



Department of Energy
Washington, DC 20585

WBS 1.2.9.3
QA

DEC 19 1990

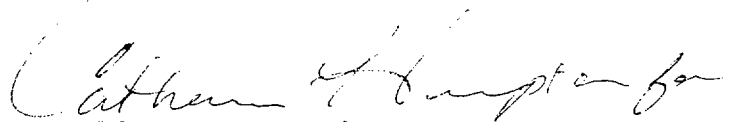
John W. Bartlett, Director, Civilian Radioactive Waste Management,
HQ (RW-1) FORS

EVALUATION OF RESPONSES TO CORRECTIVE ACTION REQUESTS (CARS) HQ-91-008 AND
HQ-91-010 RESULTING FROM OFFICE OF QUALITY ASSURANCE (OQA) AUDIT 90-I-01

The OQA staff has evaluated the responses to CARS HQ-91-008 and HQ-91-010.
The responses have been determined to be satisfactory. Verification of
completion of the corrective actions will be performed after the effective
dates provided.

Any extension to the effective dates must be requested in writing with
appropriate justification prior to those dates.

If you have any questions, please contact either Catherine E. Hampton at
(702) 794-7973 or FTS 544-7973 or Stephen R. Dana of Science Applications
International Corporation at (702) 794-7176 or FTS 544-7176.


Donald G. Horton, Director
Office of Quality Assurance

OQA:CEH-1283

Enclosure:
HQ-91-008 and HQ-91-010

cc w/encl:
H. W. Washington, HQ (RW-3) FORS
K. R. Hooks, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08

cc w/o encl:
J. W. Gilray, NRC, Las Vegas, NV

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PDR WASTE
WM-11 PDR

FULL TEXT ASCII SCAN
ADD: K Hooks

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

14 CAR NO.: HQ-91-008
DATE: 11/09/90
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QAPD, Revision 3 and QAAP-16.1, Revision 0		2 Related Report No. Audit No. 90-I-01	
3 Responsible Organization RW-3		4 Discussed With D. Horton/R. Lahoti	
10 Response Due 11/29/90	11 Responsibility for Corrective Action D. Horton	12 Stop Work Order Y or N N	
5 Requirement: QAPD, Rev. 3, Section 1 Organization: Para. 1.1.1 responsibilities of Director, OCRWM "g. Maintain awareness of quality assurance issues and problems and effect resolution." Para. 1.1.2.1 responsibilities of Director, OQA: "j. Establish and maintain a Program Quality Assurance information system to facilitate effective communication of the status of the quality assurance program; status of resolution of issues, trends, and significant conditions adverse to quality..."			
6 Adverse Condition: Based on the examples presented below, the CAR/DR/OBS tracking report and the monthly action due report have not been effective in conveying the status of open items to assure timeliness of responses, response evaluations, or verification and close-out. The 10/16/90 CAR/DR/OBS Tracking Data Dump was reviewed and the following conditions were noted for the 60 DRS/CARS listed. A. Untimely responses for 28 items. (Based on time from Response Due to Response Received) Responses were received from 2-109 days after the due date for 28 items, which included one CAR response for a significant deficiency that was received 43 days after the due date. (DRs 90-08, 09, 10, 32, 33, 34, 11, 17, 18, 20, 21, 23, 31, 36; DR 90-01, 02, 03, 04, 05, 06, 07, 08, 11, 14, 15, 17, 19; CAR 90-01.)			
7 Recommended Action(s): Identify the remedial actions to be taken to correct the deficiencies noted in Block 6. Identify the cause of the condition and the planned corrective action to prevent recurrence.			
8 Initiator Ardell Whiteside		9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	
Date: 10/19/90		13 Approved By: OQA <u>James Blaylock Jr</u> Date: <u>11/9/90</u>	
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

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CAR NO.: HQ-91-008
DATE: 11/09/90
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

5 Requirements (continued)

QAAP-16.1, Revision 0, Para. 4.4 includes responsibilities for the Director, OQA, or designee to track the status of all CARs and DRs.

6 Adverse Condition (continued)

- B. Untimely response evaluation actions for 44 items. (Based on time from Response Received to Accepted/Rejected)

NOTE: For the purpose of this deficiency, evaluations that occurred within 14 days of receipt of the response were considered acceptable.

Response evaluations ranged from 15-200 + days after receipt of response for 44 items, which included three CARs for significant deficiencies that noted 17, 19, and 23 days.

(DRs 89-01, -08 thru -13, -17; CARs 89-01, -02, and 90-01.)

- C. Untimely verification/close-out actions for 23 items (Based on time from Corrective Action completion to close-out).

NOTE: For the purpose of this deficiency, close-outs that occurred within 30 days of completion of actions were considered acceptable.

Close-outs ranged from 31-337 days for 23 of 41 items.

(DRs 89-02, 03, 04, 06, 08 thru 11, 13, 15, 17, 24, 26 thru 29, 31 thru 34; 90-09, 10; CAR 89-01)

- D. Only one item (DR-89-07) was voided. However, the DR was initiated in 3/89 and was not closed until 9/90. Therefore, the QA Evaluation of the cited problem was not timely.

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CAR NO. HQ-91-008
DATE: 11-28-90
SHEET: 3 OF 3

CORRECTIVE ACTION REQUEST
(continuation sheet)

CORRECTIVE ACTION RESPONSE:

A. Extent of Deficiency:

The cited deficiencies were isolated to the DR/CAR tracking system as noted in the audit report and this CAR.

B. Root Cause:

Single point responsibility within OQA for reviewing all DR/CAR related correspondence and for routine tracking and reporting of status had not been assigned and maintained.

