

**Department of Energy** Washington, DC 20585 **DEC 2 4 1996** 

Liz Danko Transnuclear, Inc. Four Skyline Drive Hawthorne, NY 10532-2176

ISSUANCE OF DEFICIENCY REPORTS (DR) YM-97-D-009 THROUGH YM-97-D-011, YM-97-D-021 AND YM-97-D-022 RESULTING FROM OFFICE OF OUALITY ASSURANCE (OQA) SUPPLIER AUDIT OQA-SA-97-003 OF TRANSNUCLEAR, INC.

Enclosed are DRs YM-97-D-009 through YM-97-D-011, YM-97-D-021 and YM-97-D-022 generated as a result of OQA Supplier Audit OQA-SA-97-003.

Please provide a response to these deficiencies that meets the applicable requirements of Administrative Procedure 16.1Q, Performance/Deficiency Reporting. Send the originals of your responses to Deborah Sult, OQA/QATSS, P.O. Box 98608, Mail Stop 455, Las Vegas, Nevada 89193-8608. Responses to the DRs are due 20 working days from 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 Mario R. Diaz at (702) 794-1489 or Dennis C. Threatt at (702) 794-1400.

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**OQA:MRD-0602** 

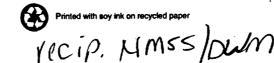
Donald G. Horton, Director Office of Quality Assurance

Enclosure: DRs YM-97-D-009 through YM-97-D-011, YM-97-D-021 and YM-97-D-022

cc w/encl:

T. A. Wood, DOE/HQ (RW-55) FORS J. O. Thoma, NRC, Washington, DC S. W. Zimmerman, NWPO, Carson City, NV B. R. Justice, M&O, Las Vegas, NV Records Processing Center = "13" 701020261 961224 PDR WASTE

PDR



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|  | RADIOACTIVE U.S. DEPAR   | E OF CIVILIAN<br>WASTE MANAGEN<br>TMENT OF ENERG<br>INGTON, D.C. |                             | <ul> <li>Performance Report</li> <li>Deficiency Report</li> <li>No. <u>YM-97-D-009</u></li> <li>PAGE <u>1</u> OF <u>2</u></li> <li>QA: L</li> </ul> |
|  | PERFORMANCE  | E/DEFICIENCY REP   |                             | <u></u>   |
| 1 Controlling Document:<br>10CFR72, Subpart G; Transnuclear (  | QA Program Plan, E-13  | 045, Rev. 0  | 2 Related Rep<br>OQA-SA-97- |   |
| 3 Responsible Organization:<br>Transnuclear  |  | 4 Discussed With:<br>Alan Hanson, Elizabeth                      | Danko                       |   |
| 5 Requirement/Measurement Criteria<br>10CFR72, Subpart G, Section 72.172<br>quality such as failures, malfunctions<br>promptly identified and corrected.<br>The Transnuclear QA Program Plan,<br>inspection reports, and test reports be | , Corrective Action, req<br>, deficiencies, deviation<br>Dry Transfer System D | s, defective material and o<br>esign for Spent Fuel, E-1:        | equipment, and 1            | nonconformances, are  |
| 6 Description of Condition:<br>Contrary to the above requirements, 7<br>reports, operating reports, and design   | -  |  |                             | s that only nonconformance  |
|  |  |  |                             | ,<br>,  |
| 7 Initiator  | ><br>Date 11/22/96   | 9 Is condition an iso  |                             |   |
| Dennis Threatt Lennes Un<br>10 Recommended Actions: (Not req<br>Revise QA Procedure 16.1 to address<br>deficiencies must be reviewed to deter  | uired for PR)<br>the need for corrective                                       | action for all deficiencies                                      | including audit             | nown; Must be Yes if PR<br>findings. In addition, all   |
| 11 QA Preview  | 121.1  | 12 Response Due D  | late                        |   |
| OAR & Junus Theods<br>13 Affected Organization QA Manag  | Date 14/5/9<br>er Issuance Approval:   | (QAR for PB)   |                             |   |
| Printed Name Donald G. Hor   |  | nature James BJ  | Laughood for                | Date 12/20/96   |
| 22 Corrective Actions Verified   |  | 23 Closure Approve   | ed by: (N/A for             |   |
| QAR<br>Exhibit AP-16.1Q.1  | Date .   | AOQAM  | Enc                         | Date<br>Closure Rev. 07/15/96   |

