YUCCA MOUNTAIN PROJECT OFFICE

QUALITY ASSURANCE SURVEILLANCE REPORT

OF

YUCCA MOUNTAIN PROJECT OFFICE

SURVEILLANCE NUMBER YMP-SR-90-037

CONDUCTED AUGUST 27 THROUGH SEPTEMBER 24, 1990

ACTIVITIES SURVEILLED:

QUALITY ASSURANCE REVIEW OF THE IMPLEMENTATION OF THE YUCCA MOUNTAIN PROJECT OFFICE, PROJECT PROCEDURES PERTAINING TO ORGANIZATION; QUALITY ASSURANCE PROGRAM; INSTRUCTIONS, PROCEDURES, AND DRAWINGS; AND DOCUMENT CONTROL.

Prepared by Donald J. Harris Date 10-26-90
Donald J. Harris
Surveillance Team Leader
Senior Quality Assurance Engineer

Prepared by James Blaylock for Date 10/26/90
Donald G. Horton, Director
Quality Assurance
Yucca Mountain Project Office

ENCLOSURE 1

1.0 INTRODUCTION

This report contains the results of Yucca Mountain Project Office (Project Office) Quality Assurance (QA) Surveillance YMP-SR-90-037 conducted in Las Vegas, Nevada, to verify compliance and implementation of their approved Administrative Procedures--Quality (APQs) and Quality Management Procedures (QMPs).

2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to determine the adequacy and effectiveness of the implementation of selected Project Office procedures. The scope of the surveillance covered the procedure and activities associated with the following criteria:

I Organization
II Quality Assurance Program
V Instructions, Procedures, and Drawings
VI Document Control

The following Project Office implementing procedures were examined during the course of the surveillance.

Procedure	Title
AP 1.5Q, Revision 1	Issuance and Maintenance of Controlled Documents
AP 5.28Q, Revision 0; ICNs Nos. 1, 2, and 4	Quality Assurance Grading
AP 6.1Q, Revision 1	Project Office Document Development, Review, Approval, and Revision Control
AP 6.17Q, Revision 0; ICN No. 1	Determination of the Importance of Items and Activities
QMP-01-01, Revision 1	WMPO Organization
QMP-01-02, Revision 0	Stop Work
QMP-02-02, Revision 1	Qualification of Quality Assurance Program Audit Personnel
QMP-02-03, Revision 0	Quality Assurance Management Assessment
QMP-02-09, Revision 0	Development and Conduct of Training

QMP-05-03, Revision 0 Preparation and Control of the NNWSI Project QAP and the WMPO QAPP

QMP-06-04, Revision 0 Project Office Document Development, Review, Approval, and Revision Process

3.0 SURVEILLANCE PERSONNEL

The surveillance was conducted by the following personnel:

Donald J. Harris, Senior QA Engineer, Harza Engineering/Project Office, Surveillance Team Leader

Kenneth T. McFall, QA Scientist, Science Applications International Corporation (SAIC)/Project Office, Team Member

4.0 SUMMARY OF SURVEILLANCE RESULTS

The documents listed in Section 2.0 of this report were the source of checklist questions developed to conduct this surveillance. The following results were obtained during the surveillance:

1. AP 1.5Q, Revision 1--Issuance and Maintenance of Controlled Documents

   Five controlled documents and the associated documentation supporting their processing from the document source and Document Control were examined for compliance with this Administarive Procedure (AP). All documents examined were satisfactorily processed in accordance with the procedure. During development of the surveillance checklist, an observation (YMP-SR-90-037-02) was generated due to inconsistencies in the AP.

2. AP 5.28Q, Revision 0, ICN Nos. 1, 2, and 4--Quality Assurance Grading

   Three of the 10 QA Grading Reports and associated documents, (e.g., Quality Review Board (QRB) record; report distribution to QRB members, participant Technical Project Officer (TPO), and Project Office; and submittal of the QA Grading Reports to the Local Record Center (LRC)). It was noted that none of the QA Grading Reports had been submitted to the LRC, but all 10 packages were submitted to the LRC prior to completion of the surveillance.

