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**REENGINEERING OF THE QUALITY ASSURANCE  
FUNCTION ON THE OFFICE OF CIVILIAN  
RADIOACTIVE WASTE MANAGEMENT PROGRAM  
TRANSITION PLAN**

*Revision 0*

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*November 1994*

U.S. Department of Energy  
Office of Civilian Radioactive Waste Management


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**CHANGE HISTORY**


<u>REV. NO.</u>	<u>ICN NO.</u>	<u>EFFECTIVE DATE</u>	<u>DESCRIPTION OF CHANGE</u>
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Initial Issue

  
Stephen L. Bolivar, Quality Assurance Manager  
Los Alamos National Laboratory


12/07/94  
Date

  
Thomas H. Chaney, Quality Assurance Manager  
U.S. Geological Survey

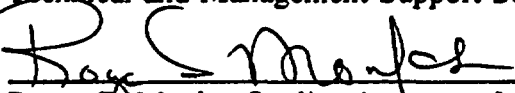
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William J. Glasser, Quality Assurance Manager  
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11/22/94  
Date

  
Kent B. Johnson, Quality Assurance Manager  
Technical and Management Support Services

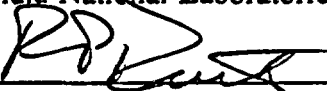
11/22/94  
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Royce E. Monks, Quality Assurance Manager  
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11/22/94  
Date

  
Robert R. Richards, Quality Assurance Manager  
Sandia National Laboratories


11/22/94  
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Ronald P. Ruth, Quality Assurance Manager  
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Robert W. Clark, Director  
Headquarters Quality Assurance Division

12/9/94  
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Richard E. Spence, Director  
Yucca Mountain Quality Assurance Division

12/8/94  
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Donald G. Horton, Director  
Office of Quality Assurance

12/13/94  
Date

## TABLE OF CONTENTS

	PAGE
1.0 PURPOSE .....	1-1
2.0 SCOPE OF TRANSITIONED WORK	
2.1 AOs AFFECTED BY TRANSITION .....	2-1
2.2 VERIFICATION RELATED ACTIVITIES .....	2-1
2.2 DEFICIENCY RELATED ACTIVITIES .....	2-1
2.3 INTERFACE DURING TRANSITION .....	2-2
3.0 CONTRACTUAL ISSUES	
3.1 STATEMENT OF WORK (SOW), COST AND SCHEDULE CHANGE CONTROL .....	3-1
3.2 CONTRACTUAL AND INTERAGENCY ISSUES .....	3-1
3.3 TECHNICAL DIRECTIVES .....	3-1
4.0 TIME TABLE FOR TRANSITION	
4.1 PHASE I VERIFICATION .....	4-1
4.2 PHASE II CORRECTIVE ACTION .....	4-1
4.3 SCHEDULE .....	4-1
5.0 PERSONNEL, FACILITIES, AND EQUIPMENT	
5.1 OFFICE OF QUALITY ASSURANCE .....	5-1
5.2 AFFECTED ORGANIZATIONS .....	5-1
6.0 DOCUMENT TRANSITION	
6.1 QUALITY ASSURANCE REQUIREMENTS AND DESCRIPTION (QARD), DOE/RW-0333P .....	6-1
6.2 OCRWM IMPLEMENTING DOCUMENTS .....	6-1
6.3 M&O IMPLEMENTING DOCUMENTS .....	6-1
6.4 T&MSS IMPLEMENTING DOCUMENTS .....	6-2
6.5 REECO IMPLEMENTING DOCUMENTS .....	6-3
6.6 USGS IMPLEMENTING DOCUMENTS .....	6-3
6.7 LANL IMPLEMENTING DOCUMENTS .....	6-4
6.8 LLNL IMPLEMENTING DOCUMENTS .....	6-4
6.9 SNL IMPLEMENTING DOCUMENTS .....	6-5
7.0 TRANSITION IMPACTED TRAINING .....	7-1
8.0 INTERIM MEASURES TO FACILITATE TRANSITION .....	8-1

