Department of Energy
Nevada Operations Office
P. O. Box 98518
Las Vegas, NV 89193-8518

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QA

Robert F. Pritchett
Technical Project Officer for Yucca Mountain Project
Reynolds Electrical &
Engineering Co., Inc.
P.O. Box 98521
Las Vegas, NV 89193-8521

CLOSURE OF STANDARD DEFICIENCY REPORT (SDR) 452, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 89-05 OF REYNOLDS ELECTRICAL & ENGINEERING CO., INC.

SDR 452, Revision 0, has been closed based on satisfactory verification of completed corrective actions. A copy of the SDR is enclosed for your files.

If you have any questions, please contact Robert B. Constable of my staff at 794-7945, or Frank J. Kratzinger of Science Applications International Corporation at 794-7163.

Donald G. Horton, Director
Quality Assurance Division
Yucca Mountain Project Office

YMP:RBC-2323

Enclosure:
SDR 452, Revision 0

cc w/encl:
Ralph Stein, HQ (RW-30) FORS
D. E. Shelor, HQ (RW-3) FORS
M. A. Fox, REECo, Las Vegas, NV
F. J. Kratzinger, SAIC, Las Vegas, NV, 517/T-06
S. W. Zimmerman, NWPO, Carson City, NV
J. E. Kennedy, NRC, Washington, DC

cc w/o encl:
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08
C. H. Prater, SAIC, Las Vegas, 517/T-06
J. W. Gilray, NRC, Las Vegas, NV

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PDR WASTE
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FULL TEXT ASCII SCAN

ADD: J.E. Kennedy

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ORIGINAL
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YMP STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization

1 Date 9/26/89 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 3

3 Discovered During: Audit 89-5
3a Identified By: M.R. Diaz
4 SDR No.: 452 Rev. 0

5 Organization: REECo
6 Person(s) Contacted: A. Tonda/M. Fox
7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
QP 18.0, Rev. 6, Para. 6.2.1 states, "Internal and external audits shall be scheduled in a manner such that the audits shall be initiated as early in the life of the activities as practical, consistent with the schedule for

9 Deficiency
Some of the audit requirements as detailed in item 8 above have not been implemented accordingly such as: AUDIT REECo-001-89

10 Recommended Action(s): ☒ Remedial ☐ Investigative ☒ Corrective
1. Remedial - Review all the QA records generated by the Audit REECo-001-89 to ensure that they contain requirements stipulated in REECo's

Aprvl.

11 QAE/Lead Auditor/Date: William H. Camp 10/12/89
12 Division Manager/Date: [signature] 10-12-89
13 Project Quality Mgr./Date: James Blaylock 10/12/89

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)
(see attached response)
15 Effective Date 12/15/89

16 Cause of the Condition & Corrective Action to Prevent Recurrence
(SEE ATTACHED RESPONSE)
17 Effective Date 1/31/~~89~~ 90 mf

18 Signature/Date: Mona Fox 11/8/89

Comp. by Orig. QA Org.

	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
19 Response Accepted	[signature] 1/30/90	[signature] 1/30/90	[signature] 1/30/90
20 Corrective Action Verif. Satisfactory	[signature] 3/2/90	N/A	[signature] 3/2/90

21 Remarks Request Amended Response 12/-/89 - YMP SB-1267
Rec'd Amended Response, Ltr dtd 1/9/90 - RFP:MAF:0.05:rm
Rec'd Revised Amended Response, Ltr dtd 1/26/90 - 583-01-216
CORRECTIVE ACTIONS VERIFIED. SEE ATTACHED "VERIFICATION OF CORRECTIVE ACTION FOR SDR 452" [initials] 3/2/90

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	POM/Date
	[signature] 3/2/90	N/A	[signature] 3/2/90

ENCLOSURE

8 Requirement (continued)

accomplishing the activity to assure timely implementation of quality assurance requirements."

Para. 6.4.3 states in part, "The Lead Auditor shall complete the Auditor/ Survey Plan which shall contain the following:

- o -------
- o _____
- o Date of audit plan"

QP 17.0, Rev. 4, Para. 4.1.2 states in part, "A completed QA record is a document signed and dated by the originator."

QP 18, Rev. 6, Para. 6.4.4 states in part, "The audit team shall prepare an Audit/Survey Checklist."

Para. 6.5.5 states, "The auditor(s) shall document the objective evidence reviewed on the checklist."

568-DOC-115, Rev. 7, Para. 1.5 states in part, "The audit report shall include the following information:

- o Identification of the auditors
- o Identification of persons contacted during audit activities
- o Description of each reported adverse audit finding in sufficient detail to enable corrective action to be taken by the audited organization."

QP 18.0, Rev. 6, Para. 6.6.1.1 states in part, "The audit report shall consist of the QA Audit/Survey Plan, QA Audit/Survey Report and Audit Finding Reports."

Para. 6.6.3 states in part, "For Audit Reports which contain AFRs the report cover memo shall require management of the audited organization to submit to the PQAM a written response to each AFR within thirty (30) days after receipt of the audit report."

Para. 7.1 states, "Audit/Survey Plan, Audit/Survey Checklist, Audit/Survey Report, Audit/Finding Report, Audit Log, Evaluation Report, all correspondence relating to the audits and other documents generated by the implementation of this procedure are considered QA Records and shall be controlled and maintained in accordance with QP 17.0."

9 Deficiency (continued)

a. An audit schedule has not been developed. However, one audit has been performed and others should be performed in the near future.

b. Date of audit plan of REECo-001-89 is missing.

c. Signature on Audit Plan done by L. Lykens is missing. Therefore, the validity of the document as a QA record does not exist.

d. Signature on Checklists done by A. Tonda are missing. Therefore, the validity of the documents as QA records does not exist.

e. Objective evidence of the items found acceptable were not documented on the checklists. Therefore, these documents do not contain all required data.

f. Audit report did not include the identification of the auditors, identification of persons contacted during audit activities.

g. Audit report did not provide a description of each reported adverse audit finding in sufficient detail and to allow to group them - based on each criteria of the REECo's QAPP - in order to produce a comprehensive trend analysis.

h. The Audit Plan was not included with the Audit Report.

i. Audit response was requested by September 1, 1989. However, an extension was requested and approved but this method is not recognized by the procedure as acceptable.

j. Extension report was requested one week after due date of response.

10 Recommended Actions (continued)

568-DOC-115, Rev. 7 and implementing procedures.

2. Corrective - Develop an audit schedule to assure timely implementation of quality assurance requirements in areas such as: organization, training, document control, QA Records, corrective action.

3. Corrective - Revise audit procedure in order to include missing requirements addressed by REECo's QAPP.

4. Corrective - Retrain appropriate QA personnel to inform them of the revised procedural requirements.