

United States Government

Department of Energy

# Memorandum

QA: QA

DATE: **MAY 15 2002**

REPLY TO:


ATTN OF: RW-3 (R. B. Murthy/(702) 794-1460)

SUBJECT: VERIFICATION OF CORRECTIVE ACTION AND CLOSURE OF DEFICIENCY REPORTS (DR) EM-02-D-055 AND EM-02-D-056 RESULTING FROM THE OFFICE OF QUALITY ASSURANCE (OQA) AUDIT EM-ARC-02-01

TO: EM-5 (S. L. Johnson)

The OQA staff has evaluated the corrective action of DRs EM-02-D-055 and EM-02-D-056 and determined the results to be satisfactory. As a result, the DRs are considered closed.

If you have any questions, please contact me at (702) 794-1460 or John R. Doyle at (702) 794-5021.

  
Ramin B. Murthy, Acting Director  
Office of Quality Assurance

OQA:JB-1138

Enclosures:

1. DR EM-02-D-055
2. DR EM-02-D-056

cc w/encls:

L. D. Vaughan, DOE/HQ (EM-5) FORS  
N. K. Stablein, NRC, Rockville, MD  
Robert Latta, NRC, Las Vegas, NV  
S. W. Lynch, State of Nevada, Carson City, NV  
Engelbrecht von Tiesenhausen, Clark County,  
Las Vegas, NV  
J. R. Doyle, NQS, Las Vegas, NV  
W. J. Glasser, NQS, Las Vegas, NV  
M. A. Kavchak, NQS, Las Vegas, NV  
D. G. Opielowski, NQS, Las Vegas, NV  
L. W. Wagner, NQS, Las Vegas, NV  
J. R. Dyer, DOE/YMSCO, Las Vegas, NV  
C. E. Hampton, DOE/YMSCO, Las Vegas, NV  
D. G. Horton, DOE/YMSCO, Las Vegas, NV  
J. M. Replogle, DOE/YMSCO, Las Vegas, NV  
B. M. Terrell, DOE/YMSCO, Las Vegas, NV

WM5507  
WM-11

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WASHINGTON, D.C.

8.



**ORIGINAL**  
DEFICIENCY REPORT  
THIS IS A RED STAMP  
☐ CORRECTIVE ACTION  
REPORT

NO. EM-02-D-055

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DEFICIENCY/CORRECTIVE ACTION REPORT

1. Controlling Document:

Standard Practice Procedure (SPP) 4.04, Revision 4, *Technical and QA Documents*

2. Related Report No.:

EM-ARC-02-01

3. Responsible Organization:

Office Of Environmental Management, Office Of Safety, Health And Security (EM-5), High-Level Quality (HLW) Quality Assurance (QA) Program

4. Discussed With:

Larry Vaughan

5. Requirement:

1. SPP 4.04, Revision 4, paragraph 4.a.3, states "Performer . . . completes the revision history for the document."
2. SPP 4.04, paragraph 3.a, states in part, ". . . Document(s) specifically within the scope of this procedure are: . . . (7) Reviews original issuance and revisions to Memorandums of Agreement . . . between RW and EM, Project Offices . . ."

6. Description of Condition:

A review of the following Memorandum of Agreement (MOA) identified that no revision history has been completed as per SPP 4.04 requirements:

1. MOA between Director, DOE Ohio Field Office/West Valley Demonstration Project (OH//WVDP); Director, Office of Safety, Health and Security (EM-5); Director, Ohio Office (EM-31) for Participation in Overview of High-Level Waste Quality Assurance Activities for West Valley Demonstration Project (WVDP), Revision 2.
2. MOA between Assistant Manager for High-Level Waste (DOE/SR AMHLW); Director, Office of Safety, Health and Security (EM-5); Director, Savannah River Office (EM-42) for Participation in Overview of High-Level Waste Quality Assurance Activities for Defense Waste Processing Facility, Revision 2.
3. MOAs between the Manager, Office of River Protection (DOE/ORP); Director, Office of Safety, Health and Security (EM-5); Director, River of Projection Office (EM-44) for Participation in Overview of High-Level Waste Quality Assurance Activities for the Waste Treatment Project, Revision 2.

7. Initiator:

*John R. Doyle*

John R. Doyle

Date 12/14/01

9. Does a stop work condition exist? (Not required for a DR)

☐ Yes ☒ No

If Yes, Check One: ☐ A ☐ B ☐ C ☐ D

10. Recommended Actions:

Revise above MOAs to include revision or change procedure to reflect current practice and determine impact.