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9.0	QUALITY ASSURANCE PROGRAM STATUS	
9.1	PROGRAM AND IMPLEMENTING DOCUMENTS .....	9-1
9.2	IN-PROCESS AUDIT DOCUMENTS .....	9-1
9.3	IN-PROCESS DEFICIENCY DOCUMENTS .....	9-1
9.4	TRENDING .....	9-1
9.5	QUALITY ASSURANCE PROGRAM RELATED DATA BASES.....	9-2
10.0	RECORD SOURCES .....	10-1
11.0	READINESS REVIEW .....	11-1
APPENDIX A	.....	A-1
APPENDIX B	.....	B-1

## **1.0 PURPOSE**

This plan begins the implementation of the recommendation contained in the report "Reengineering of the Quality Assurance Function on the Office of Civilian Radioactive Waste Management Program" released in August of 1994 by the Director, Office of Civilian Radioactive Waste Management (OCRWM) Office of Quality Assurance (OQA). The study that is the subject of this report was conducted in response to OCRWM Operations Management Tracking - Milestone ID RW 94001060. The Director, OCRWM concurred in proceeding with the study report recommendation.

This plan describes the process by which the Department of Energy (DOE), OCRWM, OQA will transition certain verification activities from the OCRWM Affected Organizations (AOs) to OQA. Following this transition OQA will directly manage and perform the QA verification functions currently performed by the individual AOs that include internal audits, qualification surveys and supplier audits. As a part of this transition, OQA will also assume responsibility for tracking and trending Corrective Action and Nonconformance Reports, and the monitoring of each Quality Assurance Stop Work initiated within the OCRWM Program.

## **2.0 SCOPE OF TRANSITIONED WORK**

### **2.1 AOS AFFECTED BY TRANSITION**

The following AOs are affected by activities within the scope of this plan:

- Management and Operating Contractor (M&O)
- Technical and Management Support Services (T&MSS)\*
- Reynolds Electrical and Engineering Company, Inc. (REECo)
- U.S. Geological Survey (USGS)
- Los Alamos National Laboratory (LANL)
- Lawrence Livermore National Laboratory (LLNL)
- Sandia National Laboratory (SNL)

\* Will be transitioned as part of the M&O.

### **2.2 VERIFICATION RELATED ACTIVITIES**

The following activities will be transitioned from the scope of work of the AOs to OQA on the dates indicated in Section 4.0 of this plan.

#### **2.2.1 Internal QA Audit**

OQA will assume responsibility for the OCRWM Internal QA Audit Program relieving the AOs of the need to audit their own activities, maintain an audit schedule, and maintain an auditing staff. The AOs will retain their inherent capability for in-process review, surveillance, monitoring, checking, quality control, and self assessment of their own work. Reports of OQA audits will be provided to the audited organization for action, as required.

#### **2.2.2 External (Supplier) QA Survey and Audit**

OQA will assume responsibility for the OCRWM External QA Survey and Audit Program of organizations intended, or utilized, as suppliers of quality affecting items and services to the OCRWM Program. The documented results of OQA activities will be provided to appropriate AO management for use in determining the capability of the supplier to provide, or continue to provide items or services in compliance with specified QA requirements. This transitioned responsibility will not preclude the AO from performing functions such as participation in external surveys and audits. Source surveillance and receipt inspection remain the responsibility of the AO to ensure item or service acceptance.

## **2.3 DEFICIENCY RELATED ACTIVITIES**

The activities of corrective action reporting, nonconformance reporting, QA program trending, and QA stop work currently described in AO procedures, will be consolidated into OCRWM Administrative Procedures.

