

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT  
YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION  
QUALITY ASSURANCE SURVEILLANCE REPORT OF  
YUCCA MOUNTAIN SITE CHARACTERIZATION PROJECT OFFICE  
SURVEILLANCE NO. YMP-SR-92-026  
CONDUCTED SEPTEMBER 2 THROUGH 17, 1992

SURVEILLANCE ACTIVITY:  
DOCUMENT CONTROL

Prepared by: Sandra D. Bates Date: 9/21/92  
Sandra D. Bates  
Quality Assurance Specialist  
Surveillance Team Leader  
Yucca Mountain Quality Assurance Division

Approved by: D. G. Horton Date: 9/23/92  
Donald G. Horton  
Director  
Office of Quality Assurance

## 1.0 EXECUTIVE SUMMARY

The surveillance of Document Control was conducted to verify that Document Control implementing procedures are in place and are being effectively utilized by Yucca Mountain Site Characterization Project (YMP) participants at Nevada Test Site (NTS) facilities.

One Corrective Action Request (CAR), regarding failure of implementing procedures to identify specific information for distribution of documents, was generated as a result of this surveillance.

Two recommendations, which are not considered deficiencies, were made for possible improvement or enhancement of Document Control policies.

## 2.0 SCOPE

This report contains results of the Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance (QA) Surveillance No. YMP-SR-92-026 of the Yucca Mountain Site Characterization Project Office (YMPO). The surveillance was conducted at the NTS and included a surveillance of documents from TRW Environmental Safety Systems/Management and Operations (TRW/M&O), U.S. Geological Survey (USGS), Raytheon Services Nevada (RSN), Reynolds Electrical and Engineering Company, Inc. (REECO), and Science Applications International Corporation (SAIC).

The surveillance was intended to examine compliance with implementing procedures, including Administrative Procedure (AP)-1.5Q, "Issuance and Maintenance of Controlled Documents," as required by the Quality Assurance Requirements Document (QARD) and directed by the Quality Assurance Program Description Document.

## 3.0 SURVEILLANCE TEAM

The surveillance team consisted of the following personnel:

Sandra D. Bates, QA Specialist, Surveillance Team Leader, SAIC/Yucca Mountain Quality Assurance Division

No observers were present during the surveillance.

#### 4.0 PERSONNEL CONTACTED DURING THE SURVEILLANCE

Abend, Gail, QA Specialist, USGS  
Bollinger, Scott, Document Leader, TRW/M&O  
Ebner, Hans, Document Control Director, TRW/M&O  
Flint, Alan, Project Chief, USGS  
Gandi, John G., Manager, Information Resources Management,  
U.S. Department of Energy  
Gibson, Sidney, Senior Engineer, RSN  
Graci, Cynthia M., Senior Staff Assistant, REECo  
Griffith, Ronnie, Document Clerk, TRW/M&O  
Hartley, John A., Division Manager, Sample Management Facility (SMF) SAIC  
Heaney, Gerard, QA Engineer, SAIC  
Keener, Kenneth, Document Control Supervisor, TRW/M&O  
Lindquist, W. A., Senior Quality Control (QC) Specialist, RSN  
Maloy, Shirley, Secretary, USGS  
Mappa, Michael, Division Manager, SMF, SAIC  
McClasky, C. M., Manager, QC, RSN  
Mendenhall, Arthur, Senior Geologist, Drilling Support, SAIC  
Peck, John H., Department Manager, SMF, SAIC  
Piniol, Debbie, Document Control Coordinator, TRW/M&O  
Roper, Donna, Administrative Assistant, SMF, SAIC  
Vanica, Lolly N., Clerk III, RSN  
Zimmerman, Judith, Supervisor, Plans and Procedures, TRW/M&O

#### 5.0 SURVEILLANCE RESULTS

##### 5.1 Synopsis of Surveillance

Interviews were conducted with personnel prior to and during the surveillance. Controlled copies of APs were checked against current Document Distribution Reports for compliance with procedural requirements. A cross-check was made with the Document Control Center to determine if document transmittal forms for documents in question had been returned.

Deficient conditions identified and corrected during the surveillance included the following:

1. Copies of documents from decontrolled document copy number 370 still in manual along with controlled document copy number 1550 (copies of number 370 were marked by holder for removal and were not being used).

2. Obsolete revision of AP-6.17Q in controlled document copy number 1550.
3. Interim Change Notice (ICN) No. 1 plus pages of the procedure missing from AP-3.6Q in controlled document copy 287.
4. Obsolete ICN from AP-6.17Q, Revision 0, still in controlled document copy 287.

**5.2 Synopsis of Corrective Action Request**

Document reviews of implementing procedures resulted in one CAR. The CAR was issued to the YMPO because implementing procedures failed to include all requirements of the QARD. Implementing procedures do not contain specific direction regarding who develops controlled document distribution lists and the criteria used to determine what individuals require the procedures being distributed. See Enclosure 1 for CAR No. YM-92-061.

