

U.S. DEPARTMENT OF ENERGY
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
OFFICE OF QUALITY ASSURANCE

AUDIT REPORT

OF

YUCCA MOUNTAIN SITE CHARACTERIZATION OFFICE
(YMSCO)

LAS VEGAS, NEVADA

AUDIT NUMBER HQ-ARC-96-003

AUGUST 5-9, 1996

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Approved By: R. W. Horton Date: 10/7/96
R. Donald G. Horton
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1.0 EXECUTIVE SUMMARY

As a result of Quality Assurance (QA) Audit HQ-ARC-96-003, the audit team determined that the Yucca Mountain Site Characterization Office (YMSCO) is satisfactorily implementing an effective QA program in accordance with the U. S. Department of Energy (DOE) Office of Civilian Radioactive Waste Management (OCRWM) QA Requirements and Description (QARD), DOE/RW-0333P, Revision 5 and YMSCO implementing procedures for QA Program Elements 1.0, 3.0, 5.0, 6.0, 7.0, 15.0, 16.0, 17.0, 18.0, and Supplements II, III, and V. QA Program Element 2.0 was judged to be marginal, and QA Program Elements 4.0, 11.0, 12.0, 13.0, Supplement IV, and Appendix C were found to have no implementation due to lack of activity in those areas.

The audit team identified deficiencies during the audit that resulted in the issuance of seven Deficiency Reports (DR). There were seven deficiencies identified by the audit team and corrected prior to the postaudit meeting. These conditions are described in Section 5.5.2 of this report. Additionally, there were five recommendations resulting from the audit, which are described in Section 6.0 of this report.

2.0 SCOPE

The audit was conducted to evaluate the adequacy of, compliance to, and the effectiveness of the YMSCO QA program as described in the QARD and the YMSCO implementing procedures.

The QA program elements/requirements evaluated during the audit, in accordance with the approved audit plan, are as follows:

QA PROGRAM ELEMENTS/REQUIREMENTS

1.0	Organization
2.0	Quality Assurance Program
3.0	Design Control
4.0	Procurement Document Control
5.0	Instructions, Procedures, Plans, and Drawings
6.0	Document Control
7.0	Control of Purchased Items and Services
11.0	Test Control
12.0	Control of Measuring and Test Equipment

13.0	Handling, Storage and Shipping
15.0	Nonconformances
16.0	Corrective Action
17.0	Quality Assurance Records
18.0	Audits
Supplement II	Sample Control
Supplement III	Scientific Investigation
Supplement IV	Field Surveying
Supplement V	Control of the Electronic Management of Data
Appendix C	Mined Geologic Disposal System.

The following QA program elements/requirements were not reviewed during the audit because the audit team determined that they are not applicable to the work performed by YMSCO:

8.0	Identification and Control of Items
9.0	Control of Special Processes
10.0	Inspection
14.0	Inspection, Test and Operating Status
Appendix A	High Level Radioactive Waste Form Production
Appendix B	Transportation.

3.0 AUDIT TEAM AND OBSERVERS

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

<u>Name/Title/Organization</u>	<u>QA Program Elements/Requirements</u>
James George/Audit Team Leader/QATSS-HQ	17.0, Appendix C, & QAP 2.8
Charles Betts/Auditor/QATSS-HQ	3, 18, & SV
Richard Peck/Auditor/QATSS-HQ	1, 4, 7, & SIII
Lester Wagner/Auditor/QATSS-HQ	11, 12, 13, 15, & 16
John Martin/Auditor/QATSS-YM	5, 6, SII & SIV
Kenneth McFall/Auditor/QATSS-YM	2(except QAP2.8)
Robert W. Clark/Observer/HQAD	
Susan Zimmerman/Observer/State of Nevada.	

4.0 AUDIT MEETINGS AND PERSONNEL CONTACTED

The preaudit meeting was held at YMSCO offices in Las Vegas, Nevada on August 5, 1996. Daily debriefing and coordination meetings were held with YMSCO management and staff, and daily audit team meetings were held to discuss issues and potential deficiencies. The audit was concluded with a postaudit meeting held at YMSCO offices in Las Vegas, Nevada on August 9, 1996. The 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

The audit team concluded that, in general, the YMSCO QA Program is adequate and is being satisfactorily implemented for the scope of this audit. Individually, QA Program Elements 1.0, 3.0, 5.0, 6.0, 7.0, 15.0, 16.0, 17.0, 18.0, Supplement II, Supplement III, and Supplement V are satisfactorily implemented. No implementation of QA Program Elements 4.0, 11.0, 12.0, 13.0, Supplement IV, and Appendix C could be identified due to lack of activity. Implementation of QA Program Element 2.0 was determined to be marginal based upon deficiencies identified in the areas of training and verification of qualifications of personnel and the revision of implementing documents to reflect QARD changes.