### **2.3.1 Corrective Action Reporting**

OQA will assume responsibility for tracking of corrective action documents for the OCRWM Program. The use of a single program wide corrective action procedure by OQA and all AOs will provide for consistent input to a program wide deficiency trending program. The AO initiating the corrective action document will be responsible for internal processing of the document through closure and imputing tracking data into the corrective action data base.

### **2.3.2 Nonconformance Reporting**

OQA will assume the responsibility for tracking of nonconformance documents for the OCRWM Program. The use of a single program wide nonconformance procedure by OQA and all AOs will provide for consistent input to a program wide deficiency trending program. The AO initiating the nonconformance document will be responsible for internal processing of the document through closure and inputting tracking data into the nonconformance data base.

### **2.3.3 Quality Program Trending**

OQA will assume the responsibility for the trending of deficiencies identified in documents such as Nonconformance and Corrective Action Reports for the OCRWM Program. The use of a program wide deficiency trending program will provide OCRWM and AO management consistent information to determine the overall effectiveness of the OCRWM QA program.

### **2.3.4 QA Stop Work**

OQA will retain the authority to effect a QA stop work when significant conditions adverse to quality warrant such actions. Each AO will have the authority to stop work within their organization. In order to assure meaningful use of this authority, a single OCRWM QA stop work procedure will be developed and utilized throughout the OCRWM program.

## **2.4 INTERFACE DURING TRANSITION**

In order to facilitate the schedule indicated in Appendix A (Transition Schedule), OQA and each AO must ensure the timely flow of accurate information across interfaces.

### **2.4.1 OQA and each AO will designate an individual to perform the functions of liaison and "point of contact" for the transition. These individuals will assist OQA and AO management during the transition. These individuals will have access to appropriate OCRWM and AO management to cause decisions to be made in a timely manner in support of this plan.**



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- 2.4.2 OQA and AO liaison personnel will, on a periodic basis, provide a transition status report to OQA and AO management. This report will address, as a minimum, the status of activities indicated in Appendix A. Upon completion of specified transition activities for a given phase, a final report will be provided by liaison personnel. The final report will be reviewed and approved by OCRWM and AO management to signify transition readiness for that phase.

### **3.0 CONTRACTUAL ISSUES**

#### **3.1 STATEMENT OF WORK (SOW), COST AND SCHEDULE CHANGE CONTROL**

It is anticipated the transition will affect each AO's SOW and cost profile. OQA will contact responsible individuals to initiate changes to the following, as required:

- Cost and Schedule Baseline (CSB)
- Project Work Breakdown Structure (PWBS) and Dictionary as controlled by the Program and Project Change Control Board (CCB)
- Planning and Control System (PACS)
- Approved Funding Program (AFP)
- Financial Plan (Fin Plan)

Changes to the above documents will be prepared, reviewed and approved as required by OCRWM implementing documents.

#### **3.2 CONTRACTUAL AND INTERAGENCY ISSUES**

A thorough review of contractual issues will be performed by OQA and DOE Contracting Officers to determine the impact of the transitions upon the previously agreed scope of work, funding, task orders/assignments, etc. Revisions, incorporating required changes to these documents will be prepared and executed.

Interagency agreements and associated documents executed between the DOE, OCRWM and other governmental agencies and laboratories will be reviewed by OQA and DOE Contracting Officers to determine the impact of the transition upon the previously agreed scope of work, funding, etc. Memoranda of Understanding, Memoranda of Agreement, etc. and any other relevant document will be revised by OQA and executed as appropriate.

#### **3.3 WORK AUTHORIZATION DIRECTIVES, TECHNICAL DIRECTIVES AND PARTICIPANT PLANNING SHEETS**

OQA will review existing Work Authorization Directives, Technical Directives and Participant Planning Sheets for each AO to determine transition impacts. Required changes will be processed by OQA according to OCRWM implementing documents.

