



Department of Energy
Yucca Mountain Site Characterization
Project Office
P. O. Box 98608
Las Vegas, NV 89193-8608

WBS 1.2.9.3
QA


JAN 04 1991

Thomas E. Blejwas
Technical Project Officer
for Yucca Mountain
Site Characterization Project
Sandia National Laboratories
P.O. Box 5800
Organization 6310
Albuquerque, NM 87185

CLOSURE OF STANDARD DEFICIENCY REPORTS (SDRS) 571, 574, 575, 577, AND 578,
REVISION 0, RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION
AUDIT 90-04 OF SANDIA NATIONAL LABORATORIES


SDRs 571, 574, 575, 577, and 578, Revision 0, have been closed based on
satisfactory verification of completed corrective actions. Copies of the SDRs
are enclosed for your files.

If you have any questions, please contact either Catherine E. Hampton at
(702) 794-7973 or FTS 544-7973, or Donald J. Harris of Science Applications
International Corporation at (702) 794-7356 or FTS 544-7356.


Donald G. Horton, Director
Yucca Mountain Quality Assurance Division

YMQAD:CEH-1416

Enclosures:
SDRs 571, 574, 575, 577 and 578

cc w/encls:
K. R. Hooks, NRC, Washington 
S. W. Zimmerman, NWPO, Carson City, NV
R. R. Richards, SNL, 6310, Albuquerque, NM
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08

cc w/o encls:
J. H. Hines, OGD, AL
J. W. Gilray, NRC, Las Vegas, NV

YMP-5
7101150211 910104
PDR WASTE
WM-11 PDR

FULL TEXT ASCII SCAN

102.7
WM-11
NH03

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization	1 Date <u>8-24-90</u>		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
	3 Discovered During Audit 90-04		3a Identified By C. Warren		4 SDR No. 571 Rev. 0	
	5 Organization SNL		6 Person(s) Contacted F. Schelling/R. Sandoval		7 Response Due Date is 20 Working Days from Date of Transmittal	
	8 Requirement (Audit Checklist Reference, if Applicable) 1. SNL-NWRT-QAPP, Revision E, Section 2.8.1 states the following: "Management assessments are to be conducted at least annually for determining the effectiveness of the system and management controls"					
Completed by Organization in Block 5	9 Deficiency 1. Contrary to requirement No. 1 stated above, SNL-NWRT-DOP 2-8, Revision A requires that a management assessment of the QA Program be initiated at least once during each fiscal year. This makes it possible					
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action(s) to be taken to correct the deficiencies noted in block 9. Identify the cause of the condition and the planned					
	11 E/Lead Auditor/Date <u>[Signature]</u> <u>9-4-90</u>		12 Division Manager/Date <u>N/A</u>		13 Project Quality Mgr./Date <u>[Signature]</u> <u>9/15/90</u>	
	14 Remedial/Investigative Action(s) 1. DOP 2-8 has been revised to call specifically for management assessments to be performed annually. 2. It is unclear to SNL how the auditor concluded that the FY89 and FY90 Management Assessments did not address effectiveness of implementation of the QA Program. The cover memo for the FY89 Management Assessment, reference 1 below, signed (Continued)					
Completed by Org. QA Org.	16 Use of the Condition & Corrective Action to Prevent Recurrence 1. DOP 2-8 was written to call for assessments at least once each fiscal year in the good faith belief that such a frequency fulfilled the "annual" requirement and to provide each assessment with a clear identity (e.g., "FY88"). See block 14, number 1. 2. None required.					
	15 Effective Date <u>Complete</u>					
	17 Effective Date <u>Complete</u>					
	18 Signature/Date <u>Thomas E. [Signature]</u> / <u>10/12/90</u>					
Comp. by Orig. QA Org.	19 Response Accepted		QAE/Lead Auditor/Date <u>CC. Wan</u> <u>11-6-90</u>		Division Manager/Date <u>N/A</u>	
	20 Corrective Action Verif. Satisfactory		QAE/Lead Auditor/Date <u>[Signature]</u> <u>12-18-90</u>		Division Manager/Date <u>N/A</u>	
	21 Remarks <u>Response Ltr 10/12/90 - Blywas to Norton</u> <u>accept Response 11/6/90 - RA:CEH-709</u> <u>Block 20, CLOSURE STATEMENT ATTACHED - [Signature] 12-18-90</u>					
	22 QA CLOSURE		QAE/Lead Auditor/Date <u>[Signature]</u> <u>12-18-90</u>		Division Manager/Date <u>N/A</u>	

ENCLOSURE

YMPO STANDARD DEFICIENCY REPORT
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SDR No. 571

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8 Requirement (continued)

that are established to achieve and assure quality...".

