



Department of Energy

Yucca Mountain Project Office

P. O. Box 98608

Las Vegas, NV 89193-8608

WBS 1.2.9.3

QA

SEP 05 1990

*Copy given to
Hooks
Belke*

Thomas O. Hunter
Technical Project Officer
for Yucca Mountain Project
Sandia National Laboratories
P.O. Box 5800
Organization 6310
Albuquerque, NM 87185

CLOSURE OF STANDARD DEFICIENCY REPORT (SDR) 434, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 89-03 OF SANDIA NATIONAL LABORATORIES

SDR 434, Revision 0, has been closed based on satisfactory verification of completed corrective actions. A copy of the SDR is enclosed for your files.

If you have any questions, please contact either Catherine E. Hampton at (702) 794-7973 or FTS 544-7973, or Richard L. Weeks at (702) 794-7853 or FTS 544-7853 of the Yucca Mountain Project QA staff.

Catherine Hampton
Donald G. Horton, Director
Quality Assurance
Yucca Mountain Project Office

QA:CEH-4781

Enclosure:
SDR 434

cc w/encl:
S. W. Zimmerman, NWPO, Carson City, NV
K. R. Hooks, NRC, Washington, DC
R. R. Richards, SNL, 6310, Albuquerque, NM

cc w/o encl:
J. H. Hines, OGD, AL
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08
S. R. Dippner, SAIC, Las Vegas, NV, 517/T-08
R. L. Weeks, SAIC, Las Vegas, NV, 517/T-06
J. W. Gilray, NRC, Las Vegas, NV

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YMPU STANDARD DEFICIENCY REPORT

Completed by Originating QA Organization	1 Date 9/13/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By J. FRIEND		4 SDR No. 434 Rev. 0	
	5 Organization SNL		6 Person(s) Contacted T. BLEJWAS, JAMES VOIGT		7 Response Due Date is 20 Working Days from Date of Transmittal	
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 5-2) SNL-NWRT-QAPP, Rev. E, Sect. 5.0, para. 5.1 states in part, "Each instruction or procedure shall identify QA records which are generated during implementation of the procedure."					
Completed by Organization in Block 5	9 Deficiency A partial review of SNL Procedures disclosed that several procedures did not contain adequate QA Record sections. The following are examples: o DOP 5-1, Rev. C - did not identify ICNs as a record.					
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Review procedures and revise records sections as necessary. 2. Check to assure any documents not previously identified as records are					
	11 QAE/Lead Auditor/Date <i>S. Davis 9/22/89</i>		12 Division Manager/Date <i>Robert L. ... 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blanford 9/22/89</i>	
Completed by Organization in Block 5	14 Remedial/Investigative Action(s)				15 Effective Date <u>See below</u>	
	SNL will review all QA implementing procedures for adequacy of records sections. Procedure Change Requests will be initiated for all necessary changes. Responsible party - R. R. Richards, due 10/31/89. Based on the review above, documents not previously identified as records will be identified and surveillance of the SNL (cont'd.)					
	16 Cause of the Condition & Corrective Action to Prevent Recurrence				17 Effective Date <u>Complete</u>	
Completed by Organization in Block 5	The cause of this situation was less-than-sufficient procedure development and less-than-adequate review of those procedures. SNL has developed detailed procedure-review checklists that will allow for more structured, thorough reviews which will serve to preclude recurrence of this situation.					
	18 Signature/Date <i>Wilton W. Burcham 11/1/89</i> for T. O. Hunter, Dept. Manager 6310					
Comp. by Orig. QA Org.	19 Response Accepted		QAE/Lead Auditor/Date <i>S. Davis 12/11/89</i>		Division Manager/Date <i>S. Davis 12/1/89</i>	
	20 Corrective Action Verif. Satisfactory		QAE/Lead Auditor/Date <i>W. Allen 8/25/90</i>		Division Manager/Date <i>N/A</i>	
	21 Remarks <i>Accept Response 1/2/90 - YMP:JB-1359</i> <i>Verified that QA implementing procedures were reviewed for adequacy of their record sections by Curtis H. Barnes and results were submitted to R.R. Richards on 10/10/89. As a result, 29 Procedure Change Requests (PCRs) were generated. The PCRs are being incorporated.</i> <i>Unsat Verification 3/21/90 - YMP:CEH-2447-0</i> <i>Response - Hunter to Norton, dtd. 4-4-90 - Accepted 5/14/90 - YMP:CEH-3111</i> <i>Unsat Verification 5/15/90 - YMP:CEH-3308</i>					
	22 QA CLOSURE		QAE/Lead Auditor/Date <i>W. Allen 8/25/90</i>		Division Manager/Date <i>N/A</i>	
PQM/Date <i>W. Hunter 8/29/90</i>						

YMPQ STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
12/88

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9 Deficiency (continued)

- o DOP 11-1, Rev. E - did not identify EPs, ETPs and revisions as a record.
- o DOP 5-2, Rev. F - did not identify revisions to TPs as a record.
- o DOP 2-2, Rev. D - did not identify SP revisions as a record.
- o DOP 2-3, Rev. O - did not identify revision documentation as a record.
- o DOP 3-7, Rev. B - did not identify a computer disc as QA records.

10 Recommended Actions (continued)

available.

3. Check to assure that future procedures contain QAPP requirements.

14 Remedial/Investigative Action(s)(cont'd.)

Records System will be performed to determine whether those documents have, in fact, been treated as records. Responsible party - R. M. Baehr, due 11/30/89.

21.2) DOP'S STILL OPEN - 3.4; 3.5; 3.6; 3.10; 3.16; 4.1; ~~4.5~~ 5.1 & 17.1.
3.5; 4.1; 5.1 & 17.1 COMPLETE AND IN SIGNATURE LOOP. *BBE 5/3/90*

Extension Request, Hunter to Horton, 6-12-90 - Accept, YMP:CEH-3784, 6-19-90

*Note: Refer to check list 90-04-01 audit item 5-9,
page 59a attached for verification info. *Albarr 9/23/90**

