

## **Department of Energy**

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

WBS 1.2.9.3

AUG 0 5 1992

Larry R. Hayes Technical Project Officer for Yucca Mountain Site Characterization Project U.S. Geological Survey 101 Convention Center Drive Suite 860 Las Vegas, NV 89109

ISSUANCE OF CORRECTIVE ACTION REQUEST (CAR) YM-92-060 RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD) AUDIT YMP-92-20 OF U.S. GEOLOGICAL SURVEY

Enclosed is CAR YM-92-060 generated as a result of YMQAD Audit YMP-92-20.

Please identify the corrective action to be taken and implemented to correct the deficiency. A CAR Continuation Sheet and instructions for completion have been provided. Send the original of your response to Nita J. Brogan, Science Applications International Corporation, Las Vegas, Nevada. Response to the CAR is due within 20 working days of the date of this letter. Any extension to the due date must be requested in writing with appropriate justification prior to that date.

If you have any questions, please contact either Robert B. Constable at 794-7945 or Donald J. Harris at 794-7356.

R.C. Spina

Richard E. Spence, Director Yucca Mountain Quality Assurance Division

YMOAD: RBC-4799

Enclosure: CAR YM-92-060

cc w/encl:

K. R. Hooks, NRC, Washington, DC

S. W. Zimmerman, NWPO, Carson City, NV

R. W. Craig, USGS, Las Vegas, NV

J. D. Verden, M&O/TRW, Las Vegas, NV

N. J. Brogan, SAIC, Las Vegas, NV, 517/T-12

W. B. Simecka, YMP, NV

cc w/o encl:

J. W. Gilray, NRC, Las Vegas, NV

D. D. Porter, SAIC, Golden, CO

9208130003 920805 WM-11 PDR

ADD: Ken Hooks LAr. Enel. WM.11

ADD: Ken Hooks



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

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8 CAR NO.:	YM-92-060
DATE:	7/31/92
SHEET: _	1 OF 1
	QA

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		WASHING.	ION, D.C.	_	
_	COF	RECTIVE AC	TION REQUE	ST	
1	Controlling Document			2 Related	Report No.
	USGS QMP-7.01, Rev. 4, Mod 3, Cont.	rol of Purchased	i Items	YMP-92-	_ ·
3	Responsible Organization		scussed With		
_	USGS	A.	Lykins, T. Cha	ney	
	Requirement:  Para. 5.4.4 states "When post requirements and acceptance do the contract or other procurements"	installation tescumentation are ent document."	sting is used, p developed by US	ost-install GS and inco	ation test rporated in
6	Adverse Condition:	······································			
	Contrary to the above requirement post-installation test requirement PO 150247-92 as evidenced by the	ment was incorpo	orated in the pr	ocurement d	he ocument for
9	Does a significant condition adverse to quality exist? YesNo_x_	1	vork condition exis _; if Yes - Attach c		11 Response Due Date: Within 20 working
	If Yes, Circle One: A B C	If Yes. Circle	One: A B C	D	days of issuance.
1:	<sup>2</sup> Required Actions: 🕱 Remedial 🕱 E	Extent of Deficiency	/ X Preclude f	Recurrence	Root Cause Determination
13	3 Recommended Actions:				
_		Date ('==')	14 Issuance Appr QADD	Irin	Date \$/4/42
15	5 Response Accepted		16 Response Acc	ebrecy	′
		Date	QADD	A : : •	Date
17	7 Amended Response Accepted		18 Amended Res	ponse Accept	
_		Date	QADD		Date
18	9 Corrective Actions Verified		20 Closure Appro	ved by:	
	OAR I	Date	OADD		Date

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CAR NO	
DATE:	
PAGE:	OF
	QA

CORRECTIVE ACTION REQUEST (Continuation Page)
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## Format for Corrective Action Response

The C	AR res	ponse shall include the following information:
1.	Corre	ctive Action Response for CAR #
	A.	Remedial Action - Actions taken to correct specific deficiencies noted
		(Required for all CARs)
	в.	Investigative Action - Actions taken to determine the extent of the condition.
		(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by OQA)
	c.	Root Cause Determination - Identification of the root cause of the condition.
		(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by OQA)
	D.	Corrective Action to Preclude Recurrence - Actions taken to address the root cause and preclude recurrence of the condition.
		(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by CQA)
2.	respo	each action above, identify the name of the individual assigned assibility for completion and the anticipated (or actual, if complete) etion date.
3.	Respo	nse Approved: Date: Date: