



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

SEP 06 1995

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Technical Project Officer
for Yucca Mountain
Site Characterization Project
TRW Environmental Safety Systems, Inc.
Bank of America Center, Suite P-110
101 Convention Center Drive
Las Vegas, NV 89109

ISSUANCE OF DEFICIENCY REPORTS (DR) YMQAD-95-D-010 THROUGH
YMQAD-95-D-013 RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE
DIVISION'S (YMQAD) AUDIT YM-ARP-95-19 (SCPB: N/A)

Enclosed are DRs YMQAD-95-D-010 through YMQAD-95-D-013,
generated as a result of YMQAD Audit YM-ARP-95-19.

Please identify the corrective actions to be taken and
implemented to correct the deficiencies. Performance
Report/DR Continuation Pages have been provided. Send the
originals of your responses to Deborah Sult, YMQAD/QATSS,
101 Convention Center Drive, Suite 640, Las Vegas, Nevada 89109.
Responses to the DRs are due 20 working days after issuance.
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 Richard L. Weeks at
(702) 794-7853.

YMQAD:RBC-4480

Richard E. Spence, Director
Yucca Mountain Quality Assurance Division

Enclosures:

1. DRs YMQAD-95-D-010 through
YMQAD-95-D-013
2. PR/DR Continuation Pages

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YMP-5

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PDR WASTE
WM-11 PDR

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102.7
WM-11

L. Dale Foust

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cc w/encl:

T. A. Wood, HQ (RW-14) FORS

~~J. G. Spraul, NRC, Washington, DC~~

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

R. L. Robertson, M&O, Vienna, VA

Richard Jiu, M&O, Las Vegas, NV

R. P. Ruth, M&O, Las Vegas, NV

cc w/o encl:

W. L. Belke, NRC, Las Vegas, NV

D. G. Sult, YMQAD/QATSS, Las Vegas, NV

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NO. YM-QAD-95-D-010
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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
QARD, Revision 42 Related Report No.
YM-ARP-95-193 Responsible Organization:
M&O/SNL4 Discussed With:
Larry Costin

5 Requirement/Measurement Criteria:

Section 2.2.2, B., 3. states, "The system shall provide positive control over external interfaces between affected organizations and internal interfaces within the organization. An interface exists when one organization prescribes an activity or requirement to, or shares an activity or requirement with, another organization."

Section 5.2 states, "Work shall be performed according to controlled implementing documents."

Section 2.2.4, D. states, "Planning shall be performed to ensure work is accomplished under suitably controlled conditions. Planning elements shall include, as appropriate:

D. Identification and selective application, or development, of appropriate implementing documents."

6 Description of Condition:

Contrary to the above requirements, the process that controlled the development of, "Design Support Analyses: North Ramp Design Package 2C", Revision 1, which was utilized by the M&O as design input, is indeterminate and therefore, it is not possible to evaluate compliance to an implementing procedure.

Discussion: Work Agreements 130 Revision 01 and 110 Revision 01 stated that the design analyses report referenced above would be issued as a Sandia Letter Report. During interviews with SNL personnel it was stated that a SAND report number had been issued and subsequently withdrawn for this report. Finally, the report was submitted to the Technical Data Base under TDIF No. 303124. Since the report was not issued as either an SLTR or SAND report, there is no documented acceptance criteria for acceptance of the report. Additionally, the WA's that controlled this analyses were never revised to correctly identify the product that was generated.

7 Initiator

John Felletier

8/31/95
Date 08/31/95

9 QA Review

OAR Richard L. Weeks

8/31/95
Date 08/31/95

10 Response Due Date

20 Days after issuance

11 QA Issuance Approval

OAR (PR)/AOCAM (DR)

9.5.95
Date 9.5.95

12 Remedial Actions:

13 Remedial Action Response By:

Date

14 Remedial Action Due Date

Date

15 Remedial Action Response Acceptance

OAR

Date

16 PR Verification/Closure

OAR

Date

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DEFICIENCY REPORT

17 Recommended Actions:

- 1) Investigate other documents generated and utilized for design input to determine the extent of deficiency.
- 2) Based on results of above investigative action , determine impact and provide corrective action plan.
- 3) Provide actions to be taken to ensure future products generated by SNL are completed in compliance to a procedural process that clearly defines acceptance criteria.
- 4) Conduct investigative action to determine the status of other SNL WA's.
- 5) Based on the results of the investigative action, determine impact and provide corrective action plan.

