



**DEPARTMENT OF ENERGY**  
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WBS 1.2.11  
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MAR 17 1994

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ISSUANCE OF SURVEILLANCE RECORD YMP-SR-94-029 RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD) SURVEILLANCE OF THE CIVILIAN RADIOACTIVE WASTE MANAGEMENT SYSTEM MANAGEMENT AND OPERATING CONTRACTOR (CRWMS M&O) AUDIT PROCESS (SCP: N/A)

Enclosed is the record of Surveillance YMP-SR-94-029 conducted by the YMQAD at the CRWMS M&O facilities in Las Vegas, Nevada, February 21-25, 1994.

The purpose of the surveillance was to verify CRWMS M&O performance of initial audit in accordance with applicable requirements to assess the adequacy and implementation of the CRWMS M&O Audit Process.

This surveillance is considered completed and closed as of the date of this letter. A response to this surveillance record and any documented recommendations is not required.

If you have any questions, please contact either Robert B. Constable at 794-7945 or Kenneth O. Gilkerson 794-7738.

Richard E. Spence, Director  
 Yucca Mountain Quality Assurance Division

YMQAD:RES-2509

Enclosure:  
 Surveillance Record YMP-SR-94-029

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ADD: Ken Hooks

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

QUALITY ASSURANCE SURVEILLANCE RECORD

SURVEILLANCE DATA

<sup>1</sup>ORGANIZATION/LOCATION:  
TRW/Management & Operating  
(M&O) Contractor, Las Vegas,  
NV

<sup>2</sup>SUBJECT:  
M&O Audit Process

<sup>3</sup>DATE: 2/21-25/94

<sup>4</sup>SURVEILLANCE OBJECTIVE:  
Verify M&O performance of initial audit in accordance with applicable requirements.

<sup>5</sup>SURVEILLANCE SCOPE:  
To assess the adequacy and implementation of the M&O Audit Process.

<sup>6</sup>SURVEILLANCE TEAM:  
Team Leader:

K. O. Gilkerson

Additional Team Members:

D. A Klimas

<sup>7</sup>PREPARED BY:

K. O. Gilkerson  
Surveillance Team Leader

2/8/94  
Date

<sup>8</sup>CONCURRENCE:

Robert B. Quastals for  
QA Division Director

2-11-94  
Date

SURVEILLANCE RESULTS

<sup>9</sup>BASIS OF EVALUATION/DESCRIPTION OF OBSERVATIONS:

See page 2

<sup>10</sup>SURVEILLANCE CONCLUSIONS:

See page 5

<sup>11</sup>COMPLETED BY:

K. O. Gilkerson  
Surveillance Team Leader

3/4/94  
Date

<sup>12</sup>APPROVED BY:

R. C. Spence  
QA Division Director

3/17/94  
Date

**BLOCK<sup>9</sup> BASIS OF EVALUATION/DESCRIPTION OF OBSERVATIONS:**

The purpose of this evaluation was to observe the Civilian Radioactive Waste Management System (CRWMS) Management and Operating (M&O) Contractor's Audit No. 94-YMA-01 conducted in Las Vegas, Nevada from February 21 through 25, 1994 and evaluate the adequacy and effectiveness of the M&O audit process. The surveillance methodology consisted of observations of the audit team and audited organizations during the audit process, review of audit team qualifications, interviews of audit personnel, and examination of audit plan, checklists and related procedures.

The scope of the M&O audit was planned to evaluate the adequacy and effectiveness of implementation of selected elements of the M&O Quality Assurance (QA) Program to include the following criteria: Organization, Quality Assurance Program, Design Control, Implementing Documents, and Corrective Action.

The following personnel participated in subject audit:

G. P. Vaslos, Audit Team Leader (ATL), M&O  
P. J. Chomentowski, Auditor, M&O  
G. L. Keener, Auditor, M&O  
R. B. Berlein, Auditor, M&O  
R. G. Eble, Technical Specialist, M&O  
K. O. Gilkerson, Observer, Yucca Mountain Quality Assurance Division (YMQAD)/  
Quality Assurance Technical Support Services (QATSS)  
D. A. Klimas, Observer, YMQAD/QATSS  
J. W. Gilray, Observer, United States Nuclear Regulatory Commission (U.S. NRC)

Note: Douglas Franks, the M&O Audit Manager, was present and participated during the audit process although he was not identified as having audit responsibilities in the audit plan.

A number of observations were made relative to the audit scoping and planning process:

- 1). The scope included Criteria I, II, III, V, and XVI, yet a review of the audit checklist and process disclosed that only selected portions of Criterion II were actually evaluated; e.g. personnel training and qualification. Classifying Items & Controls, Surveillances, Management Assessments, Readiness Reviews, Peer Reviews, etc. were not part of this audit. As such, the scope of the audit plan should have been identified as "a limited scope" audit for Criterion II, Quality Assurance Program.
- 2). Although "Change Control" was scoped in checklists to include portions of procedures AP 3.5Q, AP 3.3Q, and NLP-3.10, the planning failed to address the "expedited Field Change Requests (FCR)" process described in AP 3.5Q. Expedited FCRs are currently being utilized to facilitate construction as well as change design documents within the Design Organization. Although this method of change control was identified to the Audit Manager, Audit Team Leader and the Auditor responsible for evaluating Change Control, the audit team chose not to examine this process. Subsequently, an

OCRWM surveillance was performed on the process which found the "expedited FCR" process to be deficient.

