

YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION

QUALITY ASSURANCE SURVEILLANCE REPORT OF

LOS ALAMOS NATIONAL LABORATORY

SURVEILLANCE REPORT NUMBER YMP-SR-91-009

CONDUCTED FEBRUARY 25 THROUGH 27, 1991

ACTIVITIES SURVEILLED:

TRAINING; DOCUMENT CONTROL; DEFICIENCY REPORTING;
AND RECORDS MANAGEMENT

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1.0 INTRODUCTION

This report contains the results of Yucca Mountain Quality Assurance Division (YMQAD) Surveillance No. YMP-SR-91-009 of Los Alamos National Laboratory (Los Alamos), conducted in Los Alamos, New Mexico, from February 25 through 27, 1991, to verify compliance and effective implementation of Los Alamos implementing procedures.

2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to evaluate the effectiveness of the implementation of certain Los Alamos quality procedures associated with selected criteria. The scope of the surveillance included the following criteria and their attendant procedures:

<u>Criterion</u>	<u>Title</u>
II	Quality Assurance (QA) Program TWS-QAS-QP-02.5, Revision 0, Selection of Personnel TWS-QAS-QP-02.6, Revision 1, Personnel Orientation and Indoctrination TWS-QAS-QP-02.7, Revision 1, Personnel Training TWS-QAS-QP-02.9, Revision 0, Personnel Proficiency Evaluation
VI	Document Control Los Alamos-YMP-QP-06.1, Revision 2, Document Control Los Alamos-YMP-QP-06.2, Revision 0, Preparation, Review, and Approval of Quality Administrative Procedures Los Alamos-YMP-QP-06.3, Revision 0, Preparation, Review, and Approval of Detailed Technical Procedures
XV	Control of Nonconforming Items TWS-QAS-QP-15.2, Revision 1, Deficiency Reporting
XVII	QA Records Los Alamos-YMP-QP-17.3, Revision 1, Records Management

NOTE: Los Alamos is currently superseding the TWS-QAS-QP series of procedures with the LANL-YMP-QP series.

3.0 SURVEILLANCE PERSONNEL

The surveillance was conducted by the following personnel:

Donald J. Harris, Senior Quality Assurance Engineer (Surveillance Team Leader), Harza Engineering Company/YMQAD
Kenneth T. McFall, Quality Assurance Scientist, Science Applications International Corporation/YMQAD

Robert B. Constable, U.S. Department of Energy (DOE)/YMQAD
Tilak R. Verma, U.S. Nuclear Regulatory Commission (NRC), QA Observer,
Washington, DC

4.0 SUMMARY OF SURVEILLANCE RESULTS

The implementing procedures listed in Section 2.0 of this report were the source of questions used to conduct this surveillance. Checklists generated from these documents were used to determine compliance. The following results were obtained during the surveillance:

1. TWS-QAS-QP-02.5, Revision 0, "Selection of Personnel"

The Surveillance Team examined the training files retained by the Quality Assurance Support (QAS) Training Coordinator and the dual storage file retained by the QA Liaison (QAL) of Group EES-13 and Group Los Alamos Technical Associates (LATA). Both files were "limited access" and stored in fire-resistant rated file cabinets. The files were reviewed for compliance to selected paragraphs of this procedure dealing with Position Descriptions and Personnel Qualification Evaluation forms.

Ten personnel training files were examined during this phase of the surveillance, specifically for the following personnel:

David E. Broxton
Michael J. Clevenger
Bruce M. Crowe
John L. Day
L.D. McFadden

Terry L. Morgan
Michael T. Murrell
J.A. Pendergass
Ines R. Triay
Donna L. Williams

The Position Descriptions and Personnel Qualification Evaluation forms were present for the above personnel files. However, it was noted that the education and experience verification information was not completed for; Broxton, Clevenger, Crowe, Morgan, Murrell, and Triay. In discussions with the QA Project Leader, QA Verification Coordinator, and Training Coordinator, it was determined that the education and work experience verification was currently being performed via a request letter from the QA Project Leader to the Los Alamos Personnel Department. The Personnel Department has a contractor performing this function. The QA Project Leader was unable to provide a completion date for this activity, but stated that if that the education and work experience was not acceptable to the requirements of the Position Description, a Deficiency Report (DR) would be initiated.