2. SNL-NWRT-DOP 2-8, Revision A, Section 4.2 requires the designated management assessment team to perform the following action: "As a minimum, address the effectiveness of implementation of the QA Program, and whether personnel are trained in regards to the QA Requirements of the Program."

9 Deficiency (continued)

to exceed the annual requirement of the QAPP.

2. Contrary to requirement No. 2 stated above, a review of SNL management assessments for fiscal years 1989 and 1990 indicated that they did not address effectiveness of implementation of the QA Program.

10 Recommended Actions (continued)

action to prevent recurrence.

Block 14 Remedial Actions (Continued):

by the TPO, states, "I have reviewed...the effectiveness of the Department QA...programs as assessed in Attachment 1." Attachment 1 of reference 1 states that, "The assessment examines...the effectiveness of implementation of the QA Program..." It goes on to explain that it does so by addressing ten topics that were key aspects of the QA program at the time of the assessment.

In reference 2, a memo providing the TPO with detailed input for Management Assessment in FY90, the writer states that "The Assessment must examine...the effectiveness of implementation of the QA Program." Examination of the contents of reference 2 illustrates that the writer thoroughly examined various aspects of the QA Program and its effectiveness, including, "an attempt to pinpoint specific areas when the QA Program, as implemented has been (or could be) improved," (page 2) and, "identification of areas in which Project activities or requirements result in actual or perceived decrease in the quality of our work," (Page 3). Finally there is a long portion, starting on page 5 which addresses, "Does the QA Program, as implemented, contribute to work that could be described as 'high-quality'?"

Finally, in reference 3, the TPO made his management assessment of the FY90 effort, stating that he had, "reviewed...the evaluation of the effectiveness of the Department 6310 QA Program," and specified a number of actions to be taken.

References:

1. SNL Memo, Hunter to File; subject: "Evaluation of Management Assessment for FY89"; dated August 9, 1990.
2. SNL Memo, Nimick to Hunter; subject: "Management Assessment, FY90"; dated July 26, 1990.
3. SNL Memo, Hunter to Distribution; subject: "Analysis of Management Assessment for FY90"; dated August 7, 1990.

SDR 571, Revision 0

Block 20, Corrective Action Verification

Verified DOP 2-8, Revision A, ICN 01, effective September 11, 1990,
revised DOP to make it consistent with the requirements of SNL-QAPP for
Management Assessments of the QA Program (at least annually).

Harris
12-18-90

YMPO STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization	1 Date 8/22/90		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During Audit 90-04		3a Identified By M.R. Diaz		4 SDR No. 574 Rev. 0
	5 Organization SNL		6 Person(s) Contacted G. Smit/D. Brockman		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) Checklists 4.2.2, 7.2.2, and 7.4.1 SNL-NWRT-QAPP, Revision E, Para. 7.2.9.2 states in part, "Nonconformances to the procurement requirements or SNL-approved documents that consist of one or				
	9 Deficiency Some subcontractor procedures dealing with nonconformances do not contain the requirements described in Block 8 above, i.e., RE/SPEC procedure QAP-14, Revision 0, "Identification, Control, and Corrective Action of				
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial actions to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities, or documentation					