11. QA Review:

*John R. Doyle*

QAR John R. Doyle

Date 12/20/01

12. Response Due Date:

10 Working Days From Issuance

13. DOQA Issuance Approval:

Printed Name: Ran MURPHY

Signature *Ran Murphy*

Date 1/8/02

22. Corrective Actions Verified:

QAR *John R. Doyle*

Date 4/25/02

23. Closure Approved by:

DOE/OQA *[Signature]*

Date 5/15/02

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8. ☒ DR/CAR  
☐ Stop Work Order

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*D60*  
*2/11/02*

DEFICIENCY/CORRECTIVE ACTION REPORT/STOP WORK ORDER CONTINUATION PAGE

Evaluation of Response to Deficiency Report EM-02-D-055

A review of response to this DR, dated 01/24/02, reveals that its corrective actions are related to those identified in DR EM-01-D-089. As 02/02/02 the response to EM01-D-089 has been rejected. Until an acceptable response to EM-02-D-089 has been accepted approved, and in concert with this DR, it is recommended that the response to EM-02-D-055 be rejected.

QAR:

*John R Doyle*

John R. Doyle

Date:

*2/6/02.*

<b>TYPE RESPONSE:</b> <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Amended	<b>OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT U.S. DEPARTMENT OF ENERGY WASHINGTON, D.C.</b>	DR/CAR NO. EM-02-D-055 PAGE 2 OF 2  QA: QA
<b>DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)</b>		
<b>14a. Immediate Actions:</b> Three MOAs between the HLW sites and EM Headquarters (HQ) were in process of being revised during the time of the RW audit. The revised MOAs had been reviewed and signed by the HLW Program Managers and HLW site managers and waiting signature of the EM-5, Office Director. The EM-5 Office Director directed the HLW QAPM to cancel the three MOAs. A DRAFT memo has been written to officially cancel the three MOAs. Compliance Date: March 1, 2002		
<b>14. Remedial Actions:</b> SPP 4.04 will be revised to delete the use of MOAs between the HLW sites and EM HQ.		
<b>15. Extent of Condition:</b> The HLW documents identified in SPP 4.04, that require the revision history be identified in the document have been identified and reviewed. Two types of documents were identified that did not have a revision history – MOAs and Annual QA Requirements Memorandums. The lack of a revision history identified in these documents has no impact on the waste acceptance activities performed by EM HQ and the HLW sites.		
<b>16. Cause: (Attach results of root cause determination prepared in accordance with AP-16.4Q for a significant deficiency.)</b> The cause can be attributed to the fact that MOAs and Annual QA Requirements documents are written in the form of an office memorandum and not a procedure. Office memorandums normally do not have revision histories.		
<b>17. Action to Preclude Recurrence:</b> SPP 4.04, will be revised, approved and re-issued to delete references to MOAs between EM HQ and HLW sites by April 5, 2002.  QA Requirements Memorandums will no longer be issued annually. EM HQ HLW Program will issue a QA Requirements Memorandum to each HLW site. The QA Requirements Memorandum will be reviewed annually to determine if changes are necessary. A revision history will be maintained (attached to the QA Requirements Memorandum) to reflect changes made. SPP 4.04 will be revised to add a note to read: "QA Requirements Memorandums shall have the revision history attached", by April 5, 2002.  Training (if required) will be completed by April 5, 2002.		
<b>18. Due Date:</b> April 5, 2002 <input type="checkbox"/> For submittal of complete response <input checked="" type="checkbox"/> For completion of corrective action	<b>19. Response by:</b> Larry D. Vaughan, HLW QAPM Date 1/24/02 (202) 586-2523 Phone	
<b>20. Evaluation:</b> <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Partially Accept <input checked="" type="checkbox"/> Reject QAR John H. Day Jr. Date 4/2/02	<b>21. Concurrence:</b> DDOA James B. Bayard Jr. Date 2/28/02	

Exhibit AP-16.1Q.1

Rev. 12/20/1999

## TYPE RESPONSE:

- ☐ Initial  
☐ Complete  
☒ Amended

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DR/CAR NO. 055

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## DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)

## 14a. Immediate Actions:

Three MOAs between the HLW sites and EM Headquarters (HQ) were in process of being revised during the time of the RW audit. The revised MOAs had been reviewed and signed by the HLW Program Managers and HLW site managers and waiting signature of the EM-5, Office Director. The EM-5 Office Director directed the HLW QAPM to cancel the three MOAs. A DRAFT memo has been written to officially cancel the three MOAs.

