

YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION

QUALITY ASSURANCE SURVEILLANCE REPORT

OF

LOS ALAMOS NATIONAL LABORATORY

SURVEILLANCE NUMBER YMP-SR-91-022

CONDUCTED JULY 15 THROUGH 17, 1991

ACTIVITIES SURVEILLED:

CORRECTIVE ACTION, AUDITS, SURVEYS, AND
QUALIFICATION/CERTIFICATION OF AUDIT PERSONNEL

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Date: 7-25-91

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Director
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Date: 7-25-91

1.0 INTRODUCTION

This report contains the results of Yucca Mountain Quality Assurance Division (YMQAD) Surveillance No. YMP-SR-91-022 of Los Alamos National Laboratory (LANL) conducted at Los Alamos, New Mexico, from July 15 through July 17, 1991.

2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to evaluate effectiveness of implementation of LANL procedures for Criterion XVI, "Corrective Action" and Criterion XVIII, "Audits." The evaluation focused on compliance with the following approved LANL implementing procedures:

1. TWS-QAS-QP-15.2, R1, "Deficiency Reporting"
2. LANL-YMP-QP-18.1, R4, "Audits"
3. TWS-QAS-QP-18.2, R2, "Surveys"
4. TWS-QAS-QP-18.3, R2, "Auditor Qualification and Certification"

3.0 SURVEILLANCE PERSONNEL

The surveillance was conducted by the following personnel:

Robert B. Constable, General Engineer, Department of Energy/YMQAD

Charles C. Warren, Quality Assurance Engineer, MAC Technical Services Co./YMQAD (Surveillance Team Leader)

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:

TWS-QAS-QP-15.2, R1, "Deficiency Reporting"

A sample of 10 recently issued or closed Deficiency Reports (DRs) was reviewed to determine compliance to procedural requirements. The review included, as appropriate, DR initiation, concurrence, evaluation for severity, dispositioning, verification, and closure. All activities

reviewed were found to be in compliance with QP-15.2 requirements. However, two areas for improvement were identified as indicated in Section 8.0 of this report. The specific DRs reviewed are listed below:

LANL-0036
LANL-0120
LANL-0134
LANL-0135
LANL-0137
LANL-0138
LANL-0139
LANL-0140
LANL-0143
LANL-0151

LANL-YMP-QP-18.1, R4, "Audits"

All four audits performed since March, 1991 were selected for review to evaluate compliance to QP-18.1 requirements. This review included scheduling of audits, team selection, audit planning, performance, reporting, and record keeping. All activities were found to be in compliance with procedural requirements. Audits sampled are listed below:

LANL-AR-91-03
LANL-AR-91-04
LANL-AR-91-05
LANL-AR-91-06

It should be noted that audit reports LANL-AR-91-04 and LANL-AR-91-06 had not been issued at the time of this surveillance, and therefore, performance, reporting, and record keeping activities for these audits could not be verified.

TWS-OAS-QP-18.2, R2, "Surveys"

Survey activities for the calendar year 1991 were reviewed to verify compliance to procedural requirements. This review was to include survey scheduling, planning, performance, reporting, and record keeping. However, because no surveys have been completed nor survey reports issued to date during 1991, a complete evaluation of this area could not be accomplished. From the areas that could be evaluated (scheduling, planning, and performance), no noncompliances with the procedure were identified; however, three areas for improvement were recommended as documented in Section 8.0 of this report.

TWS-QAS-QP-18.3, R2, "Auditor Qualification and Certification"

Qualification/certification records for audit team personnel, including team leaders, were reviewed to evaluate compliance to QP-18.3. This review included documentation of indoctrination, training, participation in the audit process, and for lead auditors, documentation and evaluation of education and experience. All qualification and certification records for auditors/lead auditors were found to be in compliance with procedural requirements. Audit personnel records reviewed during the surveillance are listed below;

P. Gillispie - Auditor
M. Gutierrez - Auditor
R. Shay - Auditor
D. Williams - Auditor
G. Gainer - Lead Auditor
G. Rand - Lead Auditor

5.0 PERSONS CONTACTED DURING THE SURVEILLANCE

R. Herbst, Technical Project Officer, LANL
K. West, Assistant Technical Project Officer, LANL
M. Clevenger, Acting Quality Assurance Project Leader (QAPL), LANL
J. Day, Quality Assurance Verification Coordinator, Los Alamos Technical Associates (LATL)e
G. Gainer, Lead Auditor, LANL
G. Rand, Lead Auditor, LANL
T. Morgan, Quality Assurance Liaison, LANL

6.0 MEASURING AND TEST EQUIPMENT USED DURING THE SURVEILLANCE

None.

7.0 SYNOPSIS OF DEFICIENCY DOCUMENTS AND DEFICIENCIES CORRECTED DURING THE SURVEILLANCE

None.

8.0 RECOMMENDATIONS

1. It is recommended that LANL Quality Assurance (QA) personnel place more emphasis on documenting the specifics of verification activities during DR closure. This would provide more conclusive evidence of completion of specified corrective actions.
2. It is recommended that QA update DR files with copies of approved dispositions prior to returning the DR to the organization responsible for implementation.
3. It is recommended that the organization to be surveyed be indicated on survey schedules. This would eliminate the necessity to use the survey log in conjunction with the survey schedule to determine the organization to be surveyed.
4. It is recommended that QAPL approval be indicated on issued survey schedules rather than approval being accomplished during the review process, prior to schedule issuance.
5. Of the three surveys currently in progress at LANL, one has been ongoing for approximately two months and one for approximately one month. This is an excessive amount of time for surveys to remain open and completion is recommended.

9.0 REQUIRED ACTIONS

None.