Aprvl.	11 QAE/Lead Auditor/Date <i>Norris Jan 9/4/90</i>	12 Division Manager/Date <i>N/A</i>	13 Project Quality Mgr./Date <i>Catherine Humpfer 9/5/90</i>
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Completed by Organization in Block 5	14 Remedial/Investigative Action(s) RE/SPEC had the requirements specifically stated in their Quality Assurance Plan that nonconformances would be sent to SNL for review and approval. However in the RE/SPEC procedure QAP-14, Revision 0, they stated that the nonconformance would be sent to the customer for review. Their intent was that if SNL reviewed and did not agree with the response, SNL would let them know. <u>The deletion of the approval requirement</u> (Continued)		15 Effective Date <u>Complete</u>
	16 Cause of the Condition & Corrective Action to Prevent Recurrence Cause: Because of oversight due to the nonconformance procedure being generic and applying to several other customers. RE/SPEC did not transfer the approval requirement from their QA Plan to their nonconformance procedure. A letter instructing RE/SPEC to change their procedure to include the (Continued)		17 Effective Date <u>9-17-90</u>
	18 Signature/Date <i>Thomas E. Bleywas 10-12-90</i> <i>Joe Smith 10-11-90</i>		

Comp. by Orig. QA Org.	19 Response Accepted	QAE/Lead Auditor/Date <i>N. Norris 12-18-90</i>	Division Manager/Date <i>N/A</i>	Project Quality Mgr./Date <i>Catherine Humpfer 12/19/90</i>
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date <i>N. Norris 12-18-90</i>	Division Manager/Date <i>N/A</i>	Project Quality Mgr./Date <i>Catherine Humpfer 12/19/90</i>
	21 Remarks <i>Response to Bleywas to Horton 10/12/90</i> <i>Request Amended Response 11/20/90 - QA:CEH-736</i> <i>Amended Response acceptable 12/18/90 N/A, 12/12/90 letter 6913 Bleywas to D Horton</i> <i>Block 20 CLOSURE STATEMENT ATTACHED N/A 12/18/90</i>			

22 QA CLOSURE	QAE/Lead Auditor/Date <i>N. Norris 12/18/90</i>	Division Manager/Date <i>N/A</i>	PQM/Date <i>Catherine Humpfer 12/19/90</i>
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SDR No. 574

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8 Requirement (continued)

more of the following shall be submitted to this organization for approval of recommended disposition:

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

9 Deficiency (continued)

Nonconformances."

A contributing factor to this deficiency could be the fact that the SNL implementing procedure for these requirements was not written with the same mandatory language as the QAPP (Ref. DOP 4-1, Revision C, Para. 4.2.1).

10 Recommended Actions (continued)

to determine the extent and depth of similar deficient conditions to those listed on the SDR. Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

Block 14 Remedial Actions (Continued):

resulted when RE/SPEC wrote the procedure to satisfy numerous contract customers.

Block 16 Corrective Actions (Continued):

approval requirement was sent by the Contract Monitor on 8-24-90 (atch'd). DOP 4-1, Revision C, was rewritten into QAIP 4-1, Revision 00, with an effective date of 9-6-90. ICN 01 to QAIP 4-1 was published with an effective date of 9-17-90 to ensure all nonconformance requirements were specifically stated (atch'd).

Amended Response to SDR 574

The first page of SDR 574 is ok. Just add the following highlighted sentences to the second page in the following blocks:

Block 14 Remedial Actions (Continued):

resulted when RE/SPEC wrote the procedure to satisfy numerous contract customers. An informal review of suppliers' nonconformance report deficiencies indicates that SNL's review and approval process has not been a problem in the past.

Block 16 Corrective Actions (Continued):

approval requirement was sent by the Contract Monitor on 8-24-90 (atch'd). DOP 4-1, Revision C, was rewritten into QAIP 4-1, Revision 00, with an effective date of 9-6-90. ICN 01 to QAIP 4-1 was published with an effective date of 9-17-90 to ensure all nonconformance requirements were specifically stated (atch'd). Based upon the investigative review of the suppliers' nonconformance report deficiencies dictates no further corrective action is necessary.

SDR 574, Revision 0

Amended Response acceptable. Reference letter GASmit:6319, T. E. Blejwas, SNL Acting Manager Nuclear Waste Repository Technology, to Donald G. Horton, dated December 12, 1990.