Compliance Date: March 1, 2002

## 14. Remedial Actions:

SPP 4.04 will be revised to delete the requirements to review MOAs. SPP 4.04 will be revised to clarify the requirement that a Revision History is required for implementing documents only.

## 15. Extent of Condition:

The HLW documents identified in SPP 4.04, that require the revision history be identified in the document have been identified and reviewed. Two types of documents were identified that did not have a revision history – MOAs and Annual QA Requirements Memorandums. The lack of a revision history identified in these documents has no impact on the waste acceptance activities performed by EM HQ and the HLW sites.

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

The cause can be attributed to the fact that MOAs and Annual QA Requirements documents are office memorandum and not an implementing document or procedure. The intent of the requirement to maintain a Revision History for intended for implementing documents only, i.e., implementing procedures.

## 17. Action to Preclude Recurrence:

SPP 4.04, will be revised, approved and re-issued to delete references to MOAs and to clarify the requirement that a Revision History is required for implementing documents only.

## 18. Due Date: April 5, 2002

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

19. Response by:  
 Larry D. Vaughan  
 HLW QAPM

2/14/02  
 Date

(202) 586-2523  
 Phone

20. Evaluation: ☒ Accept ☐ Partially Accept ☐ Reject

QA:

Date 2/19/02

## 21. Concurrence:

DOQA

Date

2/28/02

Exhibit AP-16.1Q.1

Rev. 12/20/1999

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☒ DR/CAR/QO  
☐ SWO

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**CONDITION ADVERSE TO QUALITY CONTINUATION PAGE**

Verification of Corrective Actions to DR EM-02-D-055

Block 14a. Immediate Actions:

Verified memorandum to EM-5 dated 02/05/02 that MOAs between the HLW sites and EM Headquarters have been cancelled (See Attachment 1)

Block 14. Remedial Action

Verified by review of SPP 4.04 Rev. 5 approved 3/25/02 Para. 4.a.3 that deleted the requirement to review MOAs.

Block 15. Extent of Condition:

See Amended Response accepted by OQA 2/28/02

Block 16. Cause

See Amended response of Block 15

Block 17. Action to Preclude Recurrence

See Block 14

The Above Committed Corrective actions have been satisfactorily verified.

This Deficiency Report is considered closed.

QAR: John R. Doyle.

Date: 4/25/02

John R. Doyle

United States Government

Department of Energy

# memorandum

ATTACHMENT 1 TO DA

EM-02-D-055 p1 of 2

DATE: FEB 5 2002

REPLY TO  
ATTN OF: EM-5 (L. Vaughan:6-2523)

SUBJECT: Cancellation of Memoranda of Agreement (MOA) Among the Office of Environmental Management (EM) and EM High-Level Waste (HLW) Sites

TO: Distribution

The purpose of this memorandum is to provide cancellation notification for the following three MOAs:

- 1) MOA among the Manager, Office of River Protection (DOE/ORP); Director, Office of Safety, Health and Security (EM-5); and the Director, River Protection Office (EM-44);
- 2) MOA among the Assistant Manager for High Level Waste (DOE/SR AMHLW); Director, Office of Safety, Health and Security (EM-5); and Director, Savannah River Office (EM-42); and
- 3) MOA among the Director, DOE Ohio Field Office/West Valley Demonstration Project (OH/WVDP); Director, Office of Safety, Health and Security (EM-5); and the Director, Ohio Office (EM-31).

MOAs among internal EM organizations to participate and support each other in oversight activities are no longer necessary.

High-Level Waste Quality Assurance oversight is now a team effort within EM. Organizations leading the oversight activity will continue to ensure the independence of the participants to prevent conflicts of interest; allow organizations to take credit for the oversight activity to satisfy quality assurance requirements; plan the activity in such a manner to eliminate duplication of effort; and reduce resource commitments and undue disruptions of work at the sites.

Attached are copies of the canceled MOAs for your records. Cancellation is effective as of the date of this memorandum.

If you have any questions, please call Larry Vaughan on (202) 586-2523.



