

Audit Report
HQ-ARP-95-02A
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**U.S DEPARTMENT OF ENERGY
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
OFFICE OF QUALITY ASSURANCE**

**AUDIT REPORT
OF EM-323
HIGH-LEVEL WASTE DIVISION
GERMANTOWN, MD.**

AUDIT NUMBER HQ-ARP-95-02A

NOVEMBER 14-16, 1994

Prepared by:

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Date:

12/12/94

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Date:

12/14/94

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1.0 EXECUTIVE SUMMARY

As a result of Performance Based Quality Assurance (QA) Audit HQ-ARP-95-02A, the audit team determined that the Office of Environmental Management (EM) High Level Waste Division implementation of the process for corrective action was effective, for the specific areas reviewed. The evaluation of the process implementation was based on no conditions identified that require a Corrective Action Report (CAR) and the two deficiencies, requiring only remedial action, corrected during the audit. Seven recommendations were identified for EM management consideration. The deficiencies and recommendations are described in Section 5 of this report.

2.0 SCOPE

The audit was conducted to evaluate the effectiveness of the Office of Environmental Management (EM) High Level Waste Division QA Program with regard to the EM corrective action process.

The processes/activities evaluated during the audit, in accordance with the approved Audit Plan, were as follows:

1. Identification
2. Notification and Responsibility
3. Evaluation
4. Verification

Requirements were drawn from DOE/RW-0333P, *Quality Assurance Requirements and Description* document (QARD), Revision 1 and the EM implementing Standard Practice Procedures (SPPs).

3.0 AUDIT TEAM AND OBSERVERS

The following is a list of audit team members, their assigned areas of responsibility, and observers:

<u>NAME</u>	<u>ORGANIZATION</u>	<u>PROCESS ELEMENT</u>
AUDITORS		
Walter Coutier	QATSS	Audit Team Leader
Tom Swift	QATSS	Sub-team Leader and PBA Processes 4
Conrad Coulombe	QATSS	PBA Process 2, 3
Emily Reiter	QATSS	PBA Processes 1

4.0 AUDIT MEETINGS AND PERSONNEL CONTACTED

A preaudit meeting was held at the EM office in Germantown, MD on November 14, 1994. A daily debriefing and status meeting was held with EM management and staff to discuss the audit status. The audit was concluded with a postaudit meeting held at the EM office in Germantown, MD on November 16, 1994. Personnel contacted during the audit are listed in Attachment 1. The list also identifies those who attended the preaudit and postaudit meetings.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Effectiveness

As a result of the performance-based evaluation, the overall effectiveness of the EM process for corrective action is considered to be effective, for the specific areas reviewed. There were two deficiencies, requiring only remedial action that were corrected during the audit.

5.2 Stop Work or Immediate Corrective Actions Taken

There were no Stop Work Orders, immediate corrective actions, or related additional items resulting from this audit.

5.3 QA Program Audit Activities

The details of the audit evaluation along with objective evidence reviewed are contained within the audit checklists. The checklists are processed as non-permanent QA Records.

A summary table of audit results is provided in Attachment 2.

5.4 Technical Activities

The purpose of the audit was to evaluate the effectiveness of the corrective action process and activities. The audit team did not evaluate any technical activities.

5.5 Summary of Deficiencies

The audit team identified no deficiencies during the audit for which a CAR had to be issued.

5.5.1 Corrective Action Request (CARs)

There were no CARs issued as a result of this audit.

5.5.2 Deficiencies Corrected During The Audit (CDA)

Deficiencies which are considered isolated in nature and only require remedial action may be corrected during the audit. The following deficiencies were corrected during the audit and verified by the audit team:

1. Missing records for Surveillance 94-EA-VP-S-20 and observations B02 and B04 were processed into the quality records system.
2. Two surveillance quality record packages (94-EA-VP-S-01 and 94-EA-VP-S-02) were found to have been corrected without the required initials and dates.