Block 20, Corrective Action Verification

1. Verified letter was transmitted to Mr. Duane Labreche, RE/SPEAK Incorporated on August 24, 1990, from SNLs S. J. Bauer, Contract Monitor Geomechanics Analysis and Testing. Letter requested change to RE/SPEAK QAP-14 to include SNL Nonconformance Reporting Requirements by September 28, 1990.
2. Verified letter from RE/SPEC, Incorporated to S. J. Bauer from K. D. Ley, Director QA, acknowledged change to RE/SPEC QAP-14 incorporating Nonconformance Reporting Requirements and confirming RE/SPEC employees who work on the contract have been certified in accordance with DOP 02-06.
3. Verified DOP 4-1, Revision C, was rewritten into QAIP 4-1, Revision 00, with an effective date of September 6, 1990.
4. Verified QAIP 4-1, Revision 00, ICN #01 was effective on September 17, 1990. The ICN changed page 23, Appendix C, Nonconformance (Items), 2nd paragraph to read: "If the item is not in conformance with SNL specified requirements, the contractor shall submit the condition and the suggested disposition to SNL for review and approval.

D. J. Harris
12-18-90

YMPO STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization	1 Date 8/22/90		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
	3 Discovered During Audit 90-04		3a Identified By J. Martin & C. Prater		4 SDR No. 575 Rev. 0	
	5 Organization SNL		6 Person(s) Contacted Jim Voigt		7 Response Due Date is 20 Working Days from Date of Transmittal	
	8 Requirement (Audit Checklist Reference, if Applicable) Audit Checklist Item No. 10-4, Question No. 1: SNL QAP 10-1, Revision D, Para. 3.5.2 states, "The surveillance report shall be prepared by the Team Leader and sent within 15 working days of the					
	9 Deficiency Contrary to the above requirement, the following surveillances were not issued as procedurally mandated: CBM-90-1, CBM-90-2, and CBM-90-3.					
Completed by Organization in Block 5	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 9. Identify the cause of the condition and the planned					
	11 QAE/Lead Auditor/Date <i>John Martin 9-4-90</i>		12 Division Manager/Date <i>N/A</i>		13 Project Quality Mgr./Date <i>Charles Harper 9/5/90</i>	
	14 Remedial/Investigative Action(s) The three subject surveillance reports have been issued, no additional reports were found to be discrepant. No further remedial action is considered necessary. Investigation of the three reports, identified them as surveillances of various SNL contractors (Geomatrix, SAIC, and Parsons Brinkerhoff). The (Continued)					
	15 Effective Date <u>Complete</u>					
	16 Cause of the Condition & Corrective Action to Prevent Recurrence Procedure QAP 10-1, Rev D, paragraph 3.5.2, "Report Distribution" is too restrictive a requirement, in particular when the surveillance is performed by a SNL Contractor. In the identified deficient surveillances, all three surveillances were performed within a 20 day time period and issued to the SNL QA Coordinator within the required 15 days. However, resolution (Continued)					
Comp. by Orig. QA Org.	17 Effective Date <u>11-30-90</u>					
	18 Signature/Date <i>Thomas E. Bleywas 10-12-90</i>					
	19 Response Accepted	QAE/Lead Auditor/Date <i>John Martin 11-1-90</i>	Division Manager/Date <i>N/A</i>	Project Quality Mgr./Date <i>Charles Harper 11/2/90</i>		
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date <i>D. Harris 12-18-90</i>	Division Manager/Date <i>N/A</i>	Project Quality Mgr./Date <i>Charles Harper 12/19/90</i>		
	21 Remarks <i>Response letter dated 10/12/90 - Bleywas to Heston Accept Response 11/7/90 - QAICEN-721 Extension Request 11/30/90 - Bleywas to Heston BLOCK 20 CLOSURE STATEMENT ATTACHED - D. Harris 12/18/90</i>					
22 QA CLOSURE	QAE/Lead Auditor/Date <i>D. Harris 12/18/90</i>	Division Manager/Date <i>N/A</i>	POK/Date <i>Charles Harper 12/19/90</i>			

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SDR No. 575

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8 Requirement (continued)

surveillance to:

- o The organization surveilled,
- o the individual within the SNL NWRT Department responsible for the item or activity surveilled,
- o concerned management personnel,
- o the SNL NWRT QA Coordinator, and
- o the Records Management System.