3. AP 6.1Q, Revision 1--Project Office Document Development, Review Approval and Revision Control

   Four controlled documents were reviewed which were processed after the effective date of this Administrative Procedure--Quality (AP-Q). All four documents and associated documentation were processed satisfactorily. However, during development of the surveillance checklist, an observation (YMP-SR-90-037-03) was generated due to inconsistencies in the AP.

4. AP 6.17Q, Revision 0, ICN No. 1--Determination of the Importance of Items and Activities

   The Q-List, Quality Activities List, and Project Requirements List and their supporting Analysis/Evaluation packages were reviewed including the exemptions that met the requirements specified on form N-AP-073. No detailed evaluation had been performed for Items Important to Safety. All Items were added by direct inclusion. No detailed evaluations for Items Important to Waste Isolation have been performed as of September 6, 1990. The detailed Evaluation of Radiological Studies, No. 1.2.5.4.5.1, contained the required documents.

   The documented appointment of the Assessment Team Manager, Assessment Team Leaders, and the QRB Chairman were reviewed. It was noted that one assessment team member was not on controlled distribution for the Q-List, Quality Activities List, or Project Requirements List. The Controlled Document Distribution List was revised during the surveillance to include the missing member.

5. QMP-01-01, Revision 1--WMPO Organization

   This procedure was found to be out of date in several areas. The Organizational Chart described in the procedure bears little resemblance to the organization as it exists today. The description of the organization of WMPO (i.e., Yucca Mountain Project Office) is quite different than that which actually exists. These deficiencies are covered under existing YMPO Standard Deficiency Report (SDR) No. 299 which was generated as a result of surveillance YMP-SR-90-032.

6. QMP-01-02, Revision 0--Stop Work

   This procedure has been implemented twice since issuance. Stop Work Orders (SWOs) have been issued against the U.S. Geological Survey (USGS) and Sandia National Laboratories (SNL). The USGS SWO contained several violations of this procedure but the violations were identified on SDR No. 304 during surveilllance YMP-SR-89-035. The implementation of this procedure for the SWO issued against SNL was found to be adequate.

7. QMP-02-02, Revision 1--Qualification of Quality Assurance Program Audit Personnel

   The implementation of this procedure was not determined to be adequate. The files of the Technical and Management Support Services (T&MSS) contractor were in overall better shape than those of Project Office personnel. Auditor records of T&MSS personnel were missing a small number of documents, which were provided during the course of the surveillance. The Auditor's files for Project Office personnel were incomplete and the missing documentation could not be provided prior to the end of the surveillance. Technical Specialist files for both T&MSS and the Project Office were frequently found to be incomplete, and in many cases missing entirely. This deficiency is covered in SDR No. 598 which was issued as a result of this surveillance.

8. QMP-02-03, Revision 0--Quality Assurance Management Assessment

   Implementation of this procedure has not occure, and Management Assessments have not been conducted as required. This has been recognized by management through the issuance of SDR No. 481, generated as a result of a Project Office Document Review. SDR No. 481 is still open.

9. QMP-02-09, Revision 0--Development and Conduct of Training

   Several aspects of this procedure could not be surveilled due to provisions of the Privacy Act. The majority of the requirements of this procedure were not surveillable. Those areas that were open to surveillance showed adequate implementation of this procedure.

10. QMP-05-03, Revision 0--Preparation and Control of the NNWSI Project QAP and the WMPO QAPP

    Observation YMP-SR-90-037-04 was generated because this document should have been canceled effective with the cancellation of the YMP QAP and QAPP. It was subsequently revised with a different title for an activity with no similarity to the original document. This was detected during review of applicable documents for generation of the surveillance checklist.

