



Department of Energy

Yucca Mountain Project Office

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WBS 1.2.9.3

QA

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ACCEPTANCE OF RESPONSES TO STANDARD DEFICIENCY REPORTS (SDRS) 575, 576, AND 578, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) QUALITY ASSURANCE (QA) AUDIT 90-04 OF SANDIA NATIONAL LABORATORIES (SNL)

The Project Office QA staff has evaluated and accepted your responses to SDRS 575, 576, and 578, Revision 0, generated as a result of Project Office QA Audit 90-04 of SNL. The SDRs will be closed after verification of satisfactory completion of the specified corrective actions. Copies of the SDRs are enclosed for your information.

Verification of completion of your corrective action will be performed after the effective dates that were provided. Any extension to these due dates must be requested in writing with appropriate justification prior to the due date. Please send copies of the extension request to Nita J. Brogan, Science Applications International Corporation, 101 Convention Center Drive, Las Vegas, Nevada 89109.

If you have any questions, please contact either Catherine E. Hampton at 794-7973 or FTS 544-7973, or John S. Martin at (702) 794-7881 or FTS 544-7881 of the Yucca Mountain Project QA staff.

James Blaylock for
Donald G. Horton, Director
Quality Assurance
Yucca Mountain Project Office

QA:CEH-721

Enclosure:
SDRs 575, 576, and 578

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FOR WASTE
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YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

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					
Completed by Organization in Block 5	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.					
	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>John Voigt 9/5/90</i>	
Completed by Org. QA Org.	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. Beijwas 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>	
20 Corrective Action Verif. Satisfactory		QAE/Lead Auditor/Date		Division Manager/Date		
Project Quality Mgr./Date <i>John Voigt 11/2/90</i>		Project Quality Mgr./Date				
21 Remarks						
22 QA CLOSURE		QAE/Lead Auditor/Date		Division Manager/Date		
				PQM/Date		

ENCLOSURE

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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.

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Completed by Originating QA Organization	1 Date 8/24/90		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. 576 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. 16-2, Question No. 3: SNL QAP 16-2, Revision B, states in part, that the dispositioner of Part II of the DR form will "Identify organizations or personnel responsible for				
	9 Deficiency Contrary to the above, it was noted that numerous Deficiency Reports (DRs) did not contain the required schedule for completion, personnel responsible for implementation, nor individual or organization responsible for				
Completed by Organization in Block 5	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				
	11 QAE/Lead Auditor/Date <i>J. Martin</i> 9-4-90		12 Division Manager/Date N/A		13 Project Quality Mgr./Date <i>Thomas E. Blujas</i> 9/5/90
	14 Remedial/Investigative Action(s) The Deviation Reports identified in the SDR have been closed. No further remedial action is considered necessary. 15 Effective Date <u>10-31-90</u> 21 deviation reports are currently in process. Completed DRs were not investigated. 10 of these DRs are in process of initiating a response, and do not apply to this investigation. (Continued)				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence The cause of the condition involves staff inattention to procedural detail. The DR form also may not be user friendly, in that: 1) it requires staff to either memorize requirements to be included in the DR response or 2) to refer to the procedure to review specific details to complete (Continued) 17 Effective Date <u>11-30-90</u>				
	18 Signature/Date <i>Thomas E. Blujas</i> 10-12-90				
Comp. by Orig. QA Org.	19 Response Accepted		QAE/Lead Auditor/Date <i>J. Martin</i> 11-1-90	Division Manager/Date N/A	Project Quality Mgr./Date <i>Thomas E. Blujas</i> 11/2/90
	20 Corrective Action Verif. Satisfactory		QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
	21 Remarks				
22 QA CLOSURE		QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date	

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SDR No. 576

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8 Requirement (continued)

implementation of these actions and a schedule for completion of the disposition." In addition, it is stated, "Identify who shall verify completion of the disposition."

9 Deficiency (continued)

verification of completion of the corrective action. Typical examples include DR 90-52, DR 90-68, and DR 90-69.

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):

Of the remaining 11 DRs, 5 were found lacking in 1 or more of the cited requirements, however, a positive trend was observed, with 6 of 7 of the latest DRs meeting all requirements (See next page).

3 of 5 DRs were corrected, the remaining 2 will be corrected by 10-31-90. Responsible parties are:

- DR 90-70 R. E. Finley and J. V. Voigt
- DR 90-86 R. J. Glass and J. V. Voigt

Block 16 Corrective Actions (Continued):
the DR section being worked on.

To prevent recurrence:

- 1) The Deviation Report form will be assessed and recommendations made as to how the form may be modified to be more user friendly. A revision to the procedure base on acceptable recommendations will be initiated.
- 2) A QA Bulletin will be issued to the QA staff that identifies the specific conditions to be met in DRs to be reviewed prior to completing the Significant Adverse Condition evaluation. DRs that do not meet the conditions will either be rejected back to the disposition preparer or corrected with the disposition preparer's concurrence.

OPEN DEVIATION REPORTS

DR No.	COMPLETION DATE	IMPLEMENTATION RESPONSIBILITY	VERIFICATION ASSIGNMENT
90-51	Yes	Yes	No*
90-65	Yes	Yes	No*
90-66	Yes	Yes	No*
90-70	Yes	Yes	No
90-72	Disposition is in process		
90-73	Disposition is in process		
90-74	Disposition is in process		
90-75	Disposition is in process		
90-76	Disposition is in process		
90-77	Disposition is in process		
90-78	Disposition is in process		
90-82	Yes	Yes	Yes
90-84	Yes	Yes	Yes
90-86	No	No	No
90-88	Yes	Yes	Yes
90-89	Yes	Yes	Yes
90-90	Yes	Yes	Yes
90-91	Yes	Yes	Yes
90-92	Disposition is in process		
90-93	Disposition is in process		
90-01	Disposition is in process		

* Deficient Condition as noted was corrected.

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Completed by Originating QA Organization	1 Date 8/24/90		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. 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				
Completed by Organization in Block 5	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				
	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>Curtis Barnes 9/5/90</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)				
Completed by Orig. QA Org.	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)				
	15 Effective Date <u>Complete</u>				
	17 Effective Date <u>11-1-90</u>				
Comp. by Orig. QA Org.	18 Signature/Date <i>Thomas E. Sejwa 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>Curtis Barnes 11/2/90</i>	
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
	21 Remarks				
22 QA CLOSURE		QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date	

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SDR No. 578

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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

NOV 07 1990

Thomas E. Blejwas

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cc w/encl:

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

cc w/o encl:

J. H. Hines, OQD, AL
J. W. Gilray, NRC, Las Vegas, NV

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