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

A summary table of audit results is provided in Attachment 2. The details of the audit evaluation, along with objective evidence reviewed, are contained within the audit checklists. The checklists are kept and maintained as QA Records.

5.4 Technical Activities

Because the audit was compliance based and conducted to evaluate adequacy and implementation of the OCRWM YMSCO QA Program, the audit team did not evaluate any technical activities.

5.5 Summary of Deficiencies

The audit team identified deficiencies during the audit for which seven Deficiency Reports (DRs) have been issued. Seven additional deficiencies were identified and corrected prior to the postaudit meeting.

Synopses of deficiencies documented as DRs and those corrected during the audit are detailed below. The DRs have been transmitted under a separate letter dated September 19, 1996.

5.5.1 Deficiency Reports (DR)

As a result of the audit, the following DRs were issued:

DR YM-96-D-095

Personnel Qualification Records Packages for Federal OCRWM YMSCO employees are missing one or more of the qualification documents required by the QARD and YLP-2.1Q-YMSCO.

DR YM-96-D-096

YMSCO has not completed the reviews of Revision 5 to the Quality Assurance Requirements and Description (QARD) document and incorporated changes into their implementing documents, as appropriate.

DR YM-96-D-097

A review of training files found that some personnel have not completed training requirements and do not have a new Position Description or Position Qualification Statement in their files after changing jobs or assignments.

DR YM-96-D-098

YMSCO Assistant Manager for Engineering and Field Operations has not established implementing documents for the acceptance of items and services (specifications and drawings), as required by QARD Section 7.0, when those items and services are not identified as deliverables in accordance with YAP-5.1Q.

DR YM-96-D-099

The control of forms is such that a current revision of a form may not be available in the forms system for use. Current YAP-5.2Q, in the process of being deleted, allows forms to be entered into the system up to twenty days after effective date, and QAP 5.1, which is to be used to control forms, contains no controls to ensure current revision of form is in system.

DR YM-96-D-100

Data Record Packages generated from implementation of YAP-SIII.3Q, Revision 1, Interim Change Notice (ICN) 0, Processing of Technical Data on the YMSCO Project, were found to contain errors, data traceability problems, inadequate information, and revision of packages after final review.

DR YM-96-D-102

YAP-4.1Q previously required use of AP-6.17Q, which was deleted and replaced by the current YAP-2.7Q. YAP-4.1Q needs to be revised to require use of the current procedure. An investigation needs to be performed to determine if similar problems exist and, if so, an evaluation made to determine the impact of these problems.

5.5.2 Deficiencies Corrected During the Audit (CDA)

Deficiencies considered isolated in nature and only requiring remedial action can be corrected during the audit. The following deficiencies were identified and corrected during the audit:

1. YAP-2.2Q, Revision 0, ICN 1, "Preparation, Review, Approval, and Revision of Site Characterization Plan," does not require the Study Plan Approval Form (YMP-021) to be a part of the QA Records Package. A draft Document Action Request (DAR), to change the procedure to require inclusion of the Approval Forms in the records packages, was presented to the audit team before the post audit meeting.
2. YAP-2.6Q, Revision 1, ICN 1, "Participant Planning Sheet Process," required preparers of Participant Planning Sheets (PPS) to include language in the statement of work field to state that "... quality affecting work shall be controlled in accordance with ... the current ... RTN Matrix." Contrary to this, several PPS did not have the standard language specified in the procedure (e.g., words quality and quality affecting removed.) However,

this language was unnecessary and redundant, as reference to the QARD was sufficient. A draft ICN 2 was prepared to delete and clarify the requirement and accepted as corrected before the postaudit meeting. The ICN 2 became effective on September 4, 1996.

3. QAP 3.5, Revision 2, ICN 0, "Technical Document Preparation," does not address the current organizational interfaces for organizations affected by the document. However, YMSCO had already identified this deficiency and addressed it on YMSCO Deficiency Report YMQAD-96-D-030, which will result in cancellation of the procedure by September 30, 1996. The DR was presented to the audit team before the postaudit meeting.

