



QA: QA

Thomas W. Doering, Manager
Performance Assessment
Bechtel SAIC Company, LLC
1180 Town Center Drive
Las Vegas, NV 89144

VERIFICATION OF CORRECTIVE ACTION AND CLOSURE OF DEFICIENCY REPORT
(DR) BSC(V)-02-D-119 RESULTING FROM THE BECHTEL SAIC COMPANY, LLC (BSC)
QUALITY ASSURANCE AUDIT BSC-SA-02-025 OF STRUCTURAL INTEGRITY
ASSOCIATES, INC.

BSC's Quality Assurance organization has verified implementation of corrective action for DR BSC(V)-02-D-119 and determined the results to be satisfactory. As a result, the DR has been closed.

If you have any questions, please contact either Robert D. Habbe at (702) 295-1631 or Daniel A. Klimas at (702) 295-2665.

A handwritten signature in cursive script, appearing to read 'D. T. Krisha'.

Donald T. Krisha, Manager
Quality Assurance

6/14/02

Date Signed

RDH:bw-0613022979

Enclosure:
DR BSC(V)-02-D-119

Handwritten initials 'NMSS07' in a cursive style, located in the bottom right corner of the page.

June 14, 2002

Page 2

cc w/encl:

L. W. Bradshaw, Nye County, Pahrump, NV
Margaret Chu, DOE/HQ (RW-1) FORS
J. R. Dyer, DOE/YMSCO, Las Vegas, NV
W. J. Glasser, NQS, Las Vegas, NV
Birdie Hamilton-Ray, DOE/YMSCO, Las Vegas, NV
C. E. Hampton, DOE/YMSCO, Las Vegas, NV
R. W. Henderson, BSC, Las Vegas, NV
D. G. Horton, DOE/YMSCO, Las Vegas, NV
D. A. Klimas, BSC, Las Vegas, NV
D. T. Krisha, BSC, Las Vegas, NV
Robert Latta, NRC, Las Vegas, NV
S. W. Lynch, State of Nevada, Carson City, NV
S. P. Mellington, DOE/YMSCO, Las Vegas, NV
Ram Murthy, DOE/OQA, Las Vegas, NV
D. G. Opielowski, NQS, Las Vegas, NV
R. E. Powe, BSC, Las Vegas, NV
J. M. Replogle, DOE/YMSCO, Las Vegas, NV
N. K. Stablein, NRC, Rockville, MD
D. D. vonderLinden, BSC, Las Vegas, NV
Engelbrecht von Tiesenhausen, Clark County, Las Vegas, NV
T. J. Wall, BSC, Las Vegas, NV
B. L. Wilson, BSC, Las Vegas, NV

cc w/encl:

G. M. Gordon, BSC, Las Vegas, NV
R. D. Habbe, BSC, Las Vegas, NV
Yehuda Krampfner, SI, San Jose, CA
J. H. Lee, BSC, Las Vegas, NV
S. A. Silva, BSC, Las Vegas, NV
Tammy Summers, BSC/LLNL, Las Vegas, NV

NA15507 20/02/02

**OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY WASHINGTON, D.C**

8. Deficiency Report
 Corrective Action Report

No. BSC(V)-02-D-119

Page 1 of

QA: QA

DEFICIENCY REPORT/CORRECTIVE ACTION REPORT

1. Controlling Document: (Document ID and Revision or Date)
Structural Integrity Quality Procedure (SIQP) SIQP-16, Revision 6

2. Related Report No.:
BSC-SA-02-025

3. Responsible Organization:
BSC Performance Assessment /
Structural Integrity Associates, Inc. (SI)

4. Discussed With:
Yehuda Krampfner (SI) and Joon Lee (BSC)

5. Requirement:

SIQP-16, Revision 6, Section 3.0 states: "The company-wide implementation of the program is evaluated annually by a comprehensive assessment of the QA Program."