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| • •                               | U.S. DEPAR              | RTMENT OF              | ENERGY                                |                    | L  |            |
|                                   |                         |                        |                                       | BONCE              |  |            |
| 14 Remedial Actions:              | RFORMANCE/DEF           | TUENUY KE              | PURI KES                              | brunse             |  |            |
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| 15 Extent of Condition: (Not requ | lired for PR)           |                        | <u> </u>                              |                    |  |            |
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| 16 Root Cause Determination: (N   |                         | Required               | Yes                                   |                    |  |            |
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| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Yes                                   | □ No               |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Ves                                   | □ No               |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Yes                                   | □ No               |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Yes                                   | □ No               |  | ,          |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Yes                                   | □ No               |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Yes                                   | □ No               |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Yes                                   | <mark>∏ N</mark> o |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Ves                                   | N₀                 |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | Pres 1                                | □ No               |  |            |
| 17 Action to Preclude Recurrence  | : (Not required for PR) | Required               | ☐ Yes                                 | □ No               |  |            |
| 17 Action to Preclude Recurrence  | ,                       |                        | Yes                                   | N₀                 |  |            |
|                                   | Due Date: 19 Respor     | nse by:<br>I           | · · · · · · · · · · · · · · · · · · · | □ No               |  |            |
| 18 Corrective Action Completion   | Due Date: 19 Respor     | nse by:<br>Il<br>Inded | Date                                  |                    | Phone  |            |
|                                   | Due Date: 19 Respor     | nse by:<br>Il<br>Inded | Date<br>Inse Accepte                  |                    | the second s |            |

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| · ·   | . •   | NASTE MANAGEN   |                    | Deficiency R                          |
|   |   | TMENT OF ENERG  |                    | NO. YM-97-D-                          |
|   |   | INGTON, D.C.  | •                  | PAGE OF                               |
|   |   |   |                    |                                       |
|   | PERFORMANCE   | E/DEFICIENCY REP  | ORT                |                                       |
| 1 Controlling Document:   |   |   | 2 Related Rep      | port No.                              |
| Transnuclear QA Procedure 15.   | 2, Control of Nonconforming   | ; Items, Rev. 4   | OQA-SA-97-         |                                       |
| 3 Responsible Organization:   | · ·   | 4 Discussed With:   |                    |                                       |
| Transnuclear  |   | Alan Hanson, Elizabeth  | Danko              |                                       |
| 5 Requirement/Measurement C<br>Transnuclear QA Procedure 15.<br>accordance with QA Procedure 2                | 2, Paragraph 4.3 states in pa   |   |                    | N personnel qualifie                  |
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| 6 Description of Condition:   |   |   |                    | <u></u>                               |
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|   |   |   | •                  |                                       |
| 7 Initiator   | A is  | 9 Is condition an is  | olated occurrence  | :e?                                   |
| Dennis Threatt  | Third Date 11/22/96   |   | No 🔽 Unk           | nown; Must be Yes                     |
| 10 Recommended Actions: (No   |   |   |                    | · · · · · · · · · · · · · · · · · · · |
| Revise QA Procedure 15.2, Cont  |   |   |                    | ,                                     |
| providing dispositions to Noncor  | rol of Nonconforming Items,   |   |                    | uirement that person                  |
|   | rol of Nonconforming Items,   |   |                    | uirement that person                  |
|   | rol of Nonconforming Items,   |   |                    | uirement that person                  |
|   | rol of Nonconforming Items,   |   |                    | uirement that persor                  |
| •<br>•  | rol of Nonconforming Items,   |   |                    | uirement that persor                  |
|   | rol of Nonconforming Items,   |   |                    | uirement that persor                  |
|   | rol of Nonconforming Items,   |   |                    | uirement that persor                  |
|   | rol of Nonconforming Items,<br>nformance Reports be qualifie  | ed as inspection and test j                                       | personnel.         | uirement that persor                  |
| 11 QA Review  | rol of Nonconforming Items,<br>nformance Reports be qualifie  | ed as inspection and test j                                       | personnel.         | uirement that person                  |
| 11 QA Review<br>QAR Lenns The<br>13 Affected Organization QA M  | trol of Nonconforming Items,<br>informance Reports be qualified<br>12/5/96<br>Date  | 12 Response Due D   | personnel.         | juirement that person                 |
| OAR Lenne The<br>13 Affected Organization OA M  | trol of Nonconforming Items,<br>informance Reports be qualified<br>lanager Issuance Approval:   | 12 Response Due D<br>(QAR for PR)                                 | personnel.         |                                       |
| OAR Seemis The  | trol of Nonconforming Items,<br>informance Reports be qualified<br>lanager Issuance Approval:   | 12 Response Due D<br>(QAR for PR)<br>nature                       | personnel.<br>Date | Date 12/20                            |
| OAR Lenus Vice<br>13 Affected Organization OA M<br>Printed Name Donald G. 1<br>22 Corrective Actions Verified | trol of Nonconforming Items,<br>informance Reports be qualified<br>the second | 12 Response Due D<br>(QAR for PR)<br>nature<br>23 Closure Approve | personnel.<br>Date | Date (2/20<br>PR)                     |
| OAR Lennes Vice<br>13 Affected Organization OA M<br>Printed Name Donald G.                                    | trol of Nonconforming Items,<br>informance Reports be qualified<br>lanager Issuance Approval:   | 12 Response Due D<br>(QAR for PR)<br>nature                       | personnel.<br>Date | Date 12/2                             |