Paul M. Golan  
Acting Director  
Office of Safety, Health and Security  
Office of Environmental Management

Attachments

ATTACHMENT 1 TO DR

EM-02-D-055 p2 of 2

Distribution List:

R. Newberry, EM-5  
K. Chaney, EM-31  
M. Rawlings, EM-31  
B. Smith, EM-42  
K. Fisher, EM-42  
C. Majumdar, EM-43  
R. Lightner, EM-44  
T. Wright, EM-44  
C. Anderson, DOE/SR-AMHLW  
R. Lynch, DOE/SR-DWPF  
A. C. Williams, DOE/OH-WVDP  
D. Gray, DOE/OH-WVDP  
H. Boston, DOE-ORP  
W. Smoot, DOE/ORP  
G. Camasta, SFI/CRF

cc w/o attachment:

R. Goldsmith, EM-5  
R. Murray, EM-5  
D. Huizenga, EM-20  
K. Chacey, EM-22  
K. Picha, EM-22  
D. Koutsandreas, EM-22  
J. Fiore, EM-30  
R. Scott, EM-40  
K. Grisham, EM-42

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8. ☒ DEFICIENCY REPORT  
☐ CORRECTIVE ACTION  
REPORT

NO. EM-02-D-056

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DEFICIENCY/CORRECTIVE ACTION REPORT

1. Controlling Document:

DOE/RW-0333P, Revision 10, *Quality Assurance Requirements and Description* (QARD), Section 2.2.12, "Personnel Qualification," and Standard Practice Procedure (SPP) 3.02, Revision 3.0, *Qualification and Certification Records*, Subsection, 4.a, "Developing and Implementing the QA Training Plan"

2. Related Report No.:

EM-ARC-02-01

3. Responsible Organization:

Office Of Environmental Management, Office Of Safety, Health and Security (EM-5), High-Level Quality (HLW) Quality Assurance (QA) Program

4. Discussed With:

Larry Vaughn

5. Requirement:

1. SPP 3.02, Subsection 4.a, requires the verification of education and experience for those who perform activities in accordance with the HLW QA Program.
2. The QARD, Section 2.2.12, A.5.c, requires job responsibilities be defined as they relate to a particular function.
3. SPP 3.02, Section 4.a.1.e, requires the training plan identify training applicable to the participants activity in the HLW QA Program.

6. Description of Condition:

1. Contrary to the sited requirement, the HLW Quality Assurance Program fails to require job responsibilities be described when position descriptions are required by SPP 3.02, Section 4.a.1.c. A review of position descriptions confirmed the job responsibilities are undefined for specific quality functions performed.
2. Contrary to the above, verification of education and experience documentation was not available for P. Golan and T. Wright.
3. Contrary to SPP 3.02, a review of training evaluation documentation indicated that functional positions were not identified for each individual reviewed although the training plan used functional positions' title to define training requirements. As a result, applicable training could not be directly determined.

7. Initiator:

*Marilyn A. Kavchak*  
Marilyn A. Kavchak

Date 12/19/01

9. Does a stop work condition exist? (Not required for a DR)

☐ Yes ☒ No

If Yes, Check One: ☐ A ☐ B ☐ C ☐ D

10. Recommended Actions:

11. QA Review:

*Marilyn A. Kavchak*  
QAR Marilyn A. Kavchak

Date 12/20/01

12. Response Due Date:

10 Working Days From Issuance

13. DOQA Issuance Approval:

Printed Name: Ram MURTHY

Signature *Ram Murthy* Date 1/8/02

22. Corrective Actions Verified:

*M. Kavchak*  
QAR M. Kavchak

Date 4/30/02

23. Closure Approved by:

DOE/OQA *[Signature]* Date 5/15/02

## TYPE RESPONSE:

X Initial

☒ Complete☐ AmendedOFFICE OF CIVILIAN  
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DR/CAR NO. EM-02-D-056

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## DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)

## 14a. Immediate Actions:

None Required

Compliance Date:

## 14. Remedial Actions:

1. SPP 3.02 will be revised to allow the use of a 'Functional Position Requirements' (FPR) document to supplement an individual's Position Description (PD) if the PD does not identify him/her as a HLW personnel. The purpose of the FPR document is to list the minimum required education and work experience of the individual to performed HLW activities. This will allow training to be matched according to the HLW QA Training Plan and the assigned tasks.
2. Verification of Education and Experience documentation will be requested from the Office of Management, Budget and Evaluation (ME) for P. Golan and T. Wright.
3. The HLW QAPM will review the individual's education and work experience against the Functional Position Requirements document to ensure individuals performing HLW work are properly trained and this requirement has been met.

## 15. Extent of Condition:

A review of all HQ HLW personnel training files has been conducted for compliance to SPP 3.02. The review identified three individuals who did not have proper training documentation in their files. However, the three individuals possessed adequate education and work experience. The lack of proper training documentation for these three individuals has no impact on the waste acceptance activities performed by EM HQ and the HLW sites.

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

The caused is attributed to the use of individuals from outside the HLW Program to do HLW work. The review noted that the Position Descriptions for these individuals do not generally reflect duties listed in the HLW Program. Therefore, the linkage between the PD, the training requirements of SPP 3.02 and the QA Training Plan was inconsistent.