The Surveillance Team reviewed the QAS Training Coordinator and QAL Group files for EES-13 and LATA for accountability against the training distribution list. The team then verified that both files were consistent for Clevenger, Day, and Williams.

2. TWS-QAS-QP-02.6, Revision 1, "Personnel Orientation and Indoctrination"

The Surveillance Team examined the personnel training files identified in Section 4.0, Item 1, for compliance to selected paragraphs of this procedure dealing with Yucca Mountain Site Characterization Project (YMP) orientation, indoctrination, and reading acknowledgment forms.

The orientation forms were present, except for those of Murrell and Triay. There were notes on the cover of these training files stating the orientation forms were missing. Both the Training Coordinator and the QA Project Leader were aware of the situation and were in the process of obtaining the missing forms.

The indoctrination forms for Broxton and Crowe were from the superseded quality procedure (QP) (effective prior to March 7, 1990) and were filed in their 1989 training folders. This was determined to be acceptable, because the QP does not require re-indoctrination of personnel previously trained.

The reading acknowledgment forms were properly completed and signed by the employees and the appropriate YMP supervisor.

The Surveillance Team reviewed the QAS Training Coordinator and QAL Group Training files for EES-13 and LATA for accountability against the training distribution list. The team then verified that both files were consistent for Clevenger, Day, and Williams.

3. TWS-QAS-QP-02.7, Revision 1, "Personnel Training"

The Surveillance Team examined the training files identified in Section 4.0, Item 1, for compliance to selected paragraphs of this procedure dealing with reading acknowledgment and formal training forms.

The Surveillance Team verified the table of contents for Los Alamos-YMP-QAPP, Revision 4, and QA procedures indicating the training level (either "R" (read) or "F" (formal) training for the QPs).

The Surveillance Team verified that the Records Coordinator notified all YMP supervisors of new or revised QPs and Detailed Procedures (DPs) by letter TWS-EES-13-12-90-005 (R.A. West to distribution, dated December 18, 1990; subject: Notification of Recently Distributed Procedures).

The Surveillance Team verified that reading acknowledgment forms and formal training forms were properly completed and signed by the employees and the appropriate YMP supervisor for the sampled training files (for the personnel identified in Section 4.0, Item 1, of the report).

The Surveillance Team verified by review of the QAS Training Coordinator and QAL Group training files for EES-13 and LATA for accountability against the training distribution list. The team then verified that both files were consistent for Clevenger, Day, and Williams.

4. TWS-QAS-QP-2.9, Revision 0, "Personnel Proficiency Evaluations"

The Surveillance Team examined the Personnel Training files identified in Section 4.0, Item 1, of this report for compliance to selected paragraphs of this procedure dealing with annual Personnel Proficiency Evaluation forms.

The Surveillance Team verified that the Personnel Proficiency Evaluation forms were initiated for the personnel sampled. Two of the forms were not signed by the specified employees (i.e., Williams and Murrell). However, the Training Coordinator was aware of this and was in the process of obtaining the signatures. The procedure requires completion of this activity during the first quarter of the calendar year.

The Surveillance Team verified that the YMP supervisor did not indicate unsatisfactory performance of any employee on the Personnel Proficiency Evaluation forms for those sampled.

5. Training Program Comments

The Los Alamos Training Coordinator terminated on January 4, 1991. Chris L. Chavez is currently the Acting Training Coordinator. In a discussion with Ms. Chavez during the course of the surveillance on training, it was apparent that she was very familiar with the Training QPs and their requirements. She was also very familiar with the QAS and group training files and was actively pursuing the incomplete documents that she identified and that are contained in this report.

In addition, the Training Coordinator verified that the QAL Group files were identical to the QAS files prior to the surveillance by comparing the files to each other, and providing copies of records from the QAS files when necessary.