18 Investigative Actions:

19 Root Cause Determination:

20 Action to Preclude Recurrence:

21 Response by:

Date

22 Corrective Action Completion Due Date:

23 Response Accepted

QAR

Date

24 Response Accepted

AOQAM

Date

25 Amended Response Accepted

QAR

Date

26 Amended Response Accepted

AOQAM

Date

27 Corrective Actions Verified

QAR

Date

28 Closure Approved by:

AOQAM

Date

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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
YAP-SIII.2Q, Revision 0

2 Related Report No.
YM-ARP-95-19

3 Responsible Organization:
M&O

4 Discussed With:
Alden Segrest

5 Requirement/Measurement Criteria:
Section 5.4.1, b) states, "To request or retrieve data from the YMP TDB, the Affected Organization:
b) submits a written request for information to the appropriate YMP TDB Administrator."

6 Description of Condition:
Contrary to the above requirement, there is no objective evidence that TDIF #303124 was retrieved from the TDB in accordance with the above referenced procedure. Specifically, there is no objective evidence that the M&O submitted a written request to the YMP TDB Administrator.

7 Initiator *John F. Pelletier* 8/31/95
John Pelletier Date 08/31/95

9 QA Review *John F. Pelletier* 8/31/95
QAR John Pelletier Date 08/31/95

10 Response Due Date
20 days after issuance

11 QA Issuance Approval
QAR (PR)/AOCAM (DR) *for* Date 9.6.95

12 Remedial Actions:

13 Remedial Action Response By:
Date

14 Remedial Action Due Date
Date

15 Remedial Action Response Acceptance
QAR Date

16 PR Verification/Closure
QAR Date

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DEFICIENCY REPORT

17 Recommended Actions:

- 1) Investigate to determine the extent of deficiency identified in Block 6.
- 2) Evaluate the impact of obtaining technical data without complying with YAP-SIII.2Q.
- 3) Provide a corrective action plan to ensure future acquisitions of data from the TDB are in accordance with YAP-SIII.2Q.

18 Investigative Actions:

19 Root Cause Determination:

20 Action to Preclude Recurrence:

21 Response by:

Date

22 Corrective Action Completion Due Date:

23 Response Accepted

QAR

Date

24 Response Accepted

AOQAM

Date

25 Amended Response Accepted

QAR

Date

26 Amended Response Accepted

AOQAM

Date

27 Corrective Actions Verified

QAR

Date

28 Closure Approved by:

AOQAM

Date

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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
YAP-SIII.3Q, Revision 0

2 Related Report No.
YM-ARP-95-19

3 Responsible Organization:
M&O/SNL

4 Discussed With:
Michael Brady

5 Requirement/Measurement Criteria:

Section 5.2.2, NOTE states, Preliminary data provided to other YMP investigators are to be transferred under a cover letter, which includes the following statements; "The data provided herein have not received complete technical and quality checks and, therefore, are considered to be preliminary. These data are for information only and cannot be used for licensing activities until recorded in the ATDT and all technical and quality checks are complete." In addition, all data sheets are to be stamped "PRELIMINARY-INFORMATION ONLY".