#### **4.0 TIMETABLE FOR TRANSITION**

A phased approach will be used to implement the transition. The transition will consist of three phases, as shown below:

##### **4.1 PHASE I VERIFICATION - consists of transitioning the responsibility for internal audits and external audits/surveys from each AO to OQA. The timetable for this phase is as follows:**

- a. M&O Contractor (including T&MSS) - January 1, 1995
- b. REECo - March 1, 1995
- c. USGS - July 1, 1995
- d. National Laboratories - on or before July 1, 1995

##### **4.2 PHASE II CORRECTIVE ACTION - consists of consolidating corrective action reporting, nonconformance reporting, deficiency trending, and stop work. This consolidation will be accomplished under OCRWM administrative procedures governing these activities. This phase will be completed by all AOs July 1, 1995**

#### **4.3 SCHEDULE**

The schedule for completing the actions specified in this plan is contained in Appendix A.

**5.0 PERSONNEL, FACILITIES, AND EQUIPMENT**

**5.1 OQA**

OQA staff and the facilities they occupy will essentially remain as they are during the transition period. A space and utilization plan will be developed by OQA during the transition, if necessary. The space and utilization plan will address the need for additional OQA personnel, office space and equipment to support OQA's additional verification activities.

**5.2 AOs**

AO personnel affected by activities addressed in this plan will be handled according to each AO's administrative policies. Personnel expressing a desire to work for OQA will be considered on a case-by-case basis should OQA increase its staffing.

It is expected that government furnished computer equipment and associated peripherals, computer software, office furniture, and other government property affected by the transitioned activities will remain in the custody of the AOs. Should there be excess government property, each AO will be responsible for disposing of these items according to pertinent directives.

## 6.0 DOCUMENT TRANSITION

An initial review of the potentially impacted programmatic documents was performed in late September 1994. The results of the review indicate that the following OCRWM and AO documents may require revision or cancellation. Specific affected documents will be identified by each AO through their liaison personnel.

### 6.1 QUALITY ASSURANCE REQUIREMENTS AND DESCRIPTION (QARD) DOE/RW-0333

- 6.1.1 Only those revisions which are needed to support the transition and others which OQA management determines are mandatory will be undertaken at this time. Current planning indicates Section 7.0 Control of Purchased items and Services will require minor revision.

### 6.2 OCRWM IMPLEMENTING DOCUMENTS

#### 6.2.1 Phase I

- QAP 7.2, Supplier Evaluation
- AP-7.4Q, Maintenance of the OCRWM QSL

#### 6.2.2 Phase II

- QAP 16.1, Corrective Action
- QAP 16.2, Stop Work
- QAP 16.3, QA Program Trend Evaluation
- QAP 18.2, Audit Program
- QAP 18.3, External Audits and Surveys (new)
- YAP-15.1Q, Control of Nonconformances

#### 6.2.1 Phase III - none

### 6.3 M&O IMPLEMENTING DOCUMENTS

Note: Affected documents of T&MSS are listed separately for purposes of this plan. They will be treated as M&O documents.

#### 6.3.1 Phase I

- QAP-1-0, M&O Organization
- QAP-4-1, Procurement Document Control

6.3.1 Phase I (Continued)

- QAP-7-1, Control of Purchased Items and Services
- QAP-18-2, Audits
- QAP-18-1, Certification of Audit Personnel

6.3.2 Phase II

- QAP-2-4, QA Program Status and Trending
- QAP-16-1, Corrective Action
- QAP-16-2, Stop Work
- MPG-15.1, Control of Non-Conforming Items

6.4 T&MSS IMPLEMENTING DOCUMENTS

6.4.1 Phase I

- SP 1.28, Procurement of Quality Affected Hardware and Services
- WI-QA-001, Quality Assurance Audits
- WI-QA-003, Supplier Evaluation
- WI-QA-005, Qualification of Audit Personnel
- WI-QA-007, Maintenance of Qualified Suppliers List
- T&MSS/93-003, Organizational Description