4. YLP-5.2Q-AMA, Revision 0, "Maintenance of the OCRWM Program Procedures Database," had the wrong form (Completed CDIA Checklists rather than Completed OPPD Checklists) referenced in the QA Records Section 7.2. A Document Action Request (DAR) No. 1926 and draft ICN 1, correcting the record reference, was presented to the audit team before the postaudit conference.

5. QAP 7.2, Revision 1, ICN 2, "Supplier Evaluation," and AP-7.4Q, Rev. 1, ICN 2, "Maintenance of the OCRWM Qualified Suppliers List," define the requirements for the use and implementation of the Supplier Evaluation Report (SER). The audit team found that the SER was being properly initiated in order for the appropriate type and/or combination of supplier evaluation to occur. However, the audit team found that SERs were not being completed, properly validated, and processed as records as defined by the processes detailed in the required procedures. Before the end of the audit, the relevant SERs were completed and processed to the Records Processing Center.

6. YAP-15.1Q, Revision 2, ICN 1, "Control of Nonconformances," paragraph 5.1.4 c, requires that nonconformance reports (NCRs) evaluated and found invalid are to be transmitted to the originator. Contrary to the requirement, invalidated NCRs were not being regularly returned to the originators. The invalidated NCRs were retransmitted via a memorandum to the originators, for all originators still working on the project, before the postaudit meeting.

7. AP-16.2Q, Revision 0, "Corrective Action and Stop Work," paragraph 5.2.1 h, requires that the Director, OCRWM is included on distribution for issued Corrective Action Requests (CARs). Contrary to the requirement, of ten CARs issued since July 1995, the Director, OCRWM was included on distribution for only the first CAR issued. The standard transmittal

memorandum was modified and the CARs were retransmitted via a memorandum from the Director, OQA to the Director, OCRWM before the postaudit meeting.

5.5.3 Follow-up of Previously Identified Deficiencies

No previously identified deficiencies required follow-up during this audit.

6.0 RECOMMENDATIONS

The following recommendations resulted from the audit and are presented for consideration by the YMSCO management:

1. YAP-2.2Q, Revision 0, ICN 1, review found that Study Plan Review Checklists completed in accordance with the superseded AP-1.10Q required that all spaces on the form contain an entry or "N/A," which often had not been done. The new procedure YAP-2.2Q does not include this requirement. The audit team recommends that all those spaces for Study Plan Review Checklists completed in accordance with AP-1.10Q be completely filled out with an entry of "N/A."
2. YAP-2.8Q, Revision 1, ICN 0, "Tracers, Fluids, and Materials Data Reporting and Management" (TFM), review found a number of repetitive TFM report entries for identical items in the TFM database log. The audit team recommends that the reports be more vigorously reviewed to prevent redundant and unnecessary reports from being entered into and thereby overloading the database system. More consistency, details, and precision in naming of items and descriptions would help reduce the number of repetitive entries.
3. QAP 7.2 and AP-7.4Q identify the Supplier Evaluation Reports (SER) and supporting documents as Lifetime QA records. Currently the records are in the YMSCO record system but are scattered and difficult to retrieve (e.g., letters that transmit the SER for initial action and other follow-up actions are not in the same files about the supplier, and the supplier audit packages are totally separate from the SER and the table of contents for that records package does not reference the SER.) The team recommends that all documentation about the supplier evaluation program be in the same file for ease of retrieveability and supplier history.
4. YAP-15.1Q requires that Deficiency Document Encoding Forms (DDEF) are entered into the trending system. A review of NCRs revealed that DDEFs are completed and entered into the system as required; however, in one case where an NCR was generated to replace several prematurely closed NCRs, a new DDEF was generated for the problems previously entered into the system. The audit team recommends reviewing the procedure and revising the requirement, if necessary, to allow the NCR coordinator to review and exclude these dual entry NCRs from the trending system.

5. The audit team identified a concern with the overall implementing procedure hierarchy. The audit team found that a number of the procedures identified as applicable to YMSCO were redundant, were being implemented by the M&O rather than YMSCO, or were not implemented at all (lack of activity). This confusion about who implemented what procedures made the audit difficult and affected the audit schedule. This impact to the schedule meant the audit team did not have sufficient time to conduct a thorough review of the Supplement III procedures, where the audit team, nonetheless, noted several items of concern. The audit team recommends that YMSCO management evaluate the YMSCO procedures, determine who is responsible for what activities, and transfer responsibility and procedures to the M&O for those activities for which they are solely responsible. Additionally, the audit team recommends that YMSCO conduct a compliance audit or surveillance of the Supplement III procedures to verify and ensure proper implementation. Finally, due to the number of YMSCO procedures that are being used solely by the M&O, HQAD will evaluate our previous audit of M&O YMSCO activities to determine if a follow-up audit needs to be conducted to cover any activities that we might have missed and ensure effective implementation by the M&O for those procedures.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Audit.