10 Recommended Actions (continued)

action to prevent recurrence.

Block 14 Remedial Actions (Continued):

surveillance reports when issued by the Team Leader, also an SNL Contractor (MACTEC), met the 15 working day issuance requirements. (See table below). However, Contractor issued reports go through review by an SNL staff member.

<u>SURVEILLANCE REPORT NO.</u>	<u>DATE PERFORMED</u>	<u>TEAM LEADER ISSUES REPORT</u>	<u>REVISED & REISSUED</u>	<u>FINAL SNL DISTRIBUTION</u>
CBM 90-1	4-19-90	5-1-90	---	6-6-90
CBM 90-2	4-19-/20-90	5-1-90	5-25-90	6-12-90
CBM 90-3	5-9/10-90	5-16-90	5-23-90	6-12-90

Block 16 Corrective Actions (Continued):

of comments on the surveillance reports and subsequent SNL distribution of the surveillance report extended the issue date beyond 15 days.

QAP 10-1, Rev D will be revised to provide more flexibility in the time period for final distribution of the surveillance report.

SDR 575, Revision 0

Block 20, Corrective Action Verification

1. Verified. A Procedure Change Request was generated on December 5, 1990 to revise QAP 10-1, Revision D and supersede it with QAIP 10-1, Revision 00. The Change Request was approved by the QA supervisor on December 11, 1990.
2. QAIP 10-1, Surveillance, Revision 00, Paragraph 3.5.2, Report Distribution, was revised to read:

"The surveillance report shall be prepared by the team leader, it should be completed within 20 working days of the end of the surveillance. The surveillance report shall be distributed to:" etc.
3. The justification for the change to QAIP 10-1 was Project Office SDR 575.

D. J. Harris
12-18-90

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	3 Discovered During Audit 90-04		3a Identified By J. Martin & C. Prater		4 SDR No. 577 Rev. 0
	5 Organization SNL		6 Person(s) Contacted J. Voigt/C. Barnes		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) Audit Checklist Item No. 18-3, Question No. 2: SNL-NWRT-QAPP, Revision E, Section 18, Para. 18.1 states in part: "....Audits shall be performed in accordance with a written procedure using				
Completed by Organization in Block 5	9 Deficiency Contrary to the above requirement; review of SNL audits indicated that checklists are not retained as Quality Records within their Local Records Center (LRC). To not utilize or make the checklists part of the audit				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial actions to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities, or documentation <i>John S. Martin</i>				
	11 QAE/Lead Auditor/Date <i>John S. Martin 9-10-90</i>	12 Division Manager/Date N.A.		13 Project Quality Mgr./Date <i>Chita Wright 9-10-90</i>	
	14 Remedial/Investigative Action(s) None Required. Audit checklists are not identified or required as QA records by the YMP QA Plan, NNWSI/88-9, Section XVIII, SNL-NWRT-QAPP, Section 18.0 and/or SNL procedure QAP 18-1, QA Audits. Note also that neither NNWSI/88-9, Appendix E nor SNL-NWRT-QAPP Appendix F include checklists as Quality Assurance QA records. NQA-1, which was a basis for the NNWSI/88-9 requirements, and DOE QARD also do not require checklists to be QA records.				
Comp. by Orig. QA Org.	15 Effective Date <u>Complete</u>				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence None required.				
	17 Effective Date <u>Complete</u>				
18 Signature/Date <i>Thomas E. Bejwas 10-12-90</i>					
19 Response Accepted		QAE/Lead Auditor/Date <i>John Martin 12-4-90</i>	Division Manager/Date N/A	Project Quality Mgr./Date <i>Chita Wright 12/4/90</i>	
20 Corrective Action Verif. Satisfactory		QAE/Lead Auditor/Date <i>D. Harris 12/18/90</i>	Division Manager/Date N/A	Project Quality Mgr./Date <i>Chita Wright 12/18/90</i>	
21 Remarks accepted 12-4-90 SNL's Response based upon Project Offices determination that Audit checklists would not be considered as QA records. <i>John 12-4-90</i> BLOCK 20 CLOSURE STATEMENT ATTACHED - <i>D. Harris 12/18/90</i>					
22 QA CLOSURE		QAE/Lead Auditor/Date <i>D. Harris 12/18/90</i>	Division Manager/Date N/A	PQM/Date <i>Chita Wright 12/18/90</i>	

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8 Requirement (continued)

checklists...."