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| PERF(  | DRMANCE/DEFIC   | CIENCY RE | PORT RESPONS | E                           |                |
| 14 Remedial Actions:   |   |           |              |                             |                |
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| 15 Extent of Condition: (Not required  | for PR)   |           |              | · ·                         |                |
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| 16 Root Cause Determination: (Not re   | quired for PR)  | Required  | Yes No       | •                           |                |
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| 17 Action to Preclude Recurrence: (No  | t required for PR)  | Required  | Yes No       |                             |                |
| 17 Action to Preclude Recurrence: (No  | at required for PR)   | Required  | Yes No.      |                             |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No.      |                             |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No.      | <u> </u>                    |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No       |                             |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No       |                             |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No       |                             |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No       |                             |                |
| 17 Action to Preclude Recurrence: (No  | ot required for PR)   | Required  | Yes No       |                             |                |
|  |   |           | Yes No       |                             | · · ·          |
| 17 Action to Preclude Recurrence: (No<br>18 Corrective Action Completion Due ( | Date: 19 Response   |           | Yes No       |                             |                |
|  | Date: 19 Response<br>Initial  | • by:     |              | Phone                       |                |
|  | Date: 19 Response   | e by:     | Date         | Phone<br>or PR):            | · · ·          |

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| • • •  | RADIOACTIVE<br>U.S. DEPA   | CE OF CIVILIAN<br>WASTE MANAGEN<br>RTMENT OF ENERG<br>HINGTON, D.C.   |                           | <sup>8</sup> ☐ Performance Report<br>✓ Deficiency Report<br>NO. <u>YM-97-D-011</u><br>PAGE _1_ OF _2_<br>QA: L |
|  | PERFORMAN  | CE/DEFICIENCY REP   | ORT                       |  |
| 1 Controlling Document:<br>10CFR72, Subpart G; Transnucl   | icar QA Procedure 18.3, Q  | A Audits, Rev. 5  | 2 Related Re<br>OQA-SA-97 |  |
| 3 Responsible Organization:<br>Transnuclear  | · · ·  | 4 Discussed With:<br>Alan Hanson, Elizabeth   | Danko                     |  |
| 5 Requirement/Measurement Cr<br>10CRFR72, Subpart G, Section 1<br>procedures or checklists by appro<br>Transnuclear QA Procedure 18.3  | 72.176, Audits, states in pa<br>opriately trained personnel  | I not having direct responsil   | bilities in the ar        | eas being audited."  |
| the performance of the activities  |  |   | UI SHAIF HUL MAY          | c any uncer responsibility i   |
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| 6 Description of Condition:  |  |   | ·                         |  |
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| 7 Initiator  |  | 9 Is condition an is  | olated occurren           |  |
| 7 Initiator<br>Dennis Threatt  | Thread Date 11/22/   | 9 Is condition an is<br>96 Yes V  |                           | ce?<br>known; Must be Yes if PR  |
| 7 Initiator<br>Dennis Threatt<br>10 Recommended Actions: (No<br>Provide another trained Lead An<br>Evaluate the impact on objectivit   | t required for PR)<br>ditor to reaudit all areas w   | 96 Yes V<br>where a lack of auditor indep   | No 🗌 Uni                  | known; Must be Yes if PR   |
| Dennis Threatt<br>10 Recommended Actions: (No<br>Provide another trained Lead An<br>Evaluate the impact on objectivit  | t required for PR)<br>ditor to reaudit all areas w   | 96 Yes<br>where a lack of auditor indep<br>onducted.  | No Univendence existed    | known; Must be Yes if PR   |
| Dennis Threatt<br>10 Recommended Actions: (No<br>Provide another trained Lead An<br>Evaluate the impact on objectivit<br>11 QA Fleview<br>QAR Lemms The  | t required for PR)<br>iditor to reaudit all areas with for the internal audits co<br>by for the internal audits co<br>$\frac{12}{5}$ | 96 Yes<br>where a lack of auditor indep<br>onducted.<br>96 12 Response Due D  | No Univendence existed    | known; Must be Yes if PR   |
