



Department of Energy

Washington, DC 20585

NOV 14 1996

L. D. Foust  
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

EVALUATION OF RESPONSE TO DR YM-96-D-104 RESULTING FROM OQA  
SURVEILLANCE YMP-SR-96-023 OF THE CIVILIAN RADIOACTIVE WASTE  
MANAGEMENT SYSTEM MANAGEMENT AND OPERATING CONTRACTOR

The Office of Quality Assurance staff has evaluated the response to Deficiency Report YM-96-D-104. The response has been determined to be satisfactory. Verification of completion of the corrective action will be performed after the effective date provided. Any extension to this date must be requested in writing, with appropriate justification, prior to that date. Please send a copy of extension requests to Deborah G. Sult, OQA/QATSS, P.O. Box 98608, Mail Stop 455, Las Vegas, Nevada 89193-8608.

If you have any questions, please contact Mario R. Diaz at (702) 794-1489.

Donald G. Horton, Director  
Office of Quality Assurance

OQA:MRD-0316

Enclosure:  
DR YM-96-D-104

cc w/encl:  
T. A. Wood, DOE/HQ (RW-55) FORS  
J. G. Spraul, NRC, Washington, DC  
S. W. Zimmerman, NWPO, Carson City, NV  
B. R. Justice, M&O, Las Vegas, NV  
Records Processing Center

cc w/o encl:  
W. L. Belke, NRC, Las Vegas, NV  
M. R. Diaz, DOE/OQA, Las Vegas, NV  
D. G. Sult, OQA/QATSS, Las Vegas, NV

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PDR WASTE  
WM-11 PDR

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recip: NMSS/PAHL

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

**THIS IS A RED STAMP**  
 Performance Report  
 Deficiency Report  
 NO. YM-96-D-104  
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 QA: L

**PERFORMANCE/DEFICIENCY REPORT**

1 Controlling Document: U S. Department of Energy/RW-0333P, Quality Assurance Requirements and Description (QARD), Revision 5	2 Related Report No. SR-96-023
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3 Responsible Organization: Civilian Radioactive Waste Management System Management and Operating Contractor	4 Discussed With: J. Verden, J. Herbert
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5 Requirement/Measurement Criteria:  
 Section 5.2 states: " Work shall be performed in accordance with controlled implementing documents."  
 YAP-17.1Q, Revision 0, Section 5.3.3.a and 7 states: "Refer to Attachment 9.5 Record Preparation, for requirements to identify, generate, and prepare records for retention in the Records Management System (RMS) to insure QA records are completed appropriate to the work accomplished."  
 Attachment 9.5 states in part: "When parts of a record are intentionally obliterated, a statement signed and dated by the appropriate Record Source (RS) shall be included with the record that indicates that the obliterated information does not impact the technical meaning or content of the record. Unintentional obliterations will be corrected per Attachment 9.4. Record data on records and drawings in dark markings against a light background.  
 Statements indicating that blank lines and spaces are intentional shall specify the pages of the affected blanks. Ensure that records packages are legible."  
 (See Page 3)

6 Description of Condition:  
 QA records packages accepted and in storage at the RMS have been changed/corrected, obliterated, and enhanced without the identification of the authorized person and the date when those changes took effect. Furthermore, some of these are illegible, with intentional blanks and spaces without any explanatory statements; some have been corrected after authentication took place without being approved by the originating organization.  
 Examples are:  

Accession Number	Adverse Conditions
MOY. 960528-07	Records corrected after authentication without documented evidence of originating organization approval.

 (See Page 3)

7 Initiator M. R. Diaz <i>Mario Diaz</i> Date 9/19/96	9 Is condition an isolated occurrence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown; Must be Yes if PR
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10 Recommended Actions: (Not required for PR)  
 1. Correct the QA records identified as deficient in accordance with procedural requirements.  
 2. Review and evaluate other QA records to verify compliance with these requirements and make appropriate corrections of deficient records. Provide objective evidence of review, evaluation, and corrective actions taken.

11 QA Review: QAR <i>Mario Diaz</i> Date 9-30-96	12 Response Due Date 20 working days from issuance
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13 Affected Organization QA manager Issuance Approval: (QAR for PR)  
 Printed Name *Richard E. Sence* Signature *[Signature]* Date *10/3/96*

22 Corrective Action Verified QAR Date	23 Closure Approved by: (N/A for PR) AOQAM Date
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PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

Records are being returned to the sources for correction of discrepancies identified in DR, section 6, Description of Conditions. Other remedial actions are also identified in attached Investigation Plan, Discrepancy Report No. YM-96-D-104, dated October 30, 1996.

15 Extent of Condition: (Not required for PR)

Extent of Condition to be determined by the attached Investigation Plan. Amended response will be submitted upon completion of investigation.

16 Root Cause Determination: (Not required for PR)

Required  Yes  No

A root cause will be determined when an investigation is completed per the Investigation Plan.