- 3.) A review of the checklist disclosed that Trend Reporting (QARD Section 16.2.6) was not scoped as part of the audit. The auditor responsible for this portion of the audit augmented his checklist to address this.
- 4.) The audit planning process also failed to take into account the past Corrective Action Reports (CARs) from OCRWM audits and surveillances. The M&O procedure QAP-18-2, Revision 2, paragraph 5.4.4 requires past audit and surveillance reports be reviewed for CARs and observations for possible reaudit. Paragraph 5.4.6 requires the audit plan to include verification of implementation of any corrective actions noted in the last M&O audit and surveillances in the previous six months. Both requirements are interpreted to include only M&O CARs. Although the Corrective Action portion of the audit addressed M&O CARs, the M&O program should also include CARs from any organization that impacts the elements of the program being audited. A significant number of CARs have been written against the M&O program by OCRWM in the previous six month time frame.
- 5.) The audit team qualification record packages were examined. It was identified in the previous YMP surveillance of the M&O audit process (YMP-SR-94-021) and in a Headquarters OCRWM surveillance (HQ-SR-94-02) that certain audit team records were inadequate to support certifications as Lead Auditor. The packages reviewed during this audit reflected those same deficiencies. Discussions with the ATL and Audit Manager disclosed that they were aware of the problems (e.g. a deficient M&O Auditor Qualification procedure identified in CAR HQ-93-013) and are in the process of correcting the problems. However, these record packages were presented to the surveillance team without having been flagged as deficient. The personnel certified as lead auditors were performing as auditors and met the qualifications for the audit function. It was also noted during this review that the Technical Specialist's training to the current QARD was not documented in the record package submitted.

The overall conduct of the audit was found to be adequate and much improved over previous internal audits. The following comments are made relative to the conduct of the audit:

- 1.) Eight conditions requiring corrective action were identified by the audit team as CARs. Two deficient procedures were corrected during the course of the audit. One recommendation relating to the "To Be Specified (TBS)" process in NLP-3-20 was identified.
- 2.) With the exception of the previously identified concern relating to Change Control, the Design Control criteria were effectively evaluated. Some disconnects in the OCRWM and M&O program relative to "To Be Verified/Determined (TBV/TBD)" and "To Be Resolved (TBR)" issues were identified and require further investigation by OCRWM. Six conditions resulting in CARs were identified during the evaluation of this criterion. The audit team flowed the process from Design Inputs through the Specifications and Drawings to the Basis for Design (BFD). The Determination of Importance (DIE)

process was reviewed from development through the specifications to field implementation.

- 3.) Significant problems relative to processing specifications and other design documents through to the Local Records Center were identified by the audit team. Another significant problem relative to deleted drawings not being pulled from the drawing files was also identified during the audit of the design process.
- 4.) Minor problems with training (reading assignments) were also identified by the team.
- 5.) The audited personnel were responsive to the auditors and documents were readily retrieved for evaluation.
- 6.) The Audit Manager and the ATL were responsive to the observers, but the Audit Manager occasionally participated in the audit process directing the auditors and investigating issues and concerns. The audit plan did not list the Audit Manager as a member of the audit team.

#### **BLOCK <sup>10</sup> SURVEILLANCE CONCLUSIONS:**

The OCRWM surveillance team determined that the overall audit process was effective in determining the adequacy and effectiveness of the M&O QA Program in the areas of Organization, Design Control, Implementing Documents, Corrective Action and the selected areas of the Quality Assurance Program (Criterion II) that were audited. Weaknesses have been identified in the planning and scoping process resulting in the following recommendations:

- 1). Care should be taken in the scoping of audit criteria to accurately reflect whether the elements to be evaluated fully address the criteria or that criteria are limited in scope (e.g. not all of Criterion II was assessed by the audit) . The audit plan scope should clearly reflect this.
- 2). Improvements in the planning process should address the following:
  - Include examining all CARs generated against the M&O's program in the previous six months and CARs that are still open regardless of source (e.g. OCRWM) to determine impact on the current program elements being audited. QAP 18.2 should be evaluated in regards to this requirement.
  - Fully evaluate the processes being utilized to implement a criterion. This audit failed to address a key change control process, "expedited FCR's". Also, Trend Analysis was not addressed initially in the audit checklist. Proper planning would have required these processes to be addressed in the audit checklist.

- A proper review of Audit Team qualification records needs to be performed prior to the audit to assure that all prerequisite training has been performed and that record packages are properly documented to support the qualifications presented.
- If the Audit Manager is to actually participate in the audit process, he should be listed as an audit team member.