| Dennis Threatt<br>10 Recommended Actions: (No<br>Provide another trained Lead Au<br>Evaluate the impact on objectivit<br>11 QA Fleview<br>QAR Lemin The<br>13 Affected Organization QA M                           | t required for PR)<br>ditor to reaudit all areas with for the internal audits co<br>12/5/2<br>anager Issuance Approval               | 96 Yes<br>where a lack of auditor indep<br>onducted.<br>96<br>12 Response Due D<br>96<br>12 Response Due D<br>96<br>12 Response Due D | No Universited            | known; Must be Yes if PR   |
| Dennis Threatt<br>10 Recommended Actions: (No<br>Provide another trained Lead An<br>Evaluate the impact on objectivit<br>11 QA Fleview<br>QAR Lemms The  | t required for PR)<br>ditor to reaudit all areas with for the internal audits co<br>12/5/2<br>anager Issuance Approval               | 96 Yes V<br>where a lack of auditor indep<br>onducted.<br>12 Response Due D<br>46<br>12 Response Due D<br>13 Response Due D           | No Universited            | known; Must be Yes if PR<br>I.<br>Date いしゃ/94  |
| Dennis Threatt<br>10 Recommended Actions: (No<br>Provide another trained Lead Au<br>Evaluate the impact on objectivit<br>11 QA Fleview<br>QAR Lemis The<br>13 Affected Organization QA M<br>Printed Name Donald G. | t required for PR)<br>ditor to reaudit all areas with for the internal audits co<br>12/5/2<br>anager Issuance Approval               | 96 Yes V<br>where a lack of auditor indep<br>onducted.<br>96 12 Response Due D<br>96 12 Response Due D<br>96 Signature Sha            | No Universited            | known; Must be Yes if PR<br>I.<br>Date いしゃ/94  |

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| OFFICE OF CIVILIAN           |
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| HADIOACTIVE WASTE MANAGEMENT |
| U.S. DEPARTMENT OF ENERGY    |
| WASHINGTON, D.C.             |

| PROPNO. J | <u>M-97-I</u> | <u>-01</u> 1 |
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| PAGE _2_  | _ OF          | _2_          |
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|---|---------------------------------------|---|---------------|----------------|-----------------------|
|   |                                       | ASHINGTON                               |               |                |                       |
|   | PERFORMANCE/                          | DEFICIENCY                              | REPORT R      | ESPONSE        | <u> </u>              |
| 14 Remedial Actions:  | · · · · · · · · · · · · · · · · · · · |   |               |                |                       |
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| 15 Extent of Condition: (Not  | required for PR)                      |   |               |                |                       |
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| 16 Root Cause Determination   | n: (Not required for PR)              | Require                                 | d 🗌 Yes       | No No          |                       |
|   | •                                     |   |               |                |                       |
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| 17 Action to Preclude Recurr  | ence: (Not required for F             | R) Require                              | d 🗌 Yes       | No No          |                       |
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| 18 Corrective Action Comple   | tion Due Date: 19 Re                  | sponse by:                              |               | •              |                       |
| 18 Corrective Action Comple   |                                       | initia!                                 |               |                |                       |
|   |                                       | nitial<br>Amended                       | Date          | and 1811A 4 P  | Phone                 |
| 20 Response Accepted  |                                       | nitial<br>Amended<br>21 Re              | esponse Accep | ted (N/A for P | R):                   |
| 18 Corrective Action Comple<br>20 Response Accepted<br>QAR<br>xhibit AP-16.1Q.2 |                                       | nitial<br>Amended                       | esponse Accep | ted (N/A for P |                       |

