

YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION

SURVEILLANCE REPORT NUMBER YMP-SR-91-021

OF

VERIFICATION ACTIVITY

CONDUCTED JUNE 24 THROUGH 26, 1991

AT

RAYTHEON SERVICES NEVADA

LAS VEGAS, NEVADA

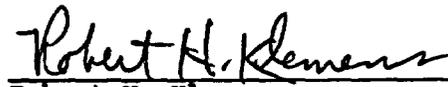
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1.0 INTRODUCTION

This report contains the results of Yucca Mountain Quality Assurance Division (YMQAD) Surveillance YMP-SR-91-021 of Raytheon Services Nevada (RSN) conducted in Las Vegas, Nevada, on June 24 through 26, 1991.

2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to verify that RSN is implementing its procedures covering Criteria 1, 5, 16, and 18.

This surveillance was conducted in accordance with Yucca Mountain Site Characterization Project (YMP) Quality Management Procedure QMP-18-02, Revision 2, "Surveillance." A mark-up copy of RSN procedures were prepared in lieu of a checklist as the source of the requirements on which this surveillance was based.

3.0 SURVEILLANCE PERSONNEL

The surveillance was conducted by the following personnel:

Thomas J. Higgins, Quality Assurance Scientist (Surveillance Team Leader),
Science Applications International Corporation (SAIC)/YMQAD
Robert H. Klemens, Quality Assurance Engineer, SAIC/YMQAD

4.0 SUMMARY OF SURVEILLANCE RESULTS

The Surveillance Team examined evidence resulting from the execution of the procedures implementing Criteria 1, 5, 16, and 18. The team concluded that the progress toward full implementation of the RSN Quality program is satisfactory. In Criteria 1 and 5, effectiveness of implementation is judged satisfactory; it would be premature, however, to make a judgment of effectiveness on Criteria 16 and 18. RSN is to be commended on an aggressive verification effort coupled with a deficiency reporting system that has been quite effective to date.

No deficiencies were noted that required issuance of a Corrective Action Request (CAR).

4.1 Criterion 1, "Organization"

RSN Quality Assurance Procedure QAP-1.1(y), Revision 0 was reviewed to ensure that procedural requirements are satisfied and that Quality Assurance (QA) included an evaluation of qualification and training,

and confirmation that the position of QA Manager, YMP, is independent of cost and schedule. There are some QA functions that have not been performed to date (i.e., Trend Analysis, use of CARs, and verification of adequacy of sub-tier organizations).

Effectiveness of the implementation of this procedure was satisfactory.

4.2 Criterion 5, "Instruction, Plan, Procedures, and Drawings"

Procedure QAP-5.1(Y), Revision 0 and applicable parts of QAP-6.1(Y), Revision 0 and QAP-6.2(Y), Revision 0 were reviewed to ensure that RSN QA procedures are prepared, reviewed, approved, and revised in accordance with procedural requirements.

Effectiveness of the implementation of this procedure was satisfactory.

4.3 Criterion 16, "Corrective Action"

RSN implements this criterion by means of three procedures:

1. QAP-16.1(Y), Revision 0, "Deficiency Reporting"
2. QAP-16.2(Y), Revision 0, "Corrective Action"
3. QAP-16.3(Y), Revision 0, "Trend Analysis"

QAP-16.1(Y), Revision 0 had been used 18 times at the time of this surveillance. In each case, the deficiency was identified during a scheduled internal surveillance by RSN QA organization. All 18 deficiency reports (DRs) were in an open status, with the earliest issued on April 29, 1991. The first five DRs had initial response dates that preceded initiation of this surveillance. These were returned to the QA organization 2 to 4 days beyond the nominal 30-day response period. The RSN QA organization determined that two of these (001 & 002) required an amended response by the responsible organization. The Surveillance Team determined this procedure is being adequately implemented to the extent that was observable in that the full process to closure has not been tested for any DR.

QAP-16.2(Y), Revision 0 is utilized when the deficiency relates to "significant conditions adverse to quality," as defined in Section 6.1 of this procedure. M. Regenda, RSN QA Manager for the YMP, stated that this procedure has not been used because a significant condition adverse to quality has not yet been identified. Review of the outstanding DRs confirms this.

QAP-16.3(Y), Revision 0 has not yet been utilized. The RSN QA Program was approved on February 22, 1991, and the program is in the initial data-gathering mode. Of the 18 DRs written to date, 15 were initiated within 30 days of this surveillance and only 2 had been evaluated by the QA organization with regard to initial response. There is not enough confirmed data for a trend analysis at this time, although Section 6.1 of the procedure does require a semiannual trend analysis.

Effectiveness of the implementation of this criterion appears to be progressing in a satisfactory manner. However, a definitive statement of effectiveness is contingent upon completion of the processing and satisfactory closure of a portion of the outstanding DRs and the issuance of a Trend Analysis Report.

4.4 Criterion 18, "Audits"

RSN implements this criterion by means of two procedures:

1. QAP-18.1(Y), Revision 0, "Audits"
2. QAP-18.2(Y), Revision 0, "Surveillance"

QAP-18.1(Y), Revision 0, governs the conduct and reporting of audits. The RSN Audit schedule for this fiscal year lists two audits: the first is scheduled for June, the second for September. The surveillance examined the RSN Audit Schedule and determined that no further investigation was useful.

QAP-18.2(Y), Revision 0 governs the conduct and reporting of surveillances. Seven internal surveillances had been scheduled on the RSN Fiscal Year (FY) '91 schedule and six were conducted by the RSN QA organization. The YMQAD Surveillance Team examined the five available reports; surveillance SR(Y)-91-005 had been canceled, and the report for surveillance SR(Y)-91-007 was in preparation. All were found to meet the procedural requirements for format and content (Section 6.4.1). Because RSN surveillances are classified as "open" until all identified deficiencies are closed, all surveillances conducted according to this procedure have "open" status, and the package of Quality Assurance Records (Section 7.0) are necessarily incomplete. The Surveillance Team restricted itself to an examination of surveillance reports and the resultant DRs discussed under Criterion 16.

In view of the absence of a completed audit and its report, no judgment of the effectiveness of implementation for Criterion 18 is possible.

5.0 CLOSURE OF OUTSTANDING DEFICIENCY REPORTS

There was no verification of completed corrective actions for outstanding DRs conducted during this surveillance.

6.0 PERSONNEL CONTACTED DURING THE SURVEILLANCE

The following RSN personnel were contacted during the surveillance:

Arshad Ali	Audit Manager
R. L. Bullock	Technical Project Officer
P. R. Dahlberg	Quality Assurance Specialist
M. J. Regenda	Quality Assurance Manager
R. P. Sabol	Principal Quality Assurance Engineer
D. J. Tunney	Quality Assurance Engineering Manager
H. R. Tuthill	Quality Control Manager

7.0 MEASURING AND TEST EQUIPMENT USED DURING THE SURVEILLANCE

None.

8.0 SYNOPSIS OF DEFICIENCY

No Corrective Action Requests were written.

9.0 RECOMMENDATIONS

The Surveillance Team offered one recommendation which was discussed with Arshad Ali, Audit Manager. It was recommended that the RSN Deficiency Report Log be expanded to accommodate additional data, specially to include intermediate dates associated with DR development. This enhancement would better demonstrate the progress of DRs and should improve the utility of the log to better meet the requirement of Section 6.1.1.4 of QAP-16.1(Y), Revision 0.

10.0 REQUIRED ACTIONS

None.