11. QMP-06-04, Revision 0--Project Office Document Development, Review, Approval, and Revision Process

    Four documents were reviewed that were processed after the effective date of this procedure. SDR No. 599 was issued for procedure noncompliance in four specific areas: incorrect processing of ICN No. 1, forms not completed properly, review criteria not established, and

the Procedure and Program Department submitted the records to the LRC rather than the Procedure Change Board. In addition, 14 procedure comments were identified and subsequently resolved with the issuance of Revision 1 of the QMP.

5.0 PERSONNEL CONTACTED DURING THE SURVEILLANCE

C. G. Aiello, DOE/Project Office, Training Department Manager
Elaine Bean, Westinghouse/T&MSS, Document Control Supervisor
L. E. Bell, SAIC/T&MSS, Document Coordinator
Susan Biddle, SAIC/T&MSS, Secretary
J. A. Gray, Harza/T&MSS, Management Specialist III
N. R. Karas, SAIC/T&MSS, Technical Specialist
S. H. Klein, SAIC/T&MSS, Staff Advisor
L. B. La Monica, SAIC/T&MSS, Assessment Team Leader
G. A. Mansur, SAIC/T&MSS, Training Coordinator
D. L. Mogar, SAIC/Project Office, QA Specialist
R. B. Murthy, DOE/Project Office, Physical Scientist
E. C. Rehkop, DOE/Project Office, Administrative Officer
E. L. Spangler, SAIC/T&MSS, Technical Coordinator
A. D. Tacelli, SAIC/T&MSS, Local Records Supervisor
W. F. Thomas, SAIC/T&MSS, (Acting) Training Department Manager
C. M. Thompson, SAIC/Project Office, QA Specialist
J. D. Verden, SAIC/T&MSS, Deputy Records Manager
J. D. Waddell, SAIC/T&MSS, Assessment Team Manager
W. Williams, MACTEC/Project Office, QA Specialist

6.0 MEASURING AND TEST EQUIPMENT USED DURING THE SURVEILLANCE

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

7.0 SYNOPSIS OF STANDRAD DREFICIENCY REPORTS AND OBSERVATIONS

7.1 Standard Deficiency Reports

The following SDRs were generated as a result of this surveillance:

SDR No. 598 QA Organization Personnel Qualification files were missing 17 Technical Specialist. Several Technical Specialist files were incomplete. Missing documentation included resumes and audit participation records. Project Office QA Auditor files were found to be incomplete. Missing documentation included Auditor

Experience and Training Records, Auditor/Lead Auditor Qualification forms, Record of Auditor/Lead Auditor Qualications Continuation Sheet, and Proficiency Evaluation (from the Auditor/Lead Auditor Qualification forms).

SDR No. 599 The incorrect issuance of QMP-06-04, ICN No. 1 included the following: (1) Document Review Sheets not completed; (2) No objective evidence that the Division Director, QA Director, or Project Site Manager established review criteria, and (3) The Plans and Procedure Department submitted the QMP-06-04 review records to the LRC instead of the Procedure Change Board.

7.2 Observations

This Surveillance resulted in the issuance of Observations:

Observation No. YMP-SR-90-037-01	The majority of information in the "Project Organization" section of the YMPO AP Manual is out of date. Although this is an uncontrolled section of a controlled document, it is used for information purposes and, therefore, it should either reflect the organization accurately or be removed from distribution.
Observation No. YMP-SR-90-037-02	Procedure errors exist in AP 1.5Q for incorrect steps and references.
Observation No. YMP-SR-90-037-03	Procedure errors in AP 6.1Q.
Observation No. YMP-SR-90-037-04	QMP-05-03, Revision 0, should have been canceled along with the QAP and QAPP.

8.0 REQUIRED ACTION

The SDRs were issued via separate cover letters and the required action is specified within those letters.