SNL-NWRT-QAPP, Revision E, Section 17, Para. 17.1.2 states in part: "A document or other item is not considered a QA Record until it satisfies the definition of a QA Record as defined below. The term "records", used throughout this section, is to be interpreted as QA Records. QA Records include 1) individual documents that have been executed, completed, and approved and that furnish evidence of the quality and completeness of data (including raw data), and activities affecting quality; 2) documents prepared and maintained to demonstrate implementation of quality assurance programs (e.g., audit, surveillance, and inspection reports)..."

In addition, SNL-NWRT-QAPP, Revision E, Para. 18.4 states in part: "Objective evidence shall be examined to the depth necessary to determine if these elements are adequate for effective control and to determine whether or not they are being implemented effectively...."

9 Deficiency (continued)

report or a QA record, the audit report must stand alone and state in detail what was specifically examined. For example: audit report SNL-A90-1 did not list any documents observed or specific criteria examined and audit report PB-A90-1 did list documents examined although it did not state in detail what those documents (specific criteria) were examined for. If audit checklists are not to be retained as QA records, the reports must contain sufficient detail to identify what specific criteria each document was examined to.

10 Recommended Actions (continued)

to determine the extent and depth of similar deficient conditions to those listed on the SDR. Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

Block 14 Remedial Actions (Continued):

The content of an audit report is specified by the above referenced QAP/QAPP Sections and the SNL QA procedure. The audit report (SNL-A90-1) cited as an example of a deficient report complies with these requirements. The auditor's interpretation of audit report content is at variance with stated content requirements. Checklists are retained for record purposes, both historical and planning, as "personal working files" (SNL ~~POP~~ 17-1, ¹⁻¹²⁻⁸⁰ para. 3.16) by SNL's contractor (MACTEC) and/or by SNL QA. Checklists are maintained temporarily in the contractor's files and periodically submitted for retention by SNL QA. The Audit report cited had just been completed and forwarded to SNL when the YMP audit started; the checklists were still at the contractor's facility.

A review of the contractor's files was made soon after the audit (YMP) and checklists not previously forwarded were forwarded to and are retained by SNL QA. Checklists are necessary for planning and performing audits and serve as a basis for preparing the audit report. These lists are essential to managing an audit program and their content and use for each audit is the lead auditor's responsibility in conducting and reporting an audit.

SDR 577, Revision 0

Block 20, Corrective Action Verification

1. Verified that the audits performed by MACTEC in behalf of SNL for the YMP activities, were provided to SNL's QA Department and are currently retained in their working file. Each audit package contains the notification letter, audit plan, audit report, audit check list and objective evidence of the audit results.
2. Verified that the following audit reports and audit checklists are currently available and retained by SNL's QA organization.

Audit No.		Performed
ITC-A90-1	International Technology Corporation	6/26/90
LTA-A90-1	Los Alamos Technical Associates	6/20/90
AGA-A90-1	JFT Agapito & Associates	6/13/90
ORNL-A91-1	Oak Ridge National Laboratory	11/7/90