6.4.2 Phase II

- SP 1.22, Stop Work Order
- SP 1.23, Nonconformance Reporting
- SP 1.37, Deficiency Reporting System
- WI-QA-006, Trend Analysis

6.5 REECO IMPLEMENTING DOCUMENTS

6.5.1 Phase I

- MC-01.0, Organization
- MC-02.0, Quality Assurance program
- MC-02.3, Preparation and Control of Suppliers Requirements Matrix
- MC-03.0, Procurement
- MC-03.1, Purchasing Requisition and Purchase Order Processing
- MC-03.2, Source Selection and Evaluation
- MC-03.2.1, Supplier Quality Approval

6.5.1 Phase I (Continued)

- MC-03.4, Subcontracts
- MC-04.2, Receipt Inspection
- MC-13.0, Audits
- MC-13.1, Auditor Qualification

6.5.2 Phase II

- MC-01.1, Stop Work Authority
- MC-01.2, Resolution of Disputes
- MC-02.2, Regulatory Compliance for Reporting Defects
- MC-02.4.2, Personnel Qualification and Certification
- MC-11.0, Problem Identification and Control
- MC-11.1, Deficiency Notices
- MC-11.3, Corrective Action
- MC-11.4, Trending

6.6 USGS IMPLEMENTING DOCUMENTS

6.6.1 Phase I

- QMP-1.01, Organization
- QMP-2.05, Qualification of Audit Personnel
- QMP-4.01, Procurement Document Control
- QMP-4.02, Control of Agreements
- QMP-7.04, Supplier Evaluation
- QMP-18.01, Audits

6.6.2 Phase II

- QMP-2.01, Management Assessment of the YMP-USGS Quality Assurance Program
- QMP-12.01, Instrument Calibration
- QMP-16.02, Control of Stop Work
- QMP-16.03, Tracking, Trending and QA Management Information Reporting
- QMP-16.04, Control of Quality Deficiency Reports

## **6.7 LANL IMPLEMENTING DOCUMENTS**

### **6.7.1 Phase I**

- QP-01.4, Los Alamos YMP Organization and Quality Program Description
- QP-02.11, Personnel Orientation
- QP-04.6, Procurement
- QP-18.1, Audits
- QP-18.3, Auditor Qualification and lead Auditor Certification

### **6.7.2 Phase II**

- QP-01.2, Stop Work Control
- QP-16.2, Trending
- QP-16.4, Corrective Action Report

## **6.8 LLNL IMPLEMENTING DOCUMENTS**

### **6.8.1 Phase I**

- QP 1.0, Organization
- QP 2.0, Assurance
- QP 2.9, Indoctrination and Training
- QP 2.10, Qualification of Personnel
- QP 4.1, Preparation of Quality Assurance Requirements, Specification, and Approval of Subcontractor QA Programs
- QP 7.0, Control of Purchased Items and Services
- QP 18.0, Audits
- QP 18.3, Qualification of Quality Assurance Audit Personnel

### **6.8.2 Phase II**

- QP 2.7, Stop Work Order
- QP 15.0, Nonconformances
- QP 16.0, Corrective Action
- QP 16.2, Trend Analysis



## **6.9 SNL IMPLEMENTING DOCUMENTS**

### **6.9.1 Phase I**

- QAIP 1-2, Organization
- QAIP 1-5, Establishing Work Agreements
- QAIP 2-7, Qualification of Quality Assurance Program Audit Personnel
- QAIP 4-1, Procurement
- QAIP 7-1, Procurement Acceptance Verification
- QAIP 18-1, Audits

### **6.9.2 Phase II**

- QAIP 1-3, Stop Work Orders
- QAIP 16-1, Corrective Action
- QAIP 16-3, Quality Assurance Program Report

## **7.0 TRANSITION IMPACTED TRAINING**

The transition will result in revision of several OCRWM and AO documents. Training in the revised processes governed by these documents will be required. The type and extent of training will vary dependent upon the extent of an organizations procedural revisions and their indoctrination and training commitment. The effect of this training is considered to be routine and minimal. No unusual training provisions have been identified.

