the needed documentation?			
T-32		Are specimens identified in such a way that their origin is certain? Is it possible to mix up samples or specimens in the processing or laboratory?			

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	Primary reference BTP-SMF-007				
T-33		Are measures in place to assure that information associated with surface collected samples is correct and sufficient?			
	Primary reference BTP-SMF-008				
T-34		Are fluid samples marked and maintained in such a manner that identification is unique and in such a manner that they cannot be confused?			

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T-35	Para. 5.2.1	How will the portable facilities be sited and how will AP 5.10Q be implemented?			
T-36	Para. 5.3.1.4	How will core loss be established?			

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T-37	Para. 5.3.4.2.1	How and who will establish the standardized lithologic identifiers and how will gradations be established?			
T-38	Para. 5.4	How is sufficiency determined?			

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		These questions apply to study plan review and implementation of AP 1.10Q			
T-39		Does the Study Plan describe a new or ongoing activity?			
T-40		Which revision of AP1.10Q was the Study Plan prepared, reviewed, and approved under?			

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T-41	AP1.10Q, Rev. 1, Para. 4.2	Did the Director, R&SED designate an individual to coordinate preparation, review, and approval of the Study Plan in accordance with AP1.10Q? Provide documentation of the designation and the qualifications of the designee.			
T-42	AP1.10Q, Rev. 0, Para. 4.3	Did the Director, R&SED, designate a Study Plan Coordinator? Provide documentation of the designation and the qualifications of the designee.			

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T-43	AP1.10Q, Rev. 0, Paras. 5.2.2, 5.2.3, and 5.2.4, Rev. 1, Paras. 5.2.1, 5.2.2 and 5.2.3	Did the Director, R&SED (Rev. 0), Branch Chief, RIB (Rev. 1), or designee initiate a screening review of the Study Plan? Is the screening review documented? How were any identified deficiencies resolved (i.e., was the Study Plan returned to the TPO for revision prior to Project review)?			
T-44	AP1.10Q, Rev. 0, Para. 5.1.6, Rev. 1, Para. 5.1.5	Was the Principal Investigator technically qualified to prepare the Study Plan? Provide documentation.			

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T-45	AP1.10Q, Rev. 0, Para. 5.2.5, and 5.2.7, Rev. 1, Para. 5.2.4, and 5.2.7	Are the review criteria sufficiently critical to ensure a technically exhaustive review? Are the criteria stated in Section 5.2.7 (and 5.1.1) included? Are additional criteria included?			
T-46	AP1.10Q, Rev. 1, Para. 5.2.5	Have any Study Plans for ongoing studies been approved only on the basis of a screening review? Was the justification for this approval documented? Was concurrence by the Director, QAD, documented?			

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T-47	AP1.10Q, Rev. 0 and 1, Para. 5.2.6	Provide documentation of the technical qualifications of the Study Plan reviewers (completed prior to initiation of the Project review).			
T-48		Were the Study Plan reviewers trained in the appropriate revision of AP1.10Q?			

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T-49		Does the collective expertise of the Study Plan reviewers span the technical areas included in the Study Plan and the review criteria?			
T-50		Were corresponding sections of the SCP and any IRNs (ICNs) provided to the reviewers?			

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T-51	AP1.10Q, Rev. 0 and 1, Para. 5.2.8	Did the Study Plan reviewers appropriately categorize their comments as mandatory or nonmandatory on the CRFs? Spot check comments for correct categorization?			
T-52		What criteria are used to categorize comments? Were the reviewers trained in these criteria?			

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T-53		Do the review comments reflect that the reviewers adequately scrutinized the technical content of the Study Plan (see AP1.10Q, Rev. 0, Para. 5.2.7.3 for some areas of review)?			
T-54		Do the review comments reflect that the reviewers focused on the review criteria; especially conformance with the LODA (AP1.10Q, Rev. 0, Para. 5.2.7.4, Rev. 1, Para. 5.2.7.2)?			

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T-55		When in the Study Plan process should the LODA be met, prior to or subsequent to the Project review?			
T-56	AP1.10Q, Rev. 1, Para. 5.3.1	Provide documentation that the Branch Chief, RIB, or designee, was technically qualified to consolidate the review comments. (comment co[illegible]idation not required in Rev. 0)			

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T-57	AP1.10Q, Rev. 1, Para. 5.3.1	Were comments that were redundant, out of scope, or technically incorrect withdrawn from the set of CRFs? Spot check comments for adequate consolidation. Is the reviewer's concurrence with comment withdrawal noted on the CRFs? (comment consolidation not required in Rev. 0)			
T-58		Did the comment consolidation eliminate any comments that should have been addressed? (comment consolidation not required in Rev. 0)			

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T-59	AP1.10Q, Rev. 0 and 1, Para. 5.3.1	Provide documentation of comment resolution meeting attendance. Were technically appropriate representatives of the PI, SPC (Rev. 0 or Branch Chief, RIB, Rev. 1), and reviewers in attendance?			
T-60		Were the comment resolutions reached at the meeting (between PI and reviewers) appropriate to addresses the technical concerns? Spot check resolutions.			

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T-61	AP1.10Q, Rev. 0 and 1, Para. 5.3.2	For any comments not resolved by the PI and reviewers, was the resolution ultimately reached technically appropriate?			
T-62	AP1.10Q, Rev. 0 and 1, Para. 5.3.4, 5.3.5	Did the reviewers appropriately verify the comment resolutions or raise inadequately resolved comments to the Director, R&SED, or designee (i.e., is the resolution as agreed to at the meeting and does the resolution adequately resolve the comment)?			

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T-63	AP1.10Q, Rev. 0 and 1, Para. 5.5.5	Did the SPC (Rev. 0 or Branch Chief, RIB, Rev. 1) or designee adequately review the Study Plan, as revised per OCRWM comments, for technically adequate resolution?			
T-64	AP1.10Q, Rev. 0 and 1, Para. 5.6.2	Have any written comments on the Study Plan been received from the NRC or the State of Nevada? If so, were they documented on CRFs?			

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T-65		Were appropriate resolutions to NRC or State comments proposed? Were these resolutions incorporated in the Study Plan?			
T-66		Do State comments require resolution (the Study Plans are provided to the State for information).			

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T-67	AP1.10Q, Rev. 0 and 1, Para. 5.7	Has the technical content of the Study Plan been revised subsequent to OCRWM approval? If so, what was the justification for the revision?			
T-68		Have any revisions been suggested and not implemented? How are these tracked?			

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T-69	BTP-QRB-001	To date identify the implementation of the referenced procedure with respect to Procedure Section 2.0 Applicability.			
T-70	Para. 2.1 Rev. 0	Have technical advisors been selected? If so on what basis and for what technical expertise criteria?			

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T-71	Rev. 0, Paras. 4.0 and 5.0	A. How is log in and tracking of packages accomplished? B. How are priorities established? C. How is technical completeness determined? D. How are the review criteria established for each package? E. How are appropriate section of AP-6.1 and AP-5.28 established? What is done to establish consistency with the QAL and Q-list. F. How are panel votes recorded and determined accurate?			

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T-72		How is actual use of the grading package to the worked planned determined?			
T-73		Are records sent to the Local Records Center? How are the documents controlled?			

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T-74		How do grading package assignments for Criteria 3 and 20 interface in the light of the Technical Baseline documents and the SEMP?			

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