



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

WBS 1.2.11  
 QA: N/A

APR 16 1993

Carl P. Gertz, Project Manager, YMP, NV

ISSUANCE OF CORRECTIVE ACTION REQUESTS (CAR) YM-93-042, YM-93-043, AND YM-93-044 RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD) AUDIT YMP-93-09

Enclosed are CARs YM-93-042 through YM-93-044 generated as a result of YMQAD Audit YMP-93-09.

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 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 794-7945 or Kenneth T. McFall at 794-7280.

Richard E. Spence, Director  
 Yucca Mountain Quality Assurance Division

YMQAD:RBC-3782

Enclosure:  
 CARs YM-93-042 through  
 YM-93-044

cc w/encl:

- K. R. Hooks, NRC, Washington, DC
- S. W. Zimmerman, NWPO, Carson City, NV
- T. L. Badredine, M&O/TRW, Las Vegas, NV
- P. G. Jones, M&O/TRW, Las Vegas, NV
- S. D. Johnson, PSDO/REECo, Las Vegas, NV
- J. W. Estella, SAIC, Las Vegas, NV
- A. V. Gil, YMP, NV
- B. J. Verna, YMP, NV

cc w/o encl:

- J. W. Gilray, NRC, Las Vegas, NV
- N. J. Brogan, SAIC, Las Vegas, NV
- J. S. Martin, SAIC, Las Vegas, NV
- K. T. McFall, SAIC, Las Vegas, NV
- R. E. Harpster, MACTEC, Las Vegas, NV
- C. C. Warren, MACTEC, Las Vegas, NV

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YMP-5

ADD: Ken Hooks  
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 Ldr. Encl.

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

8 CAR NO.: YM-93-042  
DATE: 04/13/93  
SHEET: 1 OF 1  
QA

**CORRECTIVE ACTION REQUEST**

1 Controlling Document AP-1.17Q, Revision 1, ICN 1		2 Related Report No. AUDIT YMF-93-09	
3 Responsible Organization YMPO		4 Discussed With M. Blanchard/R. Barton	
5 Requirement: AP-1.17Q, Paragraph 1.1, requires that forms be controlled relative to their use, development and change in accordance with AP-1.17Q.			
6 Adverse Condition: Contrary to the above requirement, forms being utilized by the Sample Management Facility are not controlled in accordance with AP-1.17Q. Examples include forms generated by implementation of BTP-SMF-002 and BTP-SMF-005.			
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: 1. Revise AP-1.17Q to allow the control of forms via PCs and stipulate controls to be placed for the control of this methodology.			
7 Initiator John S. Martin <i>JM</i> Date <u>4-13-93</u>		14 Issuance Approved by: <i>Robert Blount</i> QADD <u>Robert Blount</u> Date <u>04-15-93</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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WASHINGTON, D.C.

8 CAR NO.: YM-93-043  
DATE: 04/13/93  
SHEET: 1 OF 2  
QA

CORRECTIVE ACTION REQUEST

1 Controlling Document QAP 5.1, Revision 4		2 Related Report No. YMP-93-09 (Audit)	
3 Responsible Organization YMPO Dep. Proj. Mgr., Proj. Ctrl. Branch		4 Discussed With Judy Zimmerman	
5 Requirement: 6.2.1 INTERIM CHANGE NOTICE  When urgent changes to a QA program procedure must be instituted, an ICN may be issued "at risk" with the signatures of the Associate, Office, or Division Director responsible for the work requiring the changes and the Director, OQA. A time limit, not to exceed 60 days, must be specified during which the "at risk" changes can be implemented. A DAR is initiated by the director instituting the "at risk" changes and processed in accordance with this procedure during that timeframe. Work performed in accordance with the "at risk" ICN must be identified, controlled and evaluated for impact if final changes differ from those identified in the "at risk" ICN.			
6 Adverse Condition: Violation of requirements sections 6.2.1 and 6.2.3 of QA 5.1, Revision 4  The requesting organization failed to specify a time limit, not to exceed 60 days, during which the "at risk" changes can be implemented for ICN 2 of AP-6.17Q effective date 7/23/92. The ICN is currently expired and is found in controlled document 40407.  The requesting organization failed to identify, control and evaluate for impact the work performed in accordance with the "at risk" ICN. If final changes differ from those identified at risk, the requesting organization failed to cancel the expired ICN in accordance with 6.2.3 of QA 5.1			
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:			
7 Initiator <i>Robert Chapples</i> Date <u>4/12/93</u>		14 Issuance Approved by: <i>Blair Blount</i> for Date <u>04-15-93</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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8 CAR NO.: YM-93-043  
DATE: 04/13/93  
SHEET: 2 OF 2  
QA

**CORRECTIVE ACTION REQUEST (Continuation Page)**

5 Requirements (continued)

6.2.3 CANCELLATION

A cancellation is handled as a major change to a procedure. The cancellation is documented on a memorandum with justification for the cancellation, identification of any continuing requirements incorporated in other documents, and the effective date of cancellation.