Response to the Observations are due within 20 working days of the date of the transmittal of this report. Any extensions to the due dates must be requested, in writing, with appropriate justification prior to the due dates. Original versions of your responses should be forwarded to Nita J. Brogan, SAIC, Las Vegas, Nevada.

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YUCCA MOUNTAIN PROJECT OFFICE

N-QA-012
4/89

[1]YMPO OBSERVATION NO. YMP-SR-90-037-01

Completed by Originating Organization

[2]Noted During: YMP-SR-90-037	[3]Identified By: K. McFall	[4]Date: 9/6/90
[5]Organization: YMPO/T&MSS-PPD	[6]Person(s) Contacted: P. Bryant	[7]Response Due Date is 20 Days from Date of Transmittal

[8]Discussion:

In the front of Volume 1 of the Administrative Procedures Manual is a section included for informational purposes titled "Project Organization". This section is not current and has not been updated since 2/22/89. It is printed on "Controlled Document" paper but does not have a round Controlled Document stamp. If this document is to be included as a viable piece of information it should be kept current. If not, it should be deleted from the AP Manual.

[9]QAE/Lead Auditor	Date	[10]Branch Manager	Date
Kenneth McFall	10/26/90	John Kemper	10/26/90

Completed by Respondee

[11]Response:

[12]Signature: Date:

Completed by QA Org.

[13]Response Receipt Acceptable ☐

Initiator	Date	QA/Lead Auditor	Date

[14]Remarks:

ENCLOSURE 2

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N-QA-012
4/89

[1] YMPO OBSERVATION NO. YMP-SR-90-037-02

Completed by Originating Organization

[2] Noted During: YMP-SR-90-037	[3] Identified By: D.J. Harris	[4] Date: 9/21/90
[5] Organization: YMPO/T&MSS-PPD	[6] Person(s) Contacted: Elaine Bean	[7] Response Due Date is 20 Days from Date of Transmittal

[8] Discussion:

1. AP-1.5Q, Section 5.0, Step 6.c discusses, "Change Directives" and "Document Change Notice". This step references the Configuration Management Plan (CMP). The CMP, Revision 1, dated 1/89 discusses "Change Requests", Para. 1.2, applicability section, provides general guidance for implementing Configuration Management on the YMP. The CMP requires detailed procedures to be developed at the Project and participant levels to implement the CMP guidance. This QMP does not appear to address the CMP in detail and the "Change Directive" and

[9] QAE/Lead Auditor	Date	[10] Branch Manager	Date
D J Harris	10/26/90	[signature] for	10/31/90

Completed by Respondee

[11] Response:

[12] Signature: Date:

Completed by QA Org.

[13] Response Receipt Acceptable ☐

Initiator	Date	QA/Lead Auditor	Date

[14] Remarks:

8 Discussion: (continued)

"Document Change Notice" is not in the definition section.

2. AP-1.5, Section 5.0, Step 20 requires the document holder to comply with Steps 15 and 16. This does not appear to be correct. It appears that Step 19 would be correct.

3. AP-1.5 flow chart references AP-6.1Q, but the AP is not contained in the procedure reference section.

4. AP-1.5, Section 7.0, "Figures and Attachments". This section does not incorporate "Change Directives" and "Document Change Notices" which are addressed in Step 6.c of the AP.

5. AP-1.5, Section 8.0, "Records" does not contain "Change Directives" or "Document Change Notices".

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[1] YMPO OBSERVATION NO. YMP-SR-90-037-03

Completed by Originating Organization

[2] Noted During: YMP-SR-90-037	[3] Identified By: D.J. Harris	[4] Date: 9/24/90
[5] Organization: YMPO/T&MSS-PPD	[6] Person(s) Contacted: John Gray, Elaine Spangler	[7] Response Due Date is 20 Days from Date of Transmittal

[8] Discussion:

Administrative Procedures (APs) are developed and implemented to ensure interface controls are defined for all Project Participants and the prescribed methods are defined for the performance of activities affecting quality. AP-6.1Q, Project Office Document Development, Review, Approval, and Revision Control does not appear to satisfy the requirements of an AP for following reasons:

1) The "Applicability" section of the procedure is generic. The Master

[9] QAE/Lead Auditor	Date	[10] Branch Manager	Date
D J Harris	10/26/90	Calvert Kamps for	10/31/90

Completed by Respondee

[11] Response:

[12] Signature: Date:

Completed by QA Org.