**5.3 The following documents were reviewed during the surveillance:**

"Quality Assurance Requirements Document," Revision 4

"Quality Assurance Program Description," Revision 3

Administrative Procedure AP-1.5Q, "Issuance and Maintenance of Controlled Documents"

Administrative Procedure AP-6.1Q, "Project Office Document Development, Review, Approval, and Revision Control"

Quality Management Procedure QMP-06-04, "Project Office Document Development, Review, Approval, and Revision Process"

Quality Assurance Procedure QAP-3.5, "Technical Document Preparation"

Quality Assurance Procedure QAP-5.1, "Quality Assurance Program Procedures"

Quality Assurance Procedure QAP-6.2, "Document Review"

The following copy numbers of Administrative Procedures Manuals were reviewed at the NTS:

42	1508	1493	31	508
64	1550	352	228	144
287	273	417		

## 6.0 RECOMMENDATIONS

In addition to one deficiency identified above, two recommendations relative to document control are provided.

1. Control issuance of duplicate documents to the same holder. Two instances of duplicate documents were noted. In one instance, both documents contained the same copy number; in the other, each document contained a different copy number. Although both documents in each instance were listed on the Document Distribution Report, the potential exists for user error if one of the documents is overlooked when updates are made, especially if both documents contain the same number.
2. Decontrol documents only as a set, i.e., the document plus all ICNs. In some instances, ICNs are being decontrolled as single documents, creating a potential for user error.

ENCLOSURE 1

INFORMATION COPY OF CORRECTIVE ACTION REQUEST

**ORIGINAL**  
 THIS IS A REPRODUCTION

<b>OFFICE OF CIVILIAN          RADIOACTIVE WASTE MANAGEMENT          U.S. DEPARTMENT OF ENERGY          WASHINGTON, D.C.</b>		8 CAR NO: <u>YM-92-061</u> DATE: <u>09/14/92</u> SHEET: <u>1</u> OF <u>2</u> QA
<b>CORRECTIVE ACTION REQUEST</b>		
1 Controlling Document QARD, Revision 4		2 Related Report No. SR 92-026
3 Responsible Organization YMPD		4 Discussed With J. Gandi, YMPD; J. Zimmerman, TRM
5 Requirement: QARD, Revision 4, Section 6.0, states in part, "... provisions of NQA-1 Basic Requirement 6 and Supplement 6S-1 shall apply . . . ."  NQA-1 Supplement 6S-1, Section 2, states in part, "The control system shall be documented and shall provide for . . . identification of documents to be controlled and their specified distribution . . . ."		
6 Adverse Condition: Contrary to the requirements of the QARD, implementing procedures fail to document identification of specified distribution.  Investigation revealed that the author/subject matter expert determines which personnel need to receive controlled copies of Administrative Procedures (APs); however, no specific direction is given in implementing procedures regarding who develops controlled document distribution lists and the criteria used to determine what individuals require the procedures in question.		
9 Does a significant condition adverse to quality exist? Yes ___ No <u>X</u> If Yes, Circle One: A B C	10 Does a stop work condition exist? Yes ___ No <u>X</u> ; If Yes - Attach copy of SWO If Yes, Circle One: A B C D	11 Response Due Date: 10/09/92
12 Required Actions: <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Extent of Deficiency <input checked="" type="checkbox"/> Preclude Recurrence <input checked="" type="checkbox"/> Root Cause Determination		
13 Recommended Actions: 1. Revise applicable implementing procedures to include requirements of the QARD listed above; determine root cause of omissions, as applicable. 2. Train appropriate personnel to new procedural requirements. 3. Distribute a list of all extant Administrative Procedures to all personnel		
7 Initiator <i>J.D. Bates</i> Date <u>9/14/92</u>	14 Issuance Approved by: QADD <i>[Signature]</i> for Date <u>9-17-92</u>	
15 Response Accepted QAR _____ Date _____	16 Response Accepted QADD _____ Date _____	
17 Amended Response Accepted QAR _____ Date _____	18 Amended Response Accepted QADD _____ Date _____	
19 Corrective Actions Verified QAR _____ Date _____	20 Closure Approved by: QADD _____ Date _____	

ENCLOSURE 1

INFORMATION COPY OF CORRECTIVE ACTION REQUEST  
(Continuation)

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

CAR NO.: YM-92-061  
DATE: 09/14/92  
SHEET 2 OF 2  
CA

CORRECTIVE ACTION REQUEST (Continuation Page)

- 13 Recommended Action(s) (continued)  
holding controlled copies of those procedures.
4. Conduct a review of Administrative Procedure distribution lists to determine if personnel have been provided with procedures needed in accordance with QAPB requirements listed above.
  5. Take action to rectify any adverse condition resulting from failure of personnel to maintain required Administrative Procedures.