C. Remedial Action:

A CAR coordinator has been assigned to track the status of CARs and DRs at both HQ and YMP. The status of CARs and DRs will be tracked daily and status reports will be issued on a monthly basis. The first such report was completed November 9, 1990. Also, between October 1 and November 9, 1990, eight open DRs were closed.

Responsible individual: RW-3/Horton

Completion date: Completed 11/9/90

D. Corrective Action to Prevent Recurrence:

Procedure QAAP 16.1 was revised and reissued on October 3, 1990. The revision assigns the tracking of CARs to a CAR Coordinator, thereby centralizing responsibility for tracking and statusing CARs. By establishing a single point of contact for all correspondence and notifications regarding corrective action responses, corrective action completion and verification of corrective action, responsibility and accountability for the tracking and closing CARs has been greatly improved. Subsequent evaluations of the effectiveness of the system will take place through surveillances and audits. Initial classroom instruction on QAAP 16.1 will be completed by November 28, 1990.

Responsible individual: RW-3/Horton

Completion date: Forecast 11/28/90

Response Approved: R. W. Clark
Responsible Manager

12/3/90
Date

Response Accepted: Allen Humphreys
OQA

12-10-90
Date

Response Accepted: S. Davis
QAR

12/10/90
Date

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**14CAR NO.: RQ-91-010
DATE: 11/09/90
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3**CORRECTIVE ACTION REQUEST**

1 Controlling Document QAAP 18.1, Revision 0		2 Related Report No. Audit No. 90-I-01	
3 Responsible Organization RW-3		4 Discussed With R. Clark/R. Lahoti/D. Miller	
10 Response Due 11/29/90	11 Responsibility for Corrective Action D. Horton	12 Stop Work Order Y or N N	
5 Requirement: <p>QAAP 18.1, Rev. 0, Para. 6.3.3 states in part: "Based on annual evaluations, the Director, OQA, may extend the certification...The Director, OQA, dated signature on Attachment I, indicates results of the evaluations are satisfactory and the certification is extended for a period of one year from the date of the evaluation."</p> <p>Para. 6.5.3 states:</p> <p>"A file for each Lead Auditor, auditor, and technical specialist is established and maintained by the Director, OQA, and contains copies of the individual's resume, documentation relating to or supporting the individual's qualifications, educational degree(s), training course certificates, training attendance records, audit participation records and applicable examination results."</p>			
6 Adverse Condition: <p>Procedural requirements for Lead Auditors, auditors, and technical specialists are not being implemented accordingly.</p> <ul style="list-style-type: none">o Recertification for Lead Auditors are not being documented.o Files of Lead Auditor, auditor, and technical specialist do not contain all required documentation.o Objective evidence of the examination contents for Lead Auditors does not exist.			
7 Recommended Action(s): <p>Identify the remedial actions to be taken to correct the deficiencies noted in Block 6. Identify the cause of the condition and the planned corrective action to prevent recurrence.</p>			
8 Initiator Mario R. Diaz	Date: 10/19/90	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <u>James Blaylock</u> 11/9/90
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

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CAR NO.: HQ-91-010
DATE: 11/09/90
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

5 Requirements (continued)

Para. 6.6.1 states:

"The Director, OQA, develops and administers the examination for a Lead Auditor."

Para. 6.6.4 states:

"The Director, OQA, retains a record of the objective evidence of the examination contents."

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CAR NO. HQ-91-010
DATE: 11-26-90
SHEET: 4 OF

CORRECTIVE ACTION REQUEST
(continuation sheet)

CORRECTIVE ACTION RESPONSE

A. Extent of Deficiency:

Condition 1: To date, qualification records prepared in accordance with QAAP 18.1 have expired for only two of eight Lead Auditors. Both of these individuals had terminated involvement in the OCRWM program prior to the expiration of their qualifications, therefore recertification by the Director, OQA was not required. In addition, one individual had been certified as a Lead Auditor under OGR Procedure QIP 18.3, but certification had not been updated using the forms required by QAAP 18.1.

Condition 2: A total of seven individuals (four Lead Auditors, three auditors, and no technical specialists), who have been qualified in accordance with QAAP 18.1, remain actively involved with the OCRWM program. None of the files on these individuals included audit participation records for the current year.

Condition 3: Objective evidence of examination contents were not on file for three of the eight individuals who have been qualified as Lead Auditors.

B. Root Cause:

During the 1990 reorganization of the OCRWM project, responsibility for this task was never reassigned within OQA.

C. Remedial Action:

Condition 1: A Lead Auditor certification record was completed during the audit for the one individual whose OGR qualifications had not been updated.

Condition 2: Audit participation records have been prepared and placed in the files of each currently qualified individual.

Condition 3: Of three individuals whose files did not contain records of examination content, two are no longer involved with the OCRWM program and had never been assigned as Lead Auditor on an audit team, therefore those records will not be completed. Objective evidence of examination content will be obtained for the third individual and the file will be updated by December 7, 1990.

Responsible Individual: RW-3/Horton
Completion Date: Forecast December 7, 1990

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

CAR NO. HQ-91-010
DATE: 11-26-90
SHEET: 5 OF

CORRECTIVE ACTION REQUEST
(continuation sheet)

D. Action to Prevent Recurrence:

Responsibility for maintenance of files on qualified audit personnel has been assigned to Janet Arpia. To assure that recertification is documented as required, these files now include a "tickle" system to identify when annual reviews are required.

Response Approved: R. W. Clark
Responsible Manager

12/3/90
Date

Response Accepted: Catherine Hampton
OQA

12-10-90
Date

Response Accepted: John S. Miller
QAR

12-7-90
Date