Los Alamos is currently in the process of revising their training program to a computer data base that will identify (1) Los Alamos YMP-wide required training for all personnel, and (2) the training identified by the YMP Los Alamos supervisors as required for their personnel to perform assigned tasks. When new procedures are developed, Document Control will transmit (by letter) the procedure and request required training assignments from the supervisors. With revisions to existing procedures, Document Control will assign

training based on information within the data base. This method will identify, up-front, the training for any employee and provide an enhanced mechanism for the Training Coordinator to monitor. This enhanced program is approximately five to six months away from being implemented.

6. Los Alamos-YMP-QP-06.1, Revision 2, "Document Control"

Elements of the Document Control procedure were examined for compliance to the Quality Assurance Program Plan (QAPP) and selected paragraphs of this procedure. It was found that there is a tracking mechanism in place that adequately ensures the proper placement of controlled documents and follows document issuance through receipt of the acknowledgment form. Follow-up for non-return of the Controlled Document Acknowledgment form is taking place. Although not proceduralized, the tracking system is adequate and is working well.

Five sets of controlled documents were examined during the course of the surveillance; specifically the following documents held by the following personnel were reviewed:

John Day, QAPP and QPs
Lynn Sanders, QAPP, QPs, and SQAP
Mike Clevenger, QAPP and QPs
Stephen Bolivar, QAPP and QPs
Kirsten Brackham, QAPP and QPs

All sets of controlled documents examined were found to be up-to-date and maintained in an adequate manner.

It was determined that there were no withdrawn controlled documents since the effective date of this procedure.

7. Los Alamos-YMP-QP-06.2, Revision 0, "Preparation, Review, and Approval of Quality Administrative Procedures"

The Surveillance Team examined record packages at the Records Processing Center concerning the document review and approval process. The record population was somewhat small due to the recent effective date of this procedure (November 16, 1990). The review and approval packages for the following procedures were reviewed for compliance:

- Los Alamos-YMP-QP-06.2, Revision 2, Document Control
- Los Alamos-YMP-QP-04.4, Revision 0, Procedure for Commercial-Grade Items and Services
- Los Alamos-YMP-QP-04.5, Revision 0, Procedure for Non Commercial-Grade Items and Services
- Los Alamos-YMP-QP-17.3, Revision 1, Records Management

Cover pages were present for all of the procedures and each contained documentation of preparation, review, and approval.

The four procedure review packages contained the required Los Alamos YMP review sheets and the QA Review Checklist. All review sheets were appropriately completed, signed, and dated.

In the review packages, it was found that the reviewers' comments were properly entered, location of comment subjects were provided, and type of comment (mandatory or optional (M or O)), were included. The second block of the review sheets were completed, and all extra documents were traceable to the appropriate document review package.

All reviewer comments were addressed with either an "A" for acceptance of the comment by the preparer, or an "R" indicating rejection of the comments by the preparer.

The overall results of the examination of compliance to this procedure were good.

8. Los Alamos-YMP-QP-06.3, Revision 0, "Preparation, Review, and Approval of Detailed Technical Procedures"

This procedure could not be surveilled because there were no Detailed Technical Procedures issued since the effective date of this procedure (October 10, 1990).

9. TWS-QAS-QP-15.2, Revision 1, "Deficiency Reporting"

The Surveillance Team reviewed the computer-generated DR Log (February 24, 1991) and determined that it contained 26 DRs and one Yucca Mountain Site Characterization Project Office (YMPO) Standard Deficiency Report (SDR) that are still open and in the corrective action phase, and three DRs pending verification of corrective action and closure. The open SDR (No. 597) is currently on YMPO hold until Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance Administrative Procedure QAAP 2.9, "Quality Assurance Programmatic and Trend Reporting", is revised by the OCRWM and the YMPO, to define the mechanism and requirement for this activity.

