



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

WBS 1.2.11

NOV 16 1992

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Technical Project Officer
for Yucca Mountain
Site Characterization Project
Los Alamos National Laboratory
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P.O. Box 1663
Los Alamos, NM 87545

ISSUANCE OF CORRECTIVE ACTION REQUESTS (CAR) YM-93-018 AND YM-93-019
RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD) AUDIT
YMP-93-02 OF LOS ALAMOS NATIONAL LABORATORY

Enclosed are CARs YM-93-018 and YM-93-019 generated as a result of YMQAD
audit YMP-93-02.

Please identify the corrective actions to be taken and implemented to correct
the deficiencies. CAR Continuation Sheets and instructions for completion
have been provided. Send the originals of your responses to Nita J. Brogan,
Science Applications International Corporation, Las Vegas, Nevada. Responses
to the CARs are due 20 working days from the date of this letter. Extensions
to due dates must be requested in writing, with appropriate justification,
prior to the due dates.

If you have any questions, please contact either Robert B. Constable at (702)
794-7945 or John R. Matras at (702) 794-7197.

Richard E. Spence, Director
Yucca Mountain Quality Assurance Division

YMQAD:RBC-930

Enclosures:
CARs YM-93-018 and YM-93-019

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

8 CAR NO.: YM-93-018
DATE: 11/6/92
SHEET: 1 OF 1
QA

CORRECTIVE ACTION REQUEST

1 Controlling Document TWS-QAS-QP-03.17, Revision 0		2 Related Report No. Audit YMP-93-02	
3 Responsible Organization LANL		4 Discussed With E. Robinson/S. Bolivar	
5 Requirement: Section 6.2.2, "SCM Audits" states, "If audit issues are identified, perform the following actions and await resumption of the process at Step 6.2.1. <ul style="list-style-type: none"> o In the "Disposition" section of the Baseline Submission Summary, check "Not Accepted," supply an explanation under "SCM/CCB Comments," and sign and date the form and return a copy to submitter. o Return copies of all Review/Audit Item Disposition forms and the Review/Audit Report and Recommendations form to the submitter for resolution. o Remove the proposed Baseline from the LANL YMP Certification Environment." 			
6 Adverse Condition: In contrast to the above requirement when audit issued were identified <ol style="list-style-type: none"> 1. (1st Bullet) The "Disposition" section of the Baseline Submission Summary was not checked "Not Accepted." 2. (3rd Bullet) The proposed baseline was not removed from the LANL YMP Certification Environment. 			
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: 20 Working Days from Issuance			
12 Required Actions: <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Extent of Deficiency <input checked="" type="checkbox"/> Preclude Recurrence <input type="checkbox"/> Root Cause Determination			
13 Recommended Actions: Revise procedures to reflect current operating practices.			
7 Initiator John R. Matras <i>John R. Matras</i>		14 Issuance Approved by: <i>PC Lance</i>	
Date <u>11/6/92</u>		Date <u>11/13/92</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 _____	

Format for Corrective Action Response

The CAR response shall include the following information:

1. Corrective Action Response for CAR # _____
 - A. Remedial Action - Actions taken to correct specific deficiencies noted.
(Required for all CARs)
 - B. 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 OQA)
2. For each action above, identify the name of the individual assigned responsibility for completion and the anticipated (or actual, if complete) completion date.
3. Response Approved: _____ Date: _____
Responsible Manager

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

CAR NO.	_____
DATE:	_____
PAGE:	_____ OF _____
	QA

CORRECTIVE ACTION REQUEST (Continuation Page)

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

8 CAR NO.: YM-93-019
DATE: 11/6/92
SHEET: 1 OF 1
QA

CORRECTIVE ACTION REQUEST

1 Controlling Document TWS-QAS-QP-03.20, Revision 0		2 Related Report No. Audit YMP-93-02	
3 Responsible Organization LANL		4 Discussed With E. Robinson/S. Bolivar	
5 Requirement: Section 6.2.4.1, "Procedure for the CCB Chair" Appoint a person or group to act as "Change Control Authority." Conduct a vote of the CCB to ratify these appointments.			
6 Adverse Condition: Contrary to the above requirement, personnel signed the following forms as Change Control Authority, but was not appointed by the CCB Chair and ratified by the CCB: RRR-200, RID-240, RID-241, and RID-242.			
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: 20 Working Days from Issuance			
12 Required Actions: <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Extent of Deficiency <input checked="" type="checkbox"/> Preclude Recurrence <input type="checkbox"/> Root Cause Determination			
13 Recommended Actions: Obtain Change Control Authority for the CM Specialist to correct discrepancies found during Physical and Functional CM audits.			
7 Initiator John R. Matras <i>John R. Matras</i> Date <u>11/6/92</u>		14 Issuance Approved by: <i>[Signature]</i> QADD <u>[Signature]</u> Date <u>11/13/92</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 _____	

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2. For each action above, identify the name of the individual assigned responsibility for completion and the anticipated (or actual, if complete) completion date.
3. Response Approved: _____ Date: _____
Responsible Manager

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CAR NO. _____
DATE: _____
PAGE: _____ OF _____
QA

CORRECTIVE ACTION REQUEST (Continuation Page)

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NOV 16 1992

Julie A. Canepa

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• cc w/encls:

T. L. Badredine, M&O/TRW, Las Vegas, NV

~~K. R. Hooks, NRC, Washington, DC~~

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

N. Z. Elkins, LANL, Las Vegas, NV

S. L. Bolivar, LANL, Los Alamos, NM

J. H. Rusk, MACTEC, Las Vegas, NV

F. J. Kratzinger, SAIC, Las Vegas, NV, 517/T-12

W. B. Simecka, YMP, NV

B. J. Verna, YMP, NV

A. V. Gil, YMP, NV

cc w/o encls:

J. B. Tillman, LAAO

J. H. Hines, OOD, AL

A. R. Chernoff, MSD, AL

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

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

J. R. Matras, SAIC, Las Vegas, 517/T-12