



Department of Energy
Yucca Mountain Site Characterization
Project Office
P. O. Box 98608
Las Vegas, NV 89193-8608

WBS 1.2.9.3
QA

OCT 03 1991

Richard L. Bullock
Technical Project Officer
for Yucca Mountain
Site Characterization Project
Raytheon Services Nevada
101 Convention Center Drive
Phase II, Suite P-250
Las Vegas, NV 89109

EVALUATION OF RESPONSES TO CORRECTIVE ACTION REQUESTS (CARS) YM-91-068 and
YM-91-069 RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD)
AUDIT YMP-91-04 OF RAYTHEON SERVICES NEVADA (RSN)

The YMQAD staff has evaluated the responses to CARS YM-91-068 and YM-91-069.
The responses have been determined to be unsatisfactory based on the
following:

YM-91-068

1. In the response to this CAR, RSN has not provided any evidence of their determination as to the extent of the deficiencies. For example, are there any additional personnel who did not complete the required training forms? Are there personnel who did not complete required training prior to the effective date of a procedure where the quality of work performed may be impacted? Until these questions are answered, the extent of these deficiencies cannot be determined.
2. Evaluation of the RSN analyses of root cause implies that the Training Department issues a follow-up letter to ensure that self-study forms are returned in a timely manner. Review of RSN procedure PP-02-01, Revision 0, provides no directions for such action to take place in the event of an untimely response. Are procedural guidelines insufficient to accomplish this activity? If so, the true root cause would be an insufficient procedure. In addition, no root cause was provided for item 3 wherein personnel had not completed their required training prior to the effective date of a procedure or procedure interim change notice. Is it possible that procedural guidelines are insufficient to provide for an evaluation for impact when personnel are trained subsequent to effective dates of procedures?
3. Without determination of items 1 and 2 above, full disclosure cannot be made for "Remedial Action" and "Corrective Action to Prevent Recurrence."

9110310108 911003
PDR WASTE
WM-11 PDR

YMP-5

230085

ADD: Ken Hooks Ltr. Encl.
1 1

102.7
WM-11
N403

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-068
DATE: 08/08/91
SHEET: 1 OF 1
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QAPD-002, Rev. 0		2 Related Report No. Audit YMF-91-04	
3 Responsible Organization RSN		4 Discussed With R.L. Bullock & J.L. Rue	
10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No	
5 Requirement: QAPD-002, Rev. 0, Para. 2.2.12, "Personnel Selection, Indoctrination and Training," states in part, "Personnel assigned to perform activities that affect quality will receive appropriate indoctrination and training prior to performing work...Proficiency shall be maintained."			
6 Adverse Condition: Review of training files provided the following deficiencies: 1. Nickie Diersen - no training to project procedures for activities performed. 2. No documented evidence of personnel being trained to Administrative Procedures, Quality, (eg. AP-5.28Q). 3. Personnel not performing required reading prior to effective date of procedure or Procedure Interim Change notice. Examples included: a. Scott Nordick - PP-03-21 effective date 6/3/91 date read 6/14/91 b. John McNeely - PP-02-07 effective date 4/29/91 date read 5/3/91			
7 Recommended Action(s): Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.			
8 Initiator J.S. Martin	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <u>Catherine H. [Signature]</u> 8-12-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

ENCLOSURE

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO YM-91-068
DATE 9/11/91
SHEET 1 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

The inference in QAPD-002, Rev. 0, Para. 2.2.12, Personnel Selection, Indoctrination and Training is that the work personnel are performing pertains to activities that affect quality

A. Extent of Deficiency

1. Nickie Diersen had read the applicable Project Procedures, however, she did not return the self study form in time.

The objective evidence for self study was received after the due date. A further review of her activities indicated that the work previously performed by her was indeed in compliance with the applicable procedures.

2. At the time of the audit there had been training on AP-5.21Q, Field Work Activation for 21 RSN employees. There are 10 additional APQs that some RSN employees should be trained to.
3. Scott Nordick did not perform any quality affecting work to the RSN YMP Project Procedure PP-03-21, Rev. 0, prior to 6-14-91 when he completed his training on the procedures.

John McNeely did not perform any quality affecting work to the RSN YMP Project Procedure PP-02-07 prior to 5-3-91 when he completed his training on the procedure.

Copies of the documentation to support the above statements are on file.

B. Root Cause

1. Training Department did not issue a follow-up letter to ensure that the self study form had been sent by Nickie Diersen in due time.
2. Fenix & Scisson and Holmes & Narver required personnel to be trained on the APQs. Due to the changing of companies and developing a new training program for RSN, the training on APQs was overlooked.
3. N/A

Ltr dtd 9/11/91 - RSN-YMP-1188

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO YM-91-068
DATE 9/11/91
SHEET 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

C. Remedial Action

1. Objective evidence of training to the applicable procedures have been obtained.
2. The lack of training on the Administrative Procedures, Quality (APQ), has been corrected through the use of the self study reading requirements. In any of the RSN Project Procedures where an APQ has been called out, those that are required to read that procedure are also required to read the referenced APQ. Distribution of said reading requirements to the affected personnel was completed on August 23, 1991. This activity is scheduled to be completed by September 30, 1991.