## **8.0 INTERIM MEASURES TO FACILITATE TRANSITION**

At this time no interim measures have been identified. As this plan is implemented, specific situations may arise which require such measures to be taken. Once identified, such measures may be instituted with the agreement of OQA management and the management of the AO involved.

In order to anticipate unforeseen events which require interim measures, each AO should carefully review the actions required for transition and apprise OQA of any special or unforeseen conditions as they arise.

## **9.0 QA PROGRAM STATUS**

### **9.1 PROGRAM AND IMPLEMENTING DOCUMENTS**

Program and implementing documents with the potential to be impacted by this transition are identified in section 6.0 of this plan. OCRWM and each AO will take the necessary actions to ensure that these documents are reviewed to confirm impact and modify those that are impacted. In addition, each AO will identify any other impacted program and implementing documents requiring modification, i.e., change, revision or cancellation. These documents will be identified through liaison personnel activities

### **9.2 IN-PROCESS AUDIT DOCUMENTS**

Audit documents initiated by each AO prior to the transition date will be processed to closure according to the initiating document unless converted to an OCRWM audit document. The decision to convert an AO audit document to an OCRWM audit document, will be made by OQA in consultation with the AO on a case-by case basis.

### **9.3 IN-PROCESS DEFICIENCY DOCUMENTS**

Deficiency documents initiated by each AO prior to transition date will be processed to closure according to the initiating document unless converted to an OCRWM deficiency document. The decision to convert an AO deficiency document to an OCRWM deficiency document will be made by OQA on a case-by-case basis.

### **9.4 TRENDING**

9.4.1 Each AO will initiate a trend report according to their implementing document governing this activity within 60 days following Phase II transition, unless trend data is transitioned into the OCRWM Trend Program described in this plan. This report will consider deficiency documents initiated subsequent to the AO's last trend report and prior to Phase II transition. A copy of this report will be provided to OQA.

9.4.2 Each AO will provide OQA with a copy of each deficiency document closed after the date that this transition plan is approved for input into the OCRWM trend database.

### **9.5 QA PROGRAM RELATED DATABASES**

Each AO will evaluate OCRWM databases which support transitioned activities to determine if these databases are capable of supporting their individual management information needs. Databases requiring modification and the nature and objective of such modifications, will be identified to OQA. OQA will evaluate requested modification and initiate changes as necessary.

**10.0 RECORD SOURCES**

OCRWM and AO record sources will not change as a result of this transition. Record submittals will be performed according to OCRWM and AO implementing documents.

## **11.0 READINESS REVIEW**

A Readiness Review as defined in OCRWM QAP-2.6, "Readiness Review," will not be conducted. The progress and ultimate completion of activities addressed in this transition plan will be monitored on an on-going basis by OCRWM and AO liaison personnel. These personnel will periodically, during transition, report the status of transition to OCRWM and AO management responsible for the transition. Liaison personnel will issue a final report for each phase when all required activities for the phase are completed. OCRWM and AO management approval of this report signifies transition readiness for the phase.