6 Description of Condition:

Contrary to the above requirement, there is no objective evidence that technical data provided to the M&O for scoping analyses studies for the "Design Support Analyses: North Ramp Design Package 2C" was transferred to the M&O in compliance with the above stated requirement. Specifically, preliminary data was transferred to the M&O and subsequently utilized as design input without including the following statements, "The data provided herein have not received complete technical and quality checks and, therefore, are considered to be preliminary. These data are for information only and cannot be used for licensing activities until recorded in the ATDT and all technical and quality checks are complete. In addition, all data sheets are to be stamped "PRELIMINARY-INFORMATION ONLY." Additionally, corrections were made to the technical data by SNL personnel after the technical data was sent to the M&O. The M&O was not made aware of the corrections and continued to use the incorrect data throughout Revision 2 of the scoping analyses.

7 Initiator *John F. Pelletier* 8/31/95
John Pelletier Date 08/31/95

9 QA Review *Richard L. Weeks* 8/31/95
QAR Richard L. Weeks Date 08/31/95

10 Response Due Date
20 days after issuance

11 QA Issuance Approval *for*
QAR (PR)/AOQAM (DR) Date 9.8.95

12 Remedial Actions:

13 Remedial Action Response By:

Date

14 Remedial Action Due Date

Date

15 Remedial Action Response Acceptance

QAR

Date

16 PR Verification/Closure

QAR

Date

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DEFICIENCY REPORT

17 Recommended Actions:

- 1) Investigate to determine the extent of deficiency identified in Block 6.
- 2) Provide objective evidence that identified deficient condition has been corrected.
- 3) Provide a corrective action plan to ensure that when preliminary data is forwarded to a data user prior to being recorded in the ATDT, the data is appropriately identified as required in YAP-SIII.3Q.

18 Investigative Actions:

19 Root Cause Determination:

20 Action to Preclude Recurrence:

21 Response by:

Date

22 Corrective Action Completion Due Date:

23 Response Accepted

QAR

Date

24 Response Accepted

AOQAM

Date

25 Amended Response Accepted

QAR

Date

26 Amended Response Accepted

AOQAM

Date

27 Corrective Actions Verified

QAR

Date

28 Closure Approved by:

AOQAM

Date

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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
QARD, Revision 4

2 Related Report No.
YM-ARP-95-19

3 Responsible Organization:
M&O

4 Discussed With:
John Pye

5 Requirement/Measurement Criteria:
Sect 3.2.1, A. states, "Design inputs should be identified and documented, and their selection reviewed and approved by those responsible for the design."

6 Description of Condition:
Data utilized as design input for the "TS North Ramp Ground Support Scoping Analysis" was not appropriately identified and documented as to its status (data utilized was "PRELIMINARY" and contained errors). Additionally, there is no objective evidence that the selection of design input from revision 1 of "Design Support Analyses: North Ramp Design Package 2C" was technically reviewed.

7 Initiator *Richard L. Wether for* 8/31/95
Frank Tsai *Frank Tsai* Date 08/31/95

9 QA Review *John F. Pelletier* 8/31/95
QAR John Pelletier Date 08/31/95

10 Response Due Date
20 days after issuance

11 QA Issuance Approval *[Signature]*
QAR (PR)/AOQAM (DR) *[Signature]* Date 9.5.95

12 Remedial Actions:

13 Remedial Action Response By:
Date

14 Remedial Action Due Date
Date

15 Remedial Action Response Acceptance
QAR Date

16 PR Verification/Closure
QAR Date

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DEFICIENCY REPORT

17 Recommended Actions:

- 1) Investigate to determine the extent of deficiency identified in Block 6.
- 2) Determine the impact of using the PRELIMINARY, unreviewed data that was selected for design input.
- 3) Provide a corrective action plan to ensure technical reviews for the selection of data for design input is adequate.

18 Investigative Actions:

19 Root Cause Determination:

20 Action to Preclude Recurrence:

21 Response by:

Date

22 Corrective Action Completion Due Date:

23 Response Accepted

QAR

Date

24 Response Accepted

AOQAM

Date

25 Amended Response Accepted

QAR

Date

26 Amended Response Accepted

AOQAM

Date

27 Corrective Actions Verified

QAR

Date

28 Closure Approved by:

AOQAM

Date

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