| •   | OFFICE OF CIVILIAN  |   |   | 8 □Performance Re<br>BDeficiency Repor     |
|---|---|---|---|--|
| •   | CTIVE WASTE MANA  |   |   | NO. <u>YM-97-D-021</u>                     |
|   | DEPARTMENT OF EN  | -   |   | NO. <u></u>                                |
|   | WASHINGTON, D.C.  |   |   | PAGE _1_ OF_2                              |
| · · · · · · · · · · · · · · · · · · ·   | PERFORMANCE/D   | EFICIENCY RE  | PORT  | <u> </u>                                   |
| 1 Controlling Document:   | · · · · · · · · · · · · · · · · · · ·   |   | 2 Related Re  | port No.                                   |
| 10CFR72, Subpart G, Transnuclear  | QA Procedure 7.1 Procureme  | nt Source Evaluation  | OQA-SA-97-  | 003  |
| 3 Responsible Organization:   | . 4   | Discussed With:   |   | •  |
| Transnuclear, Inc.  |   | an Hanson, Elizabeth  | Danko   |  |
| 5 Requirement/Measurement Criteri   | a:  |   |   |  |
| 10CFR72, Subpart G, Section 72.1<br>equipment, and services,conform<br>selection  |   |   |   |  |
| Transnuclear QA Procedure 7.1, Pa<br>determine whether a prospective ver  |   |   |   | a source evaluation to                     |
|   |   |   |   |  |
|   |   |   |   |  |
| · .   |   |   |   |  |
| 6 Description of Condition:   |   |   |   |  |
| Contrary to the above requirements, conducted the annual evaluation of t  |   |   | n was performed   | for NES Corporation wt                     |
|   |   |   | n was performed   | for NES Corporation w                      |
| conducted the annual evaluation of t  | the Transnuclear, Inc. QA Prog  | jram.   |   | for NES Corporation wh                     |
| conducted the annual evaluation of f  | the Transnuclear, Inc. QA Prog  | ram.<br>Is condition an isolate   | ed occurrence?  | •  |
| conducted the annual evaluation of f  | 1   | jram.   | ed occurrence?  | ; Must be Yes if PR                        |
| Conducted the annual evaluation of t  | Date 11/22/96   | is condition an isolate<br>Yes ⊠ No   | ed occurrence?<br>□ Unknowr                                 | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/22/96   | is condition an isolate<br>Yes ⊠ No   | ed occurrence?<br>□ Unknowr                                 | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/22/96   | is condition an isolate<br>Yes ⊠ No   | ed occurrence?<br>□ Unknowr                                 | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/22/96   | is condition an isolate<br>Yes ⊠ No   | ed occurrence?<br>□ Unknowr                                 | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/22/96   | is condition an isolate<br>Yes ⊠ No   | ed occurrence?<br>□ Unknowr                                 | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/22/96   | is condition an isolate<br>Yes ⊠ No   | ed occurrence?<br>□ Unknowr                                 | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | 12/16/16     9       Date 11/20/96     0       lired for PR)     1       itten for all future procurement   | Is condition an isolate<br>Yes ⊠ No<br>s or revise the proced   | ed occurrence?<br>□ Unknowr<br>lure to reflect act          | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/2/96 9<br>Date 11/2/96 0<br>lired for PR)<br>itten for all future procurement<br>Date /2/18/96 20   | Is condition an isolate<br>Yes S No<br>s or revise the proced<br>2 Response Due Date<br>0 working days from is                    | ed occurrence?<br>Unknowr<br>lure to reflect act            | ; Must be Yes if PR                        |
| conducted the annual evaluation of the annual | Date 11/22/96<br>Date 11/22/96<br>Date 11/22/96<br>Date for PR)<br>itten for all future procurement<br>Date 12/18/96<br>12<br>Date 12/18/96<br>20<br>(QAR 12)                       | Is condition an isolate<br>Yes S No<br>s or revise the proced<br>conversion of the proced<br>working days from isolate<br>for PR) | ed occurrence?<br>Unknowr<br>lure to reflect act            | ; Must be Yes if PR<br>ual work practices. |
| conducted the annual evaluation of the annual | Date 11/22/96<br>Date 11/22/96<br>Date 11/22/96<br>Date for PR)<br>itten for all future procurement<br>Date /2/18/96<br>12<br>Date /2/18/96<br>20<br>rer Issuance Approval: (QAR 12 | Is condition an isolate<br>Yes ⊠ No<br>s or revise the proced<br>2 Response Due Date<br>0 working days from is<br>for PR)         | ed occurrence?<br>Unknowr<br>lure to reflect act<br>ssuance | ; Must be Yes if PR                        |