[13] Response Receipt Acceptable ☐			
Initiator	Date	QA/Lead Auditor	Date

[14] Remarks:

8 Discussion: (continued)

List of Controlled Documents has numerous Project Office document types that are controlled that this AP apparently applies to.

2) The "Not Applicable" section contains AP-5.13Q, Readiness Reviews and AP-1.10Q, Preparation, Review, and Approval of SCP Study Plans. Both of these APs would fall under AP-6.1Q for changes or revision. Only AP-1.10Q, for actual Study Plans, would be exempt from the AP-6.1Q process for Document Development, Review, Approval, and Revision Control.

3) AP-6.1Q does not provide any direction for the assigned organization to either draft the document or document revision, and submit to the Project Office for review. Nor does the AP contain any directions for the type of format for the different types of documents this procedure applies to.

4) AP-6.1Q, Step 6, Take Appropriate Action or Document per Project Office Procedures. How do you determine what procedures apply? The procedure does not provide any guidance.

5) AP-6.1Q, Step 8, "Resolve and Incorporate Comments". What happens if they cannot resolve them? There are no escalation directions to obtain resolution.

6) Note after Step 8, "...as instructed by the Project Office...." leaves questions, how verbal or process to what Criteria.

7) AP-6.1Q, Step 9. Take appropriate action on the document per Project Office Procedures, repeat Step 7 as necessary and then go to Step 10.

   - o What Project Office procedures.
   - o This appears to be the approval of the document, but is unclear.
   - o Who are the approval authorities? For which documents?
   - o The Step 10 which Step 9 sends you to is the change process. It should be Step 12, Release for Controlled Distribution.

8) AP-6.1Q, Step 11. What change control instructions? Does this mean Request Process, Step 1b, Initiation of Form Y-AD-098?

9) Note after Step 11. All changes incorporated shall be indicated with appropriate change indicators, except for those cases of complete document revision.

   - o AP-6.1Q is Revision 1. No change indicator as to what was changed. No words stating "complete document revision".
   - o Procedure does not provide direction of what change

8 Discussion: (continued)

indicators are or what the indication of a complete revision is.

10) AP-6.1Q, Step 12, Appropriate Disposition Action. The note, not the wording in Step 12, provides the direction for the submittal of the approved document to DCC for controlled distribution per AP-1.5Q or AP-1.3Q.

11) AP-6.1Q, Section 6.2, References, AP-5.13Q, Readiness Reviews. This procedure is not applicable if it remains in the reference section. AP-1.10Q should also be included.

12) AP-6.1Q, Section 6.2. QMP-03-09 is not released or effective, QMP-06-02 has been canceled. QMPs are Project Office internal documents for their internal use. The participants work to their internal documents, and none of the Participant documents are referenced.

13) AP-6.1Q, Section 8.0, Records. It appears that the Form Y-AD-098 should be a QA Record. It contains a record of the type change, type of reviewers, replacement or additional reviewing organizations, classifications of the document, and additional instructions.

14) AP-6.1Q, Revision 0 was rescinded on 5/7/90 and Revision 1 did not become effective until 5/29/90. It appears that any document processed between 5/7/90 and 5/29/90 was not processed per the approved program.