6. Description of Condition:

Contrary to the requirement:

The SI internal audit for Fiscal Year 2001 did not evaluate the following areas of the SI QA Program: Section 1.0, Management Responsibility; Section 5.0, Document Control; Section 6.0, Procurement and Purchasing; Section 9.0, Inspection and Testing; Section 10.0, Inspection, Measuring and Test Equipment; Section 12.0, Control of Nonconforming Product; Section 13.0, Corrective Action; and Section 16.0, Audits.

Has work been stopped? Yes No

7. Initiator:
Robert D. Habbe *R.D. Habbe* 5-15-02
Printed Name Signature Date

9 Does a stop work condition exist?

Yes No N/A

If Yes, Check One:

A

B

C

D

10. Recommended Actions:

Take the necessary action to evaluate or establish that the areas of the Quality Program not evaluated are being satisfactorily implemented.

**ORIGINAL
THIS IS A RED STAMP**

11. QAR Review:
Robert D. Habbe *R.D. Habbe* 5-15-02
Printed Name Signature Date

12 Response Due Date:

20 Working days after issuance.

13. QAM Issuance Approval:

Printed Name Donald T. Krishna

Signature *Robert P. Beale*

Date

5/16/02

14. Corrective Actions Verified/Closure: *Robert D. Habbe*
Robert D. Habbe *6-10-02*
QAR Printed Name Signature Date

15. QAM Closure Approval:

Donald T. Krishna *D.T. Krishna*

Printed Name

Signature

Date

6/14/02

Submittal Page ___ of

2. Check if Amended
Check if also Initial Response

3. Extended Processing
 No Yes (if yes, submit
Extended Processing request.)

**OFFICE OF
CIVILIAN RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

1. DR/CAR No.:
BSC(V)-02-D-119

Page ___ of

QA: QA

ORIGINAL
red

DEFICIENCY REPORT/CORRECTIVE ACTION REPORT COMPLETE RESPONSE

4. Extent of Condition: (Amended response will be required if all Extent of Condition Investigations are not complete and documented herein)

The SI Internal Audit report for 2001 did not address the following Program sections:

- | | | |
|---------------------------------------|---|--------------------------------|
| 1.0 Management Responsibility | 5.0 Document Control | 6.0 Procurement and Purchasing |
| 9.0 Inspection and Testing | 10.0 Inspection, Measuring and Test Equipment | |
| 12.0 Control of Nonconforming Product | 13.0 Corrective Action | 16.0 Audits |

The SI Internal Audit for 2000 was found to be a complete audit of all QA Program Sections. The SI Internal Audit for 2002 will be performed in early '03.

5. Impact: (Provide an impact statement relative to waste isolation and safety, and impact to other work, if any)

The quality of SI work, as a whole, was not impacted by the condition listed in '4', above, and specifically, the work performed by SI under contract with BSC was also not impacted. Program sections 6.0, 9.0, 10.0 and 12.0 are not applicable to the work scope of the BSC contract, i.e. SI does not provide such services to BSC. Furthermore, the satisfactory implementation of the SI QA Program (in Sections 1.0, 5.0, 13.0, and 16.0) was evaluated recently and was found to be satisfactory. Examples are the following:

- A. A comprehensive audit of the SI QA Program was conducted in June 2001 by NUPIC. This audit evaluated the complete program and resulted in no findings. The concluding comment of the NUPIC audit report was "Structural Integrity has a very effective quality program. It is satisfactorily implemented."
- B. The internal SI audit for 2000 was conducted in March 2001, and reviewed by the BSC auditor during the (May '02) audit. It also indicated no deficiencies in the sections listed in this DR.
- C. Several short client audits conducted since Dec. 01 found the SI QA Program implementation satisfactory.
- D. The BSC project file (as all of SI's project files) is monitored periodically. The last survey was on 4/22/02. The purpose of project file monitoring is to assure that the content of the file is complete and accurate. Previous monitoring of the BSC project sometimes discovered minor administrative issues that were corrected within the required time.
- E. The recent BSC audit BSC-SA-02-025 found that SI was implementing an effective program in Sections 1.0, 5.0 and 13.0.