| -  | بر .                                  | $\mathbf{U}$            | PR/DR NO.    |                                       |         |
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| OFFICE OF CIVILI<br>RADIOACTIVE WASTE MA<br>U.S. DEPARTMENT OF<br>WASHINGTON, D  | NAGEMENT<br>ENERGY                    |                         | PAGE _2_     | OF                                    | QA: I   |
|  |                                       | ······                  |              |                                       |         |
| PERFORMANCE/DE   | FICIENCY REPORT                       | RESPONS                 | E            |                                       |         |
| 14 Remedial Actions:   |                                       |                         |              |                                       |         |
| ·  |                                       |                         |              |                                       |         |
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| 15 Extent of Condition: (Not required for PR)  |                                       |                         | •            | ,                                     |         |
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|  |                                       |                         |              |                                       |         |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | ed 🗆 Yes 🛙              | No           | <u>.</u>                              |         |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | ed DYes C               | No           | •                                     | •.      |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | ed DYes (               | No           |                                       | •.      |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | red 🗆 Yes 🛛             | No           | ·<br>·                                | •<br>•. |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | red 🗆 Yes 🕻             | No           | · · · · · · · · · · · · · · · · · · · |         |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | ed DYes C               | No           |                                       |         |
| 16 Root Cause Determination: (Not required for PR)   | Requir                                | ed DYes C               | No           |                                       |         |
|  |                                       | ed □Yes c<br>uired □Yes |              |                                       |         |
|  |                                       |                         |              |                                       |         |
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|  |                                       |                         |              |                                       |         |
| 16 Root Cause Determination: (Not required for PR)<br>17 Action to Preclude Recurrence: (Not required for PR)<br>18 Corrective Action Completion Due Date: | Req<br>19 Response by:                |                         |              |                                       |         |
| 17 Action to Preclude Recurrence: (Not required for PR)  | Req<br>19 Response by:<br>D Initial   | uired DYes              | □ No         |                                       |         |
| 17 Action to Preclude Recurrence: (Not required for PR)  | Req<br>19 Response by:                | uired Date              | D No<br>Phon | e                                     |         |