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N-QA-012
4/89

1 YMPO OBSERVATION NO. YMP-SR-90-037-04

Completed by Originating Organization

2 Noted During: YMP-SR-90-037	3 Identified By: D.J. Harris	4 Date: 9/24/90
5 Organization: YMPO/T&MSS-PPD	6 Person(s) Contacted: P. Bryant	7 Response Due Date is 20 Days from Date of Transmittal

8 Discussion:

QMP-05-03, Revision 0, Preparation and Control of NNWSI Project QAP and WMPO QAPP. This document should have been canceled, effective with the cancellations of the QAP and QAPP. It has subsequently been revised (Revision 1, 9/27/90). The title has changed to "Office of Civilian Radioactive Waste Management Quality Assurance Requirements Document Matrix. This activity is not even similar. It appears that QMP-05-03, Revision 1 should have been assigned a new QMP number and issued as Revision 0.

9 QAE/Lead Auditor	Date	10 Branch Manager	Date
D. J. Harris	10/26/90	[signature] for	10/31/90

Completed by Respondee

11 Response:

12 Signature: Date:

Completed by QA Org.

13 Response Receipt Acceptable ☐			
Initiator	Date	QA/Lead Auditor	Date

14 Remarks:

YMP STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization

1 Date	2 Severity Level	Page
10/16/90	☐ 1 ☒ 2 ☐ 3	1 of 3

3 Discovered During	3a Identified By	4 SDR No.
YMP-SR-90-037	K. McFALL	598 Rev. 0

5 Organization	6 Person(s) Contacted	7 Response Due Date is 20 Working Days from Date of Transmittal
YMPO	N. Voltura	

8 Requirement (Audit Checklist Reference, if Applicable)

QMP-02-02, Rev. 1, Para. 8.0; The YMP Project Quality Manager/designee shall ensure the following QA Records resulting from implementation of this procedure are maintained in the WMPO QA Organization Personnel Qualifications

9 Deficiency

1. Contrary to the above requirements, the WMPO (YMP) QA Organization Personnel Qualifications files were missing 17 sets of records for Technical Specialists used in Project Office QA Verification activities. Additionally,

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective

Identify the remedial actions to be taken to correct the deficiencies noted in Block 9. In addition, locate and review all the Auditor, Lead Auditor and

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Donald J Harris 10/16/90	N/A	[signature] 10/16/90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
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

ENCLOSURE

8 Requirement (continued)

File for each Technical Specialist, Auditor, and Lead Auditor; and, are processed and maintained in accordance with QMP 17-01, Quality Assurance Records.

1. Records of Auditor/Lead Auditor Qualification (see Figures 1 & 2);
2. Completed Audit Guides for Technical Specialists (see Figure 3);
3. Records of Audit Participation (see Figure 4);
4. LAs' letters of audit participation;
5. Evaluations to determine training needs for prospective Auditors and LAs;
6. LA examination(s) and results;
7. Annual assessments of Auditors and LAs;
8. Resumes of Auditors and LAs;
9. Training records supporting the qualifications of Auditors and LAs; and,
10. Documentation relating to the varification of the adequacy of non-WMPO staff personnel qualification records.

QMP-02-02, Rev. 1, Para. 5.7.3; A file for each LA, Auditor, and Technical Specialist shall be established and maintained by the YMP Project Quality Manager/designee and shall contain a copy of the individual's resume, documentation relating to or supporting the individual's qualifications, educational degree(s), training course certificates, training attendance records, audit participation records, and applicable examination results.

9 Deficiency (continued)

several of the Technical Specialist files retained were found to be incomplete.

Specific Examples are:

Missing files,
R. Dwyer, Technical Specialist on Audit 89-03
C. Fridrich, Technical Specialist on Audit 90-01
S. Matthews, Technical Specialist on Audit 90-02
B. Hurley, Technical Specialist on Audit 90-03

Incomplete files,

9 Deficiency (continued)

Resumes were missing for 3 individuals.

Audit Participation Records were missing for 6 individuals.

Technical Specialist qualification documentation was missing for 3 individuals.

