

**Department of Energy** 

Yucca Mountain Project Office P. O. Box 98608 Las Vegas, NV 89193-8608

WBS 1.2.9.3 QA

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ACCEPTANCE OF RESPONSES TO STANDARD DEFICIENCY REPORT (SDR) 571, 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 response to SDR 571, 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 Catherine E. Hampton at (702) 794-7973 or FTS 544-7973, or Charles C. Warren at (702) 794-7248 or FTS 544-7248 of the Yucca Mountain Project QA staff.

Donald G. Horton, Director

Quality Assurance

Yucca Mountain Project Office

QA:CEH-709

Enclosure: SDR 571, Revision 0

cc w/encl:

R. R. Richards, SNL, 6319, Albuquerque, NM

S. W. Zimmerman, NWPO, Carson City, NV

K. R. Hooks, NRC, Washington, De

N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08

cc w/o encl:

J. W. Gilray, NRC, Las Vegas, NV

J. H. Hines, OQD, AL

102.7 WM-11 NH03.1.

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	<i>2</i> ≫ <b>YM</b>	PO STANDARD DEFICIENCY REP	PORT N-QA-038 4/89
	1 Date 8-24-9s	2 Severity Level ☐ 1 🖾 2	□ 3 Page 1 of 2
Completed by Originating QA Organization		Identified By Warren	4 SDR No Rev
	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		
	initiated at least once during each fiscal year. This makes it possible		
	10 Recommended Action(s): A Remedial Investigative A 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		
Λ.	11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
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by Organization in Bloc	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 OA Program. The		
	16 Cause of the Condition & Corrective Action to Prevent Recurrence  17 Effective Date Complete  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.		
Completed	18 Signature/Date_/ Romas & Bejur / 10/12/90		
G	19 Response QA Accepted CC	AE/Lead Auditor/Date Division Manage	or/Date Project Quality Mgr./Date
A Org.	20 Corrective Action Verif. Satisfactory	AE/Lead Auditor/Date Division Manage	عصرين تنكسه سيسم سيستنظ كالماك كالسين
Comp. by Orig. QA			
٥	QA CLOSURE QAE/Lead	d Auditor/Date Division Manager/Date	PQM/Date

## YMPO STANDARD DEFICIENCY REPORT CONTINUATION SHEET

N-QA-038 2/89

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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.