|  | $\bigcirc$  |  |  |  |   | <sup>8</sup> Performance Re              |
|--|---|--|--|--|---|--|
|  | · · · O   | FFICE OF   | <b>CIVILIAN</b>                                | [  |   | Deficiency Repo                          |
|  | RADIOACT  | IVE WAS  | TE MANA  | GEME   | NT                                      |  |
|  | U.S. DI   | PARTME   | NT OF EN                                       | ERGY   |   | NO. <u>YM-97-D-022</u>                   |
|  |   | ASHING   |  |  |   | PAGE OF                                  |
|  |   |  | 0.0, 2.0                                       |  | •                                       | QA:                                      |
|  |   |  |  | DEDOI  | <br>)T                                  |  |
|  | PERFORM   | ANCE/DE  | FICIEINCY                                      |  |   |  |
| 1 Controlling Document:<br>10CFR72, Subpart G, Transnu   | clear OA Procedure 2.1  | Rev 2  |  |  | 2 Related R<br>DQA-SA-9                 |  |
| •  |   |  | ·  |  |   |  |
| 3 Responsible Organization:  | ,   |  | scussed With                                   |  |   |  |
| Transnuclear, Inc.   |   | Alan   | Hanson, Eliz                                   | abeth Da                                     | nko                                     |  |
| 5 Requirement/Measurement  | Criteria:   |  |  |  |   |  |
| 10CFR72, Subpart G, Section  |   |  |  |  |   |  |
| training of personnel performin  | ng activities affecting qu  | uality as nece   | ssary to ensu                                  | re that sui                                  | table profic                            | iency is achieved and                    |
| maintained."   | •   | 4  |  | •  |   |  |
| m  | 1 D   | 1 MTT  |  |  |   |  |
| Transnuclear QA Procedure 2.   |   |  |  |  |   |  |
| personnel for test and inspectio   | in or sarety-related iten   | ns are: Keceir   | n inspection,                                  | Source in                                    | spection,                               | <b></b> ,                                |
| Transnuclear QA Procedure 2.   | 1 Paraoranh 4.7 etates  | in part " Evid   | ence of perce                                  | unel que                                     | ifications e                            | hall be documented on a                  |
| Qualification and Certification  |   | mpmy Evio  | our or herse                                   | anter qua                                    |   | and of documented on a                   |
|  |   |  |  |  |   |  |
| 6 Description of Condition:  | •   |  | ······································         |  | <u></u>                                 | ····                                     |
| Contrary to the above requirem   | ents a Qualification ar   | d Certificatio   | n Record for                                   | individu                                     | als perform                             | ing source and recient                   |
| inspections at Transnuclears' ca   |   |  |  |  |   | mg source mid reciept                    |
| inspections at Transnuclears ca  | isk supplier were not av  | allable for re   | eview by the a                                 | audit tean                                   | 1                                       | ·  |
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| $\frown$ $(h \cdot h)$   |   |  |  | •  |   |  |
|  | 21  |  |  |  |   |  |
| 7 Initiator///   |   |  | 9 Is condition                                 | n an isola                                   | ted occurre                             | ince?                                    |
| Gary Wood  | Date 1  | 1/22/96  | 🗌 Yes  |  | , ∏∵ս                                   | nknown; Must be Yes if I                 |
|  |   |  |  |  |   |  |
|  |   |  |  |  | •                                       |  |
| 10 Recommended Actions: ()   |   | ata tha qualif   | entions of th                                  | -  | al norformi                             | na course and measuring                  |
| 10 Recommended Actions: ()<br>Identify the individuals perform   | ning inspections, evalu   |  |  | -  | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c   | ertify inspec                                  | tion perso                                   | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform   | ning inspections, evalu<br>red indoctrination and t   | raining, and c   | ertify inspec                                  | tion perso                                   | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c   | ertify inspec                                  | tion perso                                   | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c   | ertify inspec                                  | tion perso                                   | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c   | ertify inspec                                  | tion perso                                   | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c   | ertify inspec                                  | tion perso                                   | •                                       | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c<br>lucted, comp   | ertify inspec<br>ete, and satis                | tion perso<br>factory.                       | nnel in acco                            | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir  | ning inspections, evalu<br>red indoctrination and t   | raining, and c<br>lucted, comp   | ertify inspec                                  | tion perso<br>factory.                       | nnel in acco                            | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 OA Review  | ning inspections, evalu<br>red indoctrination and t<br>ons were properly conc   | raining, and c<br>lucted, comp   | ertify inspec<br>etc, and satis<br>12 Response | tion perso<br>factory.                       | nnel in acco                            | ordance with the procedu                 |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 QA Review  | ning inspections, evalu<br>red indoctrination and t<br>ons were properly cond<br>MA Date 12   | raining, and c<br>fucted, compl  | ertify inspectet, and satis                    | tion perso<br>factory.<br>Due Dat<br>king da | e<br>ays from                           | •  |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 QA Review<br>11 QA Review<br>ART<br>13 Affected Organization QA  | Image: Section in the section of th | raining, and c<br>fucted, compl  | ertify inspectet, and satis                    | tion perso<br>factory.<br>Due Dat<br>king da | e<br>ays from                           | issuance                                 |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 QA Review<br>11 QA Review<br>ARTIN<br>13 Affected Organization QA  | ning inspections, evalu<br>red indoctrination and t<br>ons were properly cond<br>MA Date 12   | raining, and c<br>fucted, compl  | ertify inspectet, and satis                    | tion perso<br>factory.<br>Due Dat<br>king da | e<br>ays from                           | ordance with the procedu                 |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 OA Review<br>ARA<br>13 Affected Organization OA  | ning inspections, evalu<br>red indoctrination and t<br>ons were properly cond<br>Manager Issuance App<br>Horton   | raining, and c<br>fucted, compl<br>// 8/9/6<br>proval/ (QAR<br>Signature | ertify inspectet, and satis                    | Due Dat<br>king da                           | nnel in acco<br>e<br>lys from<br>fort f | issuance<br>Date $12/2c/$                |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 0A Review<br>ARA<br>13 Affected Organization 0A<br>Printed Name Donald G<br>22 Corrective Actions Verified | ning inspections, evaluated         red indoctrination and t         ons were properly cond         Manager Issuance App         Horton   | raining, and c<br>fucted, compl<br>// 8/9/6<br>proval/ (QAR<br>Signature | ertify inspected<br>etc, and satis             | Due Dat<br>king da                           | nnel in acco<br>e<br>lys from<br>fort f | issuance<br>Date $(2/2c)^{4}$<br>Dor PR) |
| 10 Recommended Actions: ()<br>Identify the individuals perform<br>inspections, conduct any requir<br>Verify that completed inspection<br>11 OA Review<br>OAR<br>13 Affected Organization OA<br>Printed Name Donald G                                   | ning inspections, evalu<br>red indoctrination and t<br>ons were properly cond<br>Manager Issuance App<br>Horton   | raining, and c<br>fucted, compl<br>// 8/9/6<br>proval/ (QAR<br>Signature | 12 Response<br>20 worl<br>for PR)              | Due Dat<br>king da                           | nnel in acco<br>e<br>lys from<br>fort f | issuance<br>Date $12/2c/$                |