Attachment 2: Summary Table of Audit Results.

ATTACHMENT I
Personnel Contacted During the Audit

NAME	TITLE	CONTACT	MEETINGS	
			PRE	POST
Jim Agnew	Study Plan Coordinator	X		
Terri Badredine	Records Processing Center Supervisor	X		
Robert Barton	Deputy AMSL	X	X	X
Bill Belke	Onsite Representative		X	X
Charles Betts	Auditor	X	X	X
Steve Bodnar	Technical Data Manager	X		
Wayne Booth	Program Manager		X	
Scott Bowlinger	Manager, Site Document Records Center	X		
Steve Brocoun	AM&L		X	
Mitch Brodsky	General Engineer	X		
Andy Chakrabarti	Senior Consultant		X	X
Bob Clark	Director, HQQA Division		X	
Lana Colehour	Document Center Supervisor	X	X	X
Drew Coleman	Field Test Coordinator	X		
James Compton	Engineer	X	X	X
Bob Constable	QA Engineer		X	X
Jan Coombs	Graphics Illustrator	X		
Emily Cooper	Program Analyst		X	X
Betty Cruz	CCB Secretary	X	X	X
Larry Cuba	Senior Assurance Engineer	X		
Phil Dahlberg	QASP/Records Supervisor	X	X	X
Steve Dana	Quality Engineering Lead	X		

ATTACHMENT I
Personnel Contacted During the Audit

NAME	TITLE	CONTACT	MEETINGS	
			PRE	POST
Mario Diaz	YMQAD Verification Coordinator		X	X
John Doyle	Senior QA Specialist	X		
Tom Fortner	Construction Manager	X		
Bob Fox	General Engineer	X		
Jim Frank	Deputy Manager			X
John Gandi	IM Team Lead		X	
Jim Gardiner	General Engineer	X	X	
Jim George	Audit Team Leader	X	X	X
Terry Grant	Job Package Records Coordination	X		
Henry Greene	YM QA Division Manager	X	X	X
Birdie Hamilton-Ray	Team Leader, Procurement & Property	X	X	X
Julie Hang	Records Technician II	X		
Steve Harris	Senior QA Specialist	X		
Sharon Harris-Womack	Records Specialist	X		
Judy Herbert	Records Data Management Lead	X		
Don Horton	Director, OQA		X	
Woody Hudson	Deputy Program Manager	X	X	X
Vince Iorii	Deputy Assistant Manager	X	X	
Gary Janis	Publications Production Supervisor	X		
Kathy Jerome	Records Analyst II	X		
Nile Jones	Reference Info. Base Administrator	X		
Susan Jones	Assistant Manager	X	X	

ATTACHMENT I
Personnel Contacted During the Audit

NAME	TITLE	CONTACT	MEETINGS	
			PRE	POST
Dan Klimas	Senior QA Specialist	X	X	
Wayne Kozai	Project Control Manager		X	
Bob Levich	Physical Scientist	X		
Bob Lewis	ATDT System Administrative Manager	X		
Chris Lewis	SMF Coordinator	X		
Linda Linden	SMF Geologist	X		
George Lindenburg	Physical Scientist	X		X
Eric Lundgaard	Program Analyst		X	X
John Martin	Auditor	X	X	X
Dick Maudlin	Senior QA Specialist	X		X
Christine Mayo	Intern PMO			X
Diane McAlister	Data Manager	X		
Mary McDaniel	Senior QA Specialist			X
Ken McFall	Auditor	X	X	X
Raymond Mele	Senior Project Engineer			X
Sandi Moore	Production Publication Supervisor	X	X	X
Kathryn Mrotek	Assistant Project Geologist	X		
Terry Mueller	Supervisor, Records Services	X	X	X
Vicki Obrad	Word Processing Lead	X		
Richard Peck	Auditor	X	X	X
Mike Penovich	QA and Procedures Training Manager	X		
Marcia Peters	Training Coordinator	X		