6.0 RECOMMENDATIONS

The following recommendations resulted from the audit and are presented for consideration by EM management.

1. A recommendation was made and accepted by the EM-QAPM, to reflect the current practice of documenting closure of observations requiring a response in the next revision to SSP 4.02 (Audits) and SSP 4.04 (Surveillance).
2. Memorandums transmitting surveillance reports requiring written response to observations should include due dates.
3. The QAPM HLW/SNF should issue a memorandum to all EM-33/323 personnel to require if and when they perform Root Cause Analysis, that the documentation will identify the process used (i.e. DOE-NE-STD-1004-92). This memorandum should remain in effect until the appropriate change is made to procedure SPP 5.01 (re: 93EA-VP-AU-01-D001).
4. EM should follow through with the Management Assessment Action Plan to include recommendations addressed by the FY 94 Management Assessment Report regarding the accuracy of tracking commitments and due dates for DCARs and Observations, including timeliness of closure.

5. Consider upgrading procedure SPP 5.01 (DCARs) to be compatible with SPP 4.02 (Audit) and SPP 4.04 (Surveillance).
6. The Action Items List being used by DWPF QA Project is recognized as a good practice. The Action Items List maintains current status of all quality related items concerned with the DWPF. Recommend that in addition to the current items being monitored by EM-323, the RW CARs and recommendations be included in this list.
7. Review of Audit Report 94-EA-SR-AU-01, and associated DCARs, and transmittal letters, identified a number of clerical, typographical, and administrative discrepancies. Recommend that additional attention be made to audit reports to provide accurate information.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Audit
Attachment 2: Summary Table of Audit Results

ATTACHMENT 1

PERSONNEL CONTACTED DURING THE AUDIT

NAME	TITLE	CONTACT	MEETINGS	
			PRE	POST
W. Coutier	QATSS Audit Team Leader		x	x
J. Conway	QAPM DOE/EM-33	x	x	x
C. Coulombe	Auditor		x	x
R. Erickson	Div. Dir. DOE/EM-323	x	x	x
K. Grisham	QAS DOE/EM-323	x	x	x
R. Hartstern	QAS MACTEC	x	x	x
M. Horseman	QATSS Verification Lead		x	
C. Hunter	QAS MACTEC	x	x	
R. Jakubic	Prin. Staff BDM	x		
L. Ledingham	QAS MACTEC	x	x	
J. LeVea	QAS MACTEC	x	x	x
R. Londer	QAS MACTEC			x
W. McClanahan	QAS BDM			x
T. McIntosh	Prog. Mgr. EM-323	x		
E. Reiter	Auditor		x	x
L. Sirianni	QAS BDM			x
D. Strother	QAS MACTEC	x		x
T. Swift	Auditor		x	x
R. Toro	QAS BDM			x
L. Wade	QAS MACTEC	x	x	x

**ATTACHMENT 2
SUMMARY TABLE OF AUDIT RESULTS**

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AUDIT HQ-ARP-95-02A DETAIL SUMMARY								
T	PROCESS STEP	DETAILS (Checklist)	CARs	CDA	RECOMMEND	ADEQUACY	COMPLIANCE	EFFECTIVE
PERFORMANCE BASED								
TE	1. IDENTIFICATION	pgs. 1-5	H	N	N	H	N	EFFECTIVE
	2. NOTIFICATION/RESPONSIBILITY	pgs. 1-4	H	N	2	N	N	EFFECTIVE
	3. EVALUATION	pgs. 1-4	H	N	1	H	N	EFFECTIVE
	4. VERIFICATION	pgs. 1-9	H	2	4	H	N	EFFECTIVE
ADEQUATE CONTROL PROCESS		22 pages	0	2	7			EFFECTIVE

. . . Corrective Action Requests
 . . . Corrected During Audit
 D Recommendations
 . . . Requirements in Procedures
 E Procedures Implemented
 . . . Effectiveness of Process or Activity
 . . . Overall Summary of Audit Results
 . . . None/Not Applicable