Items 'A' 'B' and 'C' demonstrate that the SI QA Program was satisfactorily implemented in calendar years 2000, 2001 and early 2002, while items 'D' and 'E' further demonstrate that the BSC project was effectively performed in accordance with the required BSC quality criteria.

6. Remedial Actions: (Document all actions necessary to address the results of the Extent of Condition)

No remedial actions are necessary because adequate documentation is available to substantiate that all program sections of the SI quality program that required implementation for the BSC contract were effectively implemented in calendar year 2001.

7. Root Cause (For a significant CAQ, attached results of formal root cause determination prepared in accordance with AP-16.4Q)
 Apparent Cause

It was necessary to employ a contractor to perform the 2001 internal audit, as all suitable SI personnel were involved with the program during the year 2001, and therefore could not serve as unbiased auditors. Furthermore, this audit was performed shortly after the assignment of a new QA manager at SI. These two factors resulted in an internal audit that did not address all items of the SI QA Program.

8. Action to Preclude Recurrence: (Address those actions necessary to prevent the identified cause from recurring)

The SI QA Manager will assure that the 2002 internal audit, to be conducted in early '03, will address all program sections. To ensure this, the SI QA Manager wrote a memo on 5/31/2002 to the BSC project file requesting the project manager to verify that the 2002 internal annual audit address all program sections of the QA Program.

9. Due Date for Completion of Corrective Action:
N/A

10. Responsible Manager:

Robert Henderson	<i>R. Henderson</i>	6-5-02
Printed Name	Signature	Date

11. QAR Evaluation: Accept Partially Accept Reject
 Re-evaluated for significance

12. QAM Concurrence:

<i>Robert D. Habbe</i>	6-6-02
Printed Name	Date

Donald T. Krishna	<i>D.T. Krishna</i>	6/4/02
Printed Name	Signature	Date

<p>ORIGINAL red</p>

**OFFICE OF
CIVILIAN RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

 DR/CAR/QO
 SWO

No: BSC(V)-02-D-119

Page _____ of _____

QA: QA

CONDITION ADVERSE TO QUALITY CONTINUATION PAGE

VERIFICATION OF CORRECTIVE ACTION AND CLOSURE OF
DR BSC(V)-02-D-119

This verification was based on a review of documentation provided by Structural Integrity Associates, Inc. (SI).

Verification of Impact Determinations:

The QAR performed a review of the NUPIC Audit Report dated 06/29/2001 of SI. QAR verified that all SI QA Program elements were audited and that there were no findings.

The QAR performed a review of the SI Internal Audit Report for FY2000 and verified that all SI QA Program elements were audited during this audit.

The QAR performed a review of Audit Reports by PCI Energy Services dated 03/18/2002 and Transnuclear West, Inc. dated 01/02/2002. Both audits indicate that SI was effectively implementing its QA Program and that there were no audit findings.

The QAR performed a review of the SI internal quality monitoring form, dated 04/22/2002 for the BSC project. Periodic monitoring indicates that all work on the BSC project has been completed in accordance with QA Program requirements.

Verification of Action to Preclude Recurrence:

The QAR performed a review of a SI Memorandum dated 05/31/2002 from Y. Krampfner, SI QA Manager, to B. M. Gordon, SI Project Manager, requiring that the Project Manager verify that all elements of the SI QA Program have been audited at the completion of the FY2002 internal SI audit.

A review of the extent of condition did not indicate that this DR is a significant condition.

The documentation provided and the corrective actions taken provide satisfactory implementation of correction actions for this DR. Based on the above, this DR is considered closed.

Robert D. Habbe

Robert D. Habbe

6-10-02

Date Signed