ATTACHMENT I
Personnel Contacted During the Audit

NAME	TITLE	CONTACT	MEETINGS	
			PRE	POST
Patricia Pytel	Administrative Assistant		X	
Sandy Rouse	Training Officer	X		X
Dennis Royer	Systems Team Lead	X		
Jim Schmit	Senior QA Specialist	X		
Jill Schrecongost	IM Specialist		X	
Randolph Schreiner	Engineer	X		
Ron Smith	Manager, SBT Coordination Office	X		
Steven Smith	Manager, Borehole Security	X		
Bill Smith	Records Analyst	X		
Elaine Spangler	Technical Review Coordinator	X		
Dick Spence	Director, YMQAD	X	X	X
Debi Sult	Technical Database Administrator	X		
Bryan Tate	Publications Production Coordinator	X		
Laura Tate	Training and Technical Integrator	X		
John Therien	QA Programer		X	
Bud Thompson	Geophysical Log Coordinator	X		
Dennis Threatt	DQA Trend Coordinator & Engineer	X		
Ken Thurman	Maintenance Coordinator	X		
Bernie Verna	Team Leader Repository Surface Design	X	X	X
Les Wagner	Auditor	X	X	X
Charles Warren	Quality Verification Lead	X	X	X
Rick Weeks	DQA Trend Evaluator	X		

ATTACHMENT I
Personnel Contacted During the Audit

NAME	TITLE	CONTACT	MEETINGS	
			PRE	POST
Harry White	Internal Assistant Team Leader	X	X	
Joanna Wiggins	Technical Data Info. Administrator	X		
Winn Wilson	Site Manager for AMEFO	X		
Samantha Wright-Moncilovic	CM Specialist	X		
Judy Zimmerman	Technical Publications Manager	X		X
Susan Zimmerman	Observer, State of NV	X	X	

ATTACHMENT II
Summary of Audit Results

AUDIT HQ-ARC-96-003 DETAIL SUMMARY								
ELEM	DOCUMENTS REVIEWED	DETAILS (✓ List)	CARs	CDA	PR/DR	RECOM	COMPLY	OVERALL
1	<i>QAP 1.1, R3</i>	<i>pgs. 1-2</i>					<i>SAT</i>	<i>SAT</i>
	<i>YLP 1.1-Q-YMSCO, R1</i>	<i>pgs. 1-2</i>					<i>SAT</i>	
2	<i>QAP 2.4, R1, I1</i>	<i>pgs. 1-3</i>			<i>YM-96-D-096</i>		<i>SAT</i>	<i>MARGINAL</i>
	<i>QAP 2.5, R0, I1</i>	<i>pgs. 1</i>					<i>SAT</i>	
	<i>QAP 2.6, R3</i>	<i>pgs. 1</i>					<i>LOA</i>	
	<i>QAP 2.7, R3, I1</i>	<i>pgs. 1</i>					<i>LOA</i>	
	<i>QAP 2.8, R1, I1</i>	<i>pgs. 1-2</i>					<i>SAT</i>	
	<i>YAP-2.4Q, R0</i>	<i>pgs. 1-5</i>					<i>LOA</i>	
	<i>YAP-2.6Q, R1, I1</i>	<i>pgs. 1-5</i>		2			<i>SAT</i>	
	<i>YAP-2.7Q, R0, I1</i>	<i>pgs. 1-4</i>					<i>LOA</i>	
	<i>YAP-2.8Q, R1</i>	<i>pgs. 1-3</i>				2	<i>SAT</i>	
	<i>YAP-5.4Q, R0</i>	<i>pgs. 1-3</i>					<i>LOA</i>	
	<i>YAP-5.6Q, R0, I4</i>	<i>pgs. 1-5</i>					<i>SAT</i>	
	<i>YAP-5.7Q, R0</i>	<i>pgs. 1-9</i>					<i>LOA</i>	
	<i>YLP-2.1Q-YMSCO, R1, I2</i>	<i>pgs. 1-11</i>			<i>YM-96-D-095</i> <i>YM-96-D-097</i>		<i>UNSAT</i>	
	<i>YLP-2.2Q-QAD, R1</i>	<i>pgs. 1-2</i>					<i>SAT</i>	