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| • •  |  | RADIOACT<br>U.S. DE | ive wa<br>Partmi      | STE MA<br>ENT OF | nagemi<br>Energy |                     | PAGE2        |                                       |  |
|  | PER  | FORMANCE            | DEFICIE               | NCY RE           | PORT RE          | SPONSE              |              |                                       |  |
| 14 Remedial Action                         |  | · · · ·             |                       |                  | - <u></u> ,      |                     |              |                                       |  |
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| 15 Extent of Cond                          | ition. (Not require  | d for PP            | ·····                 |                  |                  |                     | <u></u>      |                                       |  |
| TO EXTENT OF CONDI                         | non avot require   |                     |                       |                  | -                |                     |              |                                       |  |
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| 16 Root Cause Det                          | termination: (Not  | required for PR)    | F                     | Required         | Yes              | No No               |              |                                       |  |
|  |  |                     |                       |                  |                  |                     |              |                                       |  |
| ·  |  |                     |                       |                  |                  |                     | · · .        |                                       |  |
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|  | RADIOACTIVE WASTE MANAGEMENT       OA: L         U.S. DEPARTMENT OF ENERGY       WASHINGTON, D.C.         PERFORMANCE/DEFICIENCY REPORT RESPONSE         Remedial Actions:         Actions:         Intervention of Condition: (Not required for PR)         Required       Yes         No |                     |                       |                  |                  |                     |              |                                       |  |
| 17 Action to Preck                         | ude Recurrence:  | Not required for    | PR) F                 | Required         |                  | · 🗖 No              | •            |                                       |  |
| 17 Action to Preck                         | ude Recurrence:  | (Not required for   | PR) F                 | Required         | Yes              | • 🔲 No              |              |                                       |  |
| 17 Action to Preck                         | ude Recurrence: (  | (Not required for   | PR) F                 | Required         | Ves              | . 🗍 No              |              |                                       |  |
| 17 Action to Preck                         | ude Recurrence: (  | (Not required for I | PR) f                 | Required         | Yes              | . 🗍 No              |              |                                       |  |
| 17 Action to Preck                         | ude Recurrence: (  | (Not required for ) | PR) F                 | Required         | Yes              | No                  |              |                                       |  |
| 17 Action to Preclu                        | ude Recurrence: (  | (Not required for   | PR) F                 | Required         | <b>Yes</b>       | No .                |              |                                       |  |
| 17 Action to Preclu                        | ude Recurrence: (  | (Not required for   | PR) F                 | Required         | <b>Yes</b>       | . <b>□</b> No       |              | · · · · · · · · · · · · · · · · · · · |  |
| 17 Action to Preclu                        | ude Recurrence: (  | (Not required for   | PR) F                 | Required         | <b>Yes</b>       | . □ No              |              |                                       |  |
| 17 Action to Preclu                        | U.S. DEPARTMENT OF ENERGY<br>WASHINGTON, D.C.<br>PERFORMANCE/DEFICIENCY REPORT RESPONSE  14 Remedial Actions:  15 Extent of Condition: (Not required for PR)  16 Root Cause Determination: (Not required for PR)  18 Root Cause Determination: (Not required for PR)                       |                     |                       |                  |                  |                     |              |                                       |  |
| 17 Action to Preclu<br>18 Corrective Actio |  |                     | PR) F                 |                  | ☐ Yes            | ☐ No                |              |                                       |  |
|  |  | e Date: 19 Re       | esponse by<br>Initial |                  |                  | ☐ No                |              |                                       |  |
|  | on Completion Du   | e Date: 19 Re       | esponse by            |                  | Date             | No<br>ed (N/A for P | Phone<br>R): |                                       |  |

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