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8 CAR NO.: YM-93-044  
DATE: 4/12/93  
SHEET: 1 OF 2  
QA

**CORRECTIVE ACTION REQUEST**

1 Controlling Document QAP 2.6, Revision 2		2 Related Report No. Audit YMP-93-09	
3 Responsible Organization YMFO		4 Discussed With T. Fortner/R. Barton	
5 Requirement: <ol style="list-style-type: none"> <li>1. Section 5.2.2 - Team members shall be trained on the requirements of the OCRWM QARD, QAPD, and this procedure.</li> <li>2. Section 6.1.3 - Upon notification that a readiness review is required, the Responsible Director shall...appoint a Readiness Review Chairperson.</li> <li>3. Section 6.1.6 - The Readiness Review Chairperson shall forward the plan to the Responsible Director for approval.</li> <li>4. Section 6.2.1 - Team members shall initial and date each attribute that they evaluate,...identifying the Open Item Number for attributes that are not closed.</li> </ol>			
6 Adverse Condition: <p>Contrary to the above requirements, the following was found for the Readiness Review for Construction and Construction Support Activities for Exploratory Studies Facility Package 1A:</p> <ol style="list-style-type: none"> <li>1. No objective evidence could be found that indicated Readiness Review team member Bob Morgan had been trained as required.</li> <li>2. No objective evidence could be found that indicated the Responsible Director's appointment of the Readiness Review Chairperson.</li> <li>3. No objective evidence could be found that the Readiness Review Plan was forwarded to the Responsible Director for approval or approved by the Responsible Director.</li> <li>4. The completed Attribute List identified Test Control for REECO as remaining open with no Open Item Number indicated on the Attribute List and no Open</li> </ol>			
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 checked="" type="checkbox"/> Root Cause Determination			
13 Recommended Actions: <ol style="list-style-type: none"> <li>1. Perform remedial action to correct adverse conditions.</li> <li>2. Determine cause of adverse conditions.</li> <li>3. Perform actions to preclude recurrence of adverse conditions.</li> </ol>			
7 Initiator <u>Charles C. Warren</u> Charles C. Warren Date <u>4-12-93</u>		14 Issuance Approved by: <u>Robert B. Countable</u> for Date <u>04-15-93</u> QADD	
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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SHEET: 2 OF 2  
QA

**CORRECTIVE ACTION REQUEST (Continuation Page)**

5 Requirements (continued)

Section 6.2.2 - Team members shall document any attribute remaining open on the Open Item Report (Attachment III).

5. Section 6.3.2 - When the Responsible Director has reviewed and approved the Readiness Review Report, the report and attached Open Item Report shall be distributed to affected organizations.
6. Section 6.3.4 - ...Work shall not proceed beyond any hold point established on the Open Item Report until the closure of the item is approved by the Readiness Review Chairperson.

6 Adverse Condition (continued)

Item Report included in Readiness Review Documentation.

5. No objective evidence could be found that indicated Responsible Director approval of the Readiness Review Report prior to distribution.
6. No objective evidence could be found that closure of any of the 13 Open Item Reports indicating hold points have been approved by the Readiness Review Chairperson although work has proceeded beyond some of these indicated hold points (such as start of ESF Construction).

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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CAR NO.	_____
DATE:	_____
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**CORRECTIVE ACTION REQUEST (Continuation Page)**

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Format for Corrective Action Response

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1. Corrective Action Response for CAR # \_\_\_\_\_
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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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**8** CAR NO. \_\_\_\_\_  
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QA

**CORRECTIVE ACTION REQUEST (Continuation Page)**

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Format for Corrective Action Response

The CAR response shall include the following information:

1. Corrective Action Response for CAR # \_\_\_\_\_
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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: \_\_\_\_\_  
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QA

**CORRECTIVE ACTION REQUEST (Continuation Page)**

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