ATTACHMENT II
Summary of Audit Results

ELEM	DOCUMENTS REVIEWED	DETAILS (✓ List)	CARs	CDA	PR/DR	RECOM	COMPLY	OVERALL
3	QAP 3.5, R2	pgs. 1-4		3			LOA	SAT
	YAP-2.1Q, R1, II	pgs. 1-5					LOA	
	YAP-2.2Q, R0, II	pgs. 1-5		1		1	SAT	
	YAP-3.3Q, R0, II	pgs. 1					LOA	
	YAP-3.4Q, R2	pgs. 1-7					SAT	
	YAP-3.5Q, R2	pgs. 1-5					SAT	
	YAP-3.6Q, R0, II	pgs. 1-2					LOA	
	YAP-3.7Q, R0	pgs. 1-3					LOA	
4	YLP-4.1Q-YMSCO, R0, II	pgs. 1-5					LOA	LOA
5	QAP 5.1, R7, II	pgs. 1-4			YM-96-D-102	5	SAT	SAT
	YAP-5.1Q, R3	pgs. 1-2					SAT	
	YAP-5.2Q, R1	pgs. 1-2					SAT	
	YLP-5.1Q-YMSCO, R1	pgs. 1-2					LOA	
6	QAP 6.2, R3, II	pgs. 1-3					SAT	SAT
	YAP-6.1Q, R0	pgs. 1					LOA	
	YAP-6.2Q, R1	pgs. 1-3			YM-96-D-099		SAT	
	YLP-3.2Q-AMEFO, R0	pgs. 1			YM-96-D-098		LOA	

ATTACHMENT II
Summary of Audit Results

ELEM	DOCUMENTS REVIEWED	DETAILS (✓ List)	CARs	CDA	PR/DR	RECOM	COMPLY	OVERALL
7	QAP-7.2, R1, I2	pgs. 1-5		5		3	SAT	SAT
	AP-7.4Q, R1, I2	pgs. 1-4					SAT	
11	YAP-5.5Q, R0	pgs. 1-6					LOA	LOA
	YAP-5.7Q, R0	pgs. 1-4					LOA	
12	YAP-12.1Q, R0	pgs. 1-11					LOA	LOA
13	YAP-13.1Q, R0	pgs. 1-5					LOA	LOA
15	YAP-15.1Q, R2, I1	pgs. 1-9		6		4	SAT	SAT
16	QAP 16.1, R6, I1	pgs. 1-5					SAT	SAT
	AP-16.1Q, R0	pgs. 1-11					SAT	
	AP-16.2Q, R0	pgs. 1-4		7			SAT	
	AP-16.3Q, R0	pgs. 1-5					SAT	
	AP-16.4Q, R0	pgs. 1					LOA	
17	YAP-17.1Q, R0, I4	pgs. 1-2					SAT	SAT
	YAP-17.2Q, R0	pgs. 1-2					SAT	
18	QAP 18.1, R5	pgs. 1-5					SAT	SAT
	QAP 18.2, R7	pgs. 1-4					SAT	
	QAP 18.3, R1	pgs. 1-3					SAT	

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ELEM	DOCUMENTS REVIEWED	DETAILS (✓ List)	CARs	CDA	PR/DR	RECOM	COMPLY	OVERALL
SUPP II	YAP-SII.1Q, R1, I1	pgs. 1					SAT	SAT
	YAP-SII.2Q, R2	pgs. 1					LOA	
	YAP-SII.4Q, R0	pgs. 1					LOA	
SUPP III	YAP-SIII.1Q, R0	pgs. 1					SAT	SAT
	YAP-SIII.3Q, R1	pgs. 1-3			YM-96-D-100	5	SAT	
	YAP-SIII.4Q, R0, I1	pgs. 1-4					LOA	
	YAP-SIII.5Q, R0	pgs. 1-2					LOA	
	YLP-SIII.1Q-EGG, R0	pgs. 1-2					LOA	
	YLP-SIII.2Q-EGG, R0	pgs. 1-2					LOA	
SUPP IV	QARD, R5	pgs. 1					LOA	LOA
SUPP V	YLP-5.2Q-AMA, R0	pgs. 1-2		4			SAT	SAT
APPENDIX C	QARD, R5	pgs. 1					LOA	LOA
TOTAL		pages 221	0	7	7	5		SAT

***DOCUMENTS REVIEWED* INCLUDES THE REFERENCED PROCEDURE OR PROCESS STEP AND THE ASSOCIATED RECORDS/OBJECTIVE EVIDENCE**

CARs Corrective Action Requests

CDA Corrected During Audit

PR/DR Performance/Deficiency Reports

SAT..... Satisfactory

LOA..... Lack of Activity

OVERALL Summary of Element

RECOM Recommendations

COMPLY Procedures Implemented