During October 1990, Surveillance YMP-SR-91-02 identified untimely corrective action within the allotted procedure time frame of numerous DRs in the population of 109 DRs. This resulted in Los Alamos amending the response to SDR 562 (untimely corrective action of YMPO SDRs) to encompass Los Alamos DRs. On November 16, 1990, SDR 562 was closed based on closure of SDRs 468, 490, 513, and Los Alamos DRs 009 and 010, which caused the initiation of SDR 562 and the DR Log which indicated 72 DRs with no past-due actions.

A sample of 9 DRs was selected from the total population of 29 for review. The DRs were reviewed for compliance to selected paragraphs of this procedure. The DRs reviewed indicated the corrective action process was in compliance with the procedural requirements, which included the allotted processing time frames. The DRs reviewed were: Nos. 0011, 0016, 0058, 0077, 0105, 0110, 0123, and 0126.

Overall, the corrective action program appears to be functioning properly within the requirements of the procedure. However, in the review of the actual disposition of the DRs, the surveillance team felt that in some instances the DRs contained a generic disposition (not specific) that occasionally required the QA verifier of the corrective action to interpret what was required to satisfactorily close a DR.

10. Los Alamos-YMP-QP-17.3, Revision 1, "Records Management"

The Surveillance Team examined approximately 110 records and record packages at the Records Processing Center that were submitted by EES-1 and EES-13 since the effective date of this procedure (January 11, 1991).

All records and record packages examined were clear and easy to read, or were marked "Best Available Copy" if of substandard quality. Records had not been obliterated and were generally of a quality well above average.

Corrections to records were made in accordance to with procedure. Errors were (1) corrected with a single line through the appropriate material, (2) initialed, and (3) dated. Write-overs were not in evidence and no evidence of the use of correction fluid or tape was encountered.

The access lists in the Records Processing Center and EES-13 were posted, signed, and dated by the appropriate supervisory and QA personnel, as required.

Record packages and individual records were examined for areas left blank where information was required or marked N/A, as appropriate. It was found that, in most records, blanks were filled in or marked N/A. However, there were numerous records submitted as "In-Process Records," but not directly identified as such. These records contained, of necessity, many blanks in order to be correct at the time of submittal. The records could be discerned as in-process records upon detailed review of an entire records package, but no explanation on an individual record was given. This area of potential problems was discussed with Los Alamos personnel and they agreed that the current manner of processing in-process records was cumbersome and could lead to problems when the pace of work increases. Los Alamos personnel have agreed to make changes in their procedures to eliminate

these problems related to in-process records by labeling them as "Limited Value" records or not submitting them as records until they are complete.

5.0 PERSONNEL CONTACTED DURING THE COURSE OF THE SURVEILLANCE

Stephen Bolivar, Los Alamos, QA Project Manager
Chris L. Chavez, LATA, Acting Training Coordinator
Michael Clevenger, Los Alamos, QAL
John L. Day, LATA, QA Verification Coordinator
Gabriela Gainer, LATA, QA Engineer
Greg Rand, LATA, QA Engineer
Lynn A. Sanders, LATA, Records Coordinator
Donna Williams, LATA, QAL

6.0 MEASURING AND TEST EQUIPMENT USE DURING THE SURVEILLANCE

No measuring and/or test equipment was used during the course of this surveillance.

7.0 SURVEILLANCE TEAM EVALUATION

It is the opinion of the Surveillance Team that the Los Alamos QA program has continued to progress satisfactorily and has become more effective, as evidenced by the last two YMQAD surveillances. The new QA Project Leader has shown good interfacing and communication skills within the Los Alamos organization and with the YMPO.

8.0 SYNOPSIS OF DEFICIENCIES

No CARs were generated as a result of this surveillance.

9.0 RECOMMENDATIONS

- ° Revise TWS-QAS-QP-15.2, "Deficiency Reporting", to require the disposition of DRs to be more specific (i.e., detailing the actual steps to be taken to resolve any remedial action or action to prevent recurrence of the problem).
- ° Re-evaluate the definition of significant conditions adverse to quality, as defined in TWS-QAS-QP-15.2.

10.0 REQUIRED ACTIONS

No actions are required of Los Alamos as a result of this surveillance.