D J Harris
12-18-90

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	3 Discovered During Audit 90-04		3a Identified By J. Martin & C. Prater		4 SDR No. 578 Rev. 0
	5 Organization SNL		6 Person(s) Contacted Jim Voigt/Curtis Barnes		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) Audit Checklist Item No. 18-5, Question No. 2: SNL-NWRT-QAPP, Revision E, Section 18.5.1 states in part, "The audit report shall be compiled by the audit team,...and issued within 30 calendar				
	9 Deficiency Contrary to the above requirement, audit reports are not being issued within 30 calendar days of the audit. These are Audit Numbers: PB-A90-1 performed 12/14-15/89 and issued 2/8/90				
Completed by Organization in Block 5	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action(s) to be taken to correct the deficiencies noted in block 9. Identify the cause of the condition and the planned				
	11 QAE/Lead Auditor/Date <i>John Martin 9-4-90</i>		12 Division Manager/Date N/A		13 Project Quality Mgr./Date <i>Cathy Hoyle 10/15/90</i>
	14 Remedial/Investigative Action(s) No remedial actions are required. Audit reports have been issued. Investigative Actions: The intent of the requirements, as stated in the QAPP, was to ensure that the audit report was issued to the audited organization within 30 days following the audit. A review of audit to issue times for SNL (Continued)				
	15 Effective Date <u>Complete</u>				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence Cause: The reports are prepared by an SNL contractor (MACTEC), reviewed by SNL QA and technical management, finalized by the contractor and issued via SNL QA by the SNL Contract Monitor to the contractors. Experience shows that the required activities and interfacing normally exceeds the 30 days. (Continued)				
Comp. by Orig. QA Org.	17 Effective Date <u>11-1-90</u>				
	18 Signature/Date <i>Thomas E Bleywas 10-12-90</i>				
	19 Response Accepted	QAE/Lead Auditor/Date <i>John Martin 11-1-90</i>	Division Manager/Date N/A	Project Quality Mgr./Date <i>Cathy Hoyle 11/2/90</i>	
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date <i>A. Harris 12/18/90</i>	Division Manager/Date N/A	Project Quality Mgr./Date <i>Cathy Hoyle 12/18/90</i>	
	21 Remarks <i>Response ltr dtd 10/12/90 - Bleywas to Norton Extension Request 11/1/90 - Bleywas to Norton - Accepted 12/3/90 - YMBAD: CEH-1033 Accept Response 11/7/90 - QA: CEH-721 Block 20, Closure Statement Attached - A Harris 12/18/90</i>				
22 QA CLOSURE	QAE/Lead Auditor/Date <i>A Harris 12/18/90</i>	Division Manager/Date N/A	PQM/Date <i>Cathy Hoyle 12/18/90</i>		

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8 Requirement (continued)
days...."

9 Deficiency (continued)

LTA-A90-1 performed 6/20/90 is not yet issued

AGA-A90-1 performed 6/13/90 and issued 7/18/90

BNI-A90-1 performed 1/24-25/90 and issued 3/5/90

RE/SPEC-A90-1, Audit Report Designator RES-A89-2
performed 10/17-18/89 and 11/1-2/89, and issued on 12/5/89.

10 Recommended Actions (continued)
action to prevent recurrence.

Block 14 Investigative Actions (Continued):

FY 90 audits shows an average of 77 days. This span can be reduced somewhat and is offset by other audit activities pending report issuance. (Contractors are always advised during the audit close-out meeting of results requiring corrective action and are requested to initiate action to correct identified adverse findings.) The QAPP "shall" requirement is obviously unrealistic and unnecessary; the 30 day span should be an objective as indicated in the YMP QA Plan, NNWSI/88-9, Section XVIII. The "should" requirement is consistent with ASME NQA-1, Appendix 18A-1 although this appendix is not invoked by the DOE's QARD, DOE/RW-0214.

Corrective Actions:

- 1) Revise SNL-NWRT QAPP Section 18.0 to state that audit reports should be issued within 30 days of the audit. Revision request date: 10/19/90
- 2) Issue written adverse audit findings to the audited organization and SNL 6310 for initiation of corrective action prior to receipt of the audit report if the report cannot be issued in a timely manner. Effective date: 11/1/90
- 3) Monitor the responsible organizations' progress in correcting reported adverse conditions prior to their receipt of the audit report when necessary and based on the significance of the condition. Effective date: 11/1/90

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Block 20, Corrective Action Verification

1. Verified QAIP 18-1, Revision C., ICN 01, effective December 3, 1990, allows for, when the audit report cannot be issued within 30 days because of internal reviews and comment resolution, then any audit findings should be issued within the 30 day requirement and include a response due date from the audited organization. (Rational for change YMP SDR 578.)
2. Verified the procedure change request dated October 18, 1990, was approved to change QAPP 18.5.1 the required audit report issuance with "30 calendar days" to "should be...issued within 30 calendar days."

D. J. Harris
12-18-90