17. Action to Preclude Recurrence: (Not required for PR)

Required  Yes  No

Will be determined per the investigation Plan.

18 Corrective Action Completion Due Date:

12/16/96

19 Response by: Jan Verden

Initial  
 Amended

*Janice D. Verden*  
Date 10/31/96

Phone 794-7770

20 Response Accepted

QAR

*Harris Han*

Date 11-8-96

21 Response Accepted (N/A for PR):

AGQAM

*Robert J. Holter*

Date 11/13/96

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

<sup>8</sup>  Performance Report  
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PR/DR CONTINUATION PAGE

5 Requirement/Measurement Criteria: (continued)

Attachment 9.4 states in part: "Changes/corrections to errors shall be made by drawing a single line through the changed/incorrect information and inserting the new information in close proximity along with the initials or signature of the RS or person authorized to make the change/correction and the date the change/correction was made. Insertions and enhancements (e.g., darkening, faint, illegible characters) are considered changes.

To be accepted, records determined to be incomplete or illegible shall be corrected by the RS or authorized individual. Any correction or change of a QA record after authentication shall be approved by the originating organization."

6 Description of Condition: (continued)

<u>Accession Number</u>	<u>Adverse Conditions</u>
MOL.19960731.0245	a) Contains 19 Field Station Data Sheets. Several of them have been corrected without following procedural requirements (drawing a single line through the changed information and inserting the new information in close proximity along with the initials of the RS or authorized person to make the correction and date the correction was made). b) In some cases a line was drawn but the corrected information was not recorded. c) Contains Sheet 27 of the NE/4 BUSTED BUTTE 7.5" QUADRANGLE (which is a map) with recorded information against a dark background which makes it in some cases illegible.
MOL.19960711.0316	a) Contains forms called Tbm data sheet.xls dated 2/22, 23, 29/96 which have been corrected without following procedural requirements. b) Some of the forms are missing the date when they were used. c) Blanks and spaces were intentionally left without the required clarification statement.
MOL.19960717.0122	a) Contains Key Technical Data Traceability form that has been corrected without following procedural requirements. b) Scientific Notebook with several corrections without following procedural requirements. c) Contains Observers Report forms with over 35 empty spaces where entries should be made. However, a required statement to identify those pages in the records package does not exist.
MOL.19960716.0132	Scientific Notebook with corrections made without following procedural requirements.
DRC.19960718.0001	a) In page 4 of Job Package 93-02A correction made without following procedural requirements. b) Daily Drilling Report forms corrections made without following procedural requirements. c) Core Run Record forms corrections made without following procedural requirements.
MOL.19960812.0274	Some Meteorological Equipment Performance Check or Audit forms show some blanks made without following procedural requirements.
MOL.19960812.0303	a) Page 34 of 56, corrections made without initials and date. b) Page 43 of 56, recorded information done by a computer was manually enhanced without following procedural requirements. c) Page 50 of 56, corrections made without following procedural requirements. d) Page 52 of 56, recorded information done by a computer was manually enhanced without following procedural requirements. e) Page 56 of 56, corrections made without following procedural requirements.

**INVESTIGATION PLAN**  
**Discrepancy Report No. YM-96-D104**  
**October 30, 1996**

**Identified Problem**

Records are illegible, have been changed or corrected, obliterated, and enhanced without the identification of the authorized individual and date, have intentional blanks without explanatory statements, and corrected after completion without the originating organization's approval.

**Investigate Extent of the Problem**

Records Management Department created a plan to determine the extent of the problem:

Examine other records from a sample population a) to determine extent of the problem, b) identify responsible record sources, if possible, c) propose further investigation if warranted, and d) propose remedial action to correct deficiencies identified in YM-96-D104. If further investigation is elected, determine the organization(s) responsible for carrying out such investigation and coordinate.

The plan consists of these elements:

**I Selection Criteria**

The selection criteria are based on:

- 1) the organizations from which the original deficient documents were found:
- 2) the types of records from which the original deficient documents were found:
- 3) the sample will be based on the numbers of records each organization submitted in the previous 12 months, October 1995 through September 1996.
- 4) the sample of records will be documented to identify which records were reviewed.

**II Implementation of the Plan**

Members of the Records Processing Center and Records Services staff will conduct the investigation.

Documentation will include:

- 1) Record accession no.
- 2) Organization
- 3) Record Type
- 4) Identified Deficiencies, or "None"
- 5) Summary describing results and evaluation of the records examined
- 6) The documentation identified will be provided to the QAR for review.

### **III Schedule**

After the investigation is completed, a supplemental response to YM-96-D104 will be forwarded. The coordination that may be required with the remote sites calls for additional time to be necessary:

- |   |             |
|---|-------------|
| a) Determine sample<br>and record types | 2 work days |
| b) Conduct investigation                | 5 work days |
| c) Documentation                        | 5 work days |

The time required for the investigation and remedial actions necessitates a scheduled completion of December 16, 1996.