## 17. Action to Preclude Recurrence:

SPP 3.02 will be revised by April 5, 2002, to allow the use of a 'Functional Position Requirements' (FPR) document to supplement an individual's Position Description (PD) if the PD does not identify him/her as a HLW personnel. The purpose of the FPR document is to identify the minimum education, work experience and training required of individuals who are not part of the HLW Program to performed HLW work.

Training (if required) will be completed by April 5, 2002.

## 18. Due Date: April 5, 2002

☐ For submittal of complete response☒ For completion of corrective action

## 19. Response by:

Larry D. Vaughan,  
HLW QAPM

Date 1/24/02 Phone (202) 586-2523

20. Evaluation: ☒ Accept ☐ Partially Accept ☐ Reject

QAR

Matarachuk

Date 2/2/02

## 21. Concurrence:

DOQA

James Blaylock

Date 2/7/02

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8. ☒ DR/CAR  
☐ Stop Work Order

NO. *EM-02-D-056*

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DEFICIENCY/CORRECTIVE ACTION REPORT/STOP WORK ORDER CONTINUATION PAGE

Review of Revised Response to EM-02-D-056

I have reviewed revised response from L. Vaughn dated 1/25/02 to the subject Deficiency Report (DR) and provide the following recommendation:

The response reviewed all HLW HQ personnel training files as part of the extent of condition and identified three individuals who did not have proper training. It fails to commit to completion of the required training and does not provide justification for why the lack of training had not impact.

As action to preclude recurrence, EM states they will revise the corresponding procedure, to allow for the use of a functional position requirement document intended to identify the education and experience required for specific quality assignments that would supplement the individual's position description. Remedial action commits to a review of those who have been conducting quality affecting work without having had the requirements (education & experience) defined for the previously undefined minimum education & experience and determine the impact.

Actions are to be completed by 4/5/02.

Based on these commitments, it is recommended that the response be accepted.

*M. Kavchak 1/30/02*

Marilyn A. Kavchak

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☐ SWO

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**CONDITION ADVERSE TO QUALITY CONTINUATION PAGE**

Review of Committed Corrective Actions for EM-02-D-056 and Recommended Closure

Based on the objective evidence of committed corrective actions taken associated with Deficiency EM-02-D-056, it is recommended that the Deficiency Report be closed. The details of the review are provided below:

1. SPP 3.02 has been revised as committed to allow for the use of a 'functional position requirements' document to supplement an individual position description if the position description does not identify the individual as having the appropriate requirements. A review of this procedure revision indicates that it has been revised to adequately address the previously lacking position requirements.
2. Previously unavailable verification of education and experience documentation for P. Golan was explained and was found to be adequate. A review of a Inter Office Memo dated January 21, 2002 from L. Vaughan, HQ HLW QAPM, to file states that a Education and Experience Verification (E&EV) form has not previously been required for the position of Office Director (in this case, Mr. Golan) or higher since their role in the QA Program implementation is minimal; and the QAR agrees since there is no evidence they have been involved in any verification activity. The QAR reviewing this documentation finds the waiving of E&EV for the Office Director practical - and recommended that the lack of documentation be acceptable in this case - provided that the role is kept to a minimum. Verification for T. Wright (along with Himpler and Garrett) was initiated on 4/02/02 through a memo from L. Vaughan to Gwen Brown. The results of this verification were not provided. The memo initiating the action is accepted as adequate to recommend closure.
3. A review of HQ HLW personnel training files was completed as committed in Item 15. for compliance to the newly revised SPP 3.02. This review is documented in the Memo noted in bullet 3 above. Six, not three as previously reported, individuals were found to be lacking proper training - however, it was deemed to have no impact on the waste acceptance activities performed by EM HQ and the HLW sites according to the HQ QA PM. Acceptable justification for each one of individuals lacking training is provided in the memo and is found acceptable. Justification is based on education and experience versus a review of the work performed by each individual. This review resulted in an evaluation that there was no impact on the work performed and the QAR agrees. The documentation of the review is summarized in the Inter Office Memo dated 1/21/02 from L. Vaughan to file.
4. Last, functional position requirement documents for five individuals identified during the review as required in order to match the required training with the roles/responsibilities performed/assigned were generated. These documents were provided by the HQ HLW QAPM and found to be adequate.

Based on the above review summary of the documentation reviewed, all corrective actions associated with this deficiency are considered adequate and closure of this deficiency is recommended.



Marilyn A. Kavchak  
4/25/02