2. Project Office QA Organization Personnel Qualification Files were found to be incomplete.

Specific examples are:

A. Results of evaluation of Auditor's and LAs' previous experience and training are missing for 4 personnel.

B. Record of Auditor/Lead Auditor Qualification missing for 2 individuals.

C. Record of Auditor/Lead Auditor Continuation Sheet containing activities performed by Auditors and Lead Auditors to maintain their proficiency are missing for all personnel.

D. Evaluation results extending Auditor/Lead Auditor certifications on an annual basis are missing from the Record of Auditor/Lead Auditor Qualification forms in the 4 applicable files.

10 Recommended Actions (continued)

Technical Specialist files for any similar deficiencies and provide the measures required to bring the files into compliance with procedures.

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YMPO STANDARD DEFICIENCY REPORT

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4/89

Completed by Originating QA Organization

1 Date 10-16-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: YMP-SR-90-037
3a Identified By: D.J. Harris
4 SDR No. 599 Rev. 0

5 Organization: YMPO/T&MSS-PPD
6 Person(s) Contacted: Elaine Spangler
7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, If Applicable)

1) QMP-06-04, Revision 0, Step 8a and the following note states, if a minor change, then prepare an Interim Change Notice (ICN) and forward it to the Document Control Center for distribution: Incorporate change

9 Deficiency

1) Contrary to the requirement, QMP-06-04, ICN 1 was issued without an ICN cover page, form Y-AD-001, with the required approval signature of the PCB. Only pages 33 and 39 were issued via a Controlled Document

10 Recommended Action(s): ☒ Remedial ☐ Investigative ☒ Corrective

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 9 and identify the cause of the condition and the planned

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11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Donald J. Harris 10/16/90	N/A	

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
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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YM-3 STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
2/89

SDR No. 599 Rev 0 Page 2 of 2

8 Requirement (continued)

during next revision of the document. NOTE: Minor changes require PCB management review and approval prior to transmittal to Document Control.

2) Attachment 5, Instructions for preparation of Document Review Sheet (DRS) (NQ-A-041), Block 9 - check the appropriate block, Block 10 - check the appropriate block, Block 14 - Revision - check the disputed items. Resolved box (if applicable and items resolved) - then sign in black ink and enter date the verification is "acceptable" and complete if the step is not applicable, enter "N/A". If it is unacceptable, do not sign.

3) Para. 5.0, Step 12 states that the Manager(s) Reviewing Organization(s), DD(s), DQA or PSM assign reviewer(s) by entering name(s) on page 1 of the DRS (name and discipline of the qualified, independent reviewer for technical reviews); provide reviewer(s) with review package and establish review criteria. Attachment 7 provides examples for guidance in establishing criteria.

4) Para. 5.0, Step 25 requires the PCB to submit the records to the LRC in accordance with QMP-17-01.

9 Deficiency (continued)

Issuance Authorization. The Table of Contents and pages 33 and 34 indicated ICN 1. No Page Revision Control Sheet was issued with the change. NOTE: The ICN 1 was subsequently canceled.

2) DRSs for AP-3.7, Revision 0. The DRS blocks 9 and 10 were not marked on those DRSs assigned to W. Dixon, D. Horton, N. Jones or D. Klimas. Block 14 was not marked or N/A'ed on the DRSs by the assigned reviewers for Wilson, Little, Dixon or Blanchard.

3) Contrary to the requirement, the DRS in a majority of the cases examined, has no objective evidence that the manager of the reviewing organization, DD(s), DQA or PSM, actually assigned the reviewer. In addition, there is no objective evidence in the Review Records Package that the manager, DD, DQA or PSM established the review criteria in accordance with the requirement.

4) Contrary to the requirement, the PPD submits the QMP-06-04 review records to the LRC in accordance with QMP-17-01 in lieu of the PCB.

10 Recommended Actions (continued)

action to prevent recurrence.