3. N/A

D. Corrective Action to Prevent Recurrence

1. Training Department personnel have been instructed to ensure that the required self study forms are returned in time. In addition, Nickie Diersen has been advised by letter to comply with the self study requirements document and mail them in due time.
2. Upon receipt of new or revised APQs or ICNs to current APQs from T&MSS they will be reviewed to determine if they are called out in RSN's Project Procedures (PPs). If they are, those who are required to read the POP that the APQ is referenced in will also be required to read the APQ and a self study will be issued.

3. N/A

Responsible Individual:

Manager, Systems Engineering

Response Approved:

7 L Bullock

Date:

9/13/91

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-069
DATE: 08/08/91
SHEET: 1 OF 1
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document RSN QAPD-002, Rev. 0	2 Related Report No. Audit YMP-91-04
--	---

3 Responsible Organization RSN	4 Discussed With R.L. Bullock & J.L. Rue
-----------------------------------	---

10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No
---------------------------------------	---	---------------------------------

5 Requirement:
QAPD-002, Rev. 0, Para. 2.2.12, "Personnel Selection, Indoctrination and Training," states in part, "Management and Supervisory personnel determine the extent and need of training for personnel based on the scope, competency and nature of the activity and on education, experience and proficiency of the person."

6 Adverse Condition:
Contrary to the above Project Procedure PF-02-01, Rev. 0, "Indoctrination and Training," Para. 6.1.1. states in part, "... Assignments may be identified by Managers/Line Supervisors."

DISCUSSION
During the course of this audit it was found that training requirements were established by the Training Coordinator for personnel involved in activities affecting quality without input from Managers/Supervisors. As was stated in interviews, the methodology employed in establishing the training requirements was accomplished by a review of old H&N and FSN procedures against the procedures issued by RSN. As a result, Managers/Supervisors have had no direct input into training requirements for those individuals assigned to them as required by the RSN QAPD. In review of PF-02-01, Rev. 0, it was found that the procedure indicated that Managers/Supervisors may provide input to personnel for which they are responsible. To comply with the RSN QAPD, the word "may" should read "shall."

7 Recommended Action(s):
Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.

8 Initiator J.S. Martin	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA Catherine Thompson	Date: 8-12-91
----------------------------	-------------------	---	---	------------------

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted: OAR _____ Date _____	17 Closure Approved By: OQA _____
--	--------------------------------------

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. YM-91-069
DATE 9/11/91
SHEET 1 OF 1

CORRECTIVE ACTION REQUEST
(continuation sheet)

A. Extent of Deficiency

This is not a valid deficiency due to the reasons given below.

The training assignments for line organization personnel were made based on a systematic analysis of the procedures done by the Systems Engineering Manager, the Senior Quality Engineering Coordinator and the Training Coordinator collectively. The matrices were then sent to the department managers for review, editing, and/or concurrence. This has been and will continue to be done on a quarterly basis and as needed for new employees and matrixed personnel.

The training assignments for Quality Assurance Department personnel are contained in Quality Assurance Procedure QAP-2.2(Y) which is approved by the Manager, Quality Assurance YMP. Additional assignments are made by memo or letter from the Manager, Quality Assurance YMP.

The evidence is on file of training assignments that were made or concurred with by managers on the YMP.

B. Root Cause

N/A

C. Remedial Action

N/A

D. Corrective Action to Prevent Recurrence

N/A

Response Approved:

Randolph L. Shain

Date:

9/11/91

Response Accepted:

QAR

Date

Response Accetped:

OQA

Date

Std. dev. 9/11/91 - RSN - YMP - 1188

OCT 03 1991

Richard L. Bullock

-2-

YM-91-069

1. During the course of Audit YMP-91-04, it was noted through interviews and meetings with the technical project officer and the audit team that training requirements were established by the Training Coordinator without input from the managers/supervisors for engineering and support personnel (see referenced CAR). As stated in the RSN response, input to training requirements were coordinated with the Systems Engineering Manager. Based on new information which has been provided (i.e., input provided by the Systems Engineering Manager), this portion of the CAR is considered to be resolved and no further action is required for the establishment of training needs.
2. In response to this CAR, RSN failed to address the revision of procedure PP-02-01 to coincide with the RSN Quality Assurance Program Description. To help prevent recurrence of misunderstandings or inadvertent non-implementation, RSN should revise PP-02-01 as noted in referenced CAR.

Amended responses are required to be submitted to this office within ten working days of the date of this letter. Send the original of your responses to Nita Brogan, Science Applications International Corporation, Las Vegas, Nevada. If an extension to the due date is necessary, it must be requested in writing with appropriate justification prior to that date.

If you have any questions, please contact either Catherine E. Hampton at 794-7973 or John S. Martin at 794-7881.


Donald G. Horton, Director
Yucca Mountain Quality Assurance Division

YMQAD:CEH-103

Enclosure:

CARs YM-91-068 and YM-91-069

cc w/encl:

K. R. Hooks, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
M. J. Regenda, RSN, Las Vegas, NV

cc w/o encl:

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