**APPENDIX A**  
**TRANSITION PLAN SCHEDULE - PHASE I**

Page 1 of 2

PLAN SECTION (1)	ACTIVITY	AFFECTED ORGANIZATION/COMPLETION DATES						
		OCRWM	M&O (2)	REECO	USGS	LANL	LLNL	SNL
2.0	IDENTIFY PERSONNEL	11/15/94	11/15/94	12/1/94	12/1/94	12/1/94	12/1/94	12/1/94
3.0	RESOLVE CONTRACTUAL ISSUES	12/15/94 - 6/15/95	12/15/94	2/15/95	6/15/95	6/15/95	6/15/95	6/15/95
5.0	RESOLVE PERSONNEL, FACILITIES, AND EQUIPMENT ISSUES	1/1/95 - 6/1/95	12/1/94	2/1/95	6/1/95	6/1/95	6/1/95	6/1/95
6.0	REVISE QARD	11-30-94	N/A	N/A	N/A	N/A	N/A	N/A
6.0	REVISE IMPLEMENTING DOCS	1/1/95	1/1/95	3/1/95	7/1/95	7/1/95	7/1/95	7/1/95
7.0	COMPLETE TRAINING	1/1/95	1/1/95	3/1/95	7/1/95	7/1/95	7/1/95	7/1/95
8.0	IMPLEMENT INTERIM MEASURES (IF REQUIRED)	11/15/94-6/15/95	12/15/95	2/15/95	6/15/95	6/15/95	6/15/95	6/15/95
9.0	CONVERT IN-PROCESS AUDIT DOCUMENTS (IF REQUIRED)	N/A	1/1/95	3/1/95	7/1/95	7/1/95	7/1/95	7/1/95
9.0	EVALUATE AND MODIFY DATABASES (IF NECESSARY)	1/1/95	1/1/95	1/1/95	1/1/95	1/1/95	1/1/95	1/1/95
11.0	ISSUE FINAL STATUS REPORT	12/15/94 - 6/15/95	12/15/95	2/15/95	6/15/95	6/15/95	6/15/95	6/15/95
11.0	OCRWM/AO MGMT APPROVE FINAL STATUS REPORT	1/1/95 - 7/1/95	1/1/95	3/1/95	7/1/95	7/1/95	7/1/95	7/1/95

(1) See applicable section of transition plan for activity details

(2) Includes T&MSS

**APPENDIX A**  
**TRANSITION PLAN SCHEDULE - PHASE II**

Page 2 of 2

PLAN SECTION (1)	ACTIVITY	AFFECTED ORGANIZATION/COMPLETION DATES						
		OCRWM	M&O (2)	REECO	USGS	LANL	LLNL	SNL
2.0	IDENT. LIAISON PERSONNEL	1/15/94	11/15/94	12/1/94	12/1/94	12/1/94	12/1/94	12/1/94
3.0	RESOLVE CONTRACTUAL ISSUES	12/15/94 - 6/15/95	12/15/94	2/15/95	4/15/95	6/15/95	6/15/95	6/15/95
5.0	RESOLVE PERSONNEL, FACILITIES, AND EQUIPMENT ISSUES	6/1/95	6/1/95	6/1/95	6/1/95	6/1/95	6/1/95	6/1/95
6.0	REVISE IMPLEMENTING DOCUMENTS	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95
7.0	COMPLETE TRAINING	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95
8.0	IMPLEMENT INTERIM MEASURES (IF REQUIRED)	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95
9.0	CONVERT IN-PROCESS DEFICIENCY DOCUMENTS (IF REQUIRED)	N/A	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95
9.0	INITIATE FINAL TREND REPORT	N/A	8/30/95	8/30/95	8/30/95	8/30/95	8/30/95	8/30/95
9.0	PROVIDE OQA COPIES OF DEFICIENCY DOCUMENTS	N/A	12/1/94 - 7/1/95	12/1/94 - 7/1/95	12/1/94 - 7/1/95	12/1/94 - 7/1/95	12/1/94 - 7/1/95	12/1/94 - 7/1/95
9.0	EVALUATE AND MODIFY DATABASES (IF NECESSARY)	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95
11.0	ISSUE FINAL STATUS REPORT	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95	6/15/95
11.0	OCRWM/AO MGMT APPROVE FINAL STATUS REPORT	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95	7/1/95

(1) See applicable section of transition plan for activity details

(2) Includes T&MSS



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**APPENDIX B**  
**REFERENCES**

1. OQA Report "Reengineering of the Quality Assurance Function on the Office of Civilian Radioactive Waste Management Program" (August 1994).
2. OCRWM Operations Management Tracking - Milestone ID RW 94001060.