



Department of Energy

Washington, DC 20585

QA: L

MAY 23 1997

L. D. Foust, Technical Project Officer
For Yucca Mountain Site
Characterization Project
TRW Environmental Safety Systems, Inc.
1180 Town Center Drive, M/S 423
Las Vegas, NV 89134

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT (OCRWM) QUALITY ASSURANCE SURVEILLANCE SNL-SR-97-017 OF CORRECTIVE ACTIONS TAKEN FOR DEFICIENCY REPORTS (DR) YM-96-D-084, YM-96-D-085, YM-96-D-090 AND YM-96-D-004

Enclosed is the report from the OCRWM Surveillance SNL-SR-97-017 conducted by the Office of Quality Assurance at Sandia National Laboratories in Albuquerque, New Mexico, March 26 through April 3, 1997. The surveillance was conducted to verify the status of procedure modifications and corrective action implementation in response to the subject DRs.

The surveillance team found that the committed corrective action for DRs YM-96-D-084, YM-96-D-085 and YM-96-D-90 are complete and recommends closure of these DRs. DR YM-96-D-004 committed corrective actions are not yet completed. The surveillance team did identify one deficiency during the surveillance as documented on Performance Report YM-97-P-008.

Please contact me at (702) 794-5568 or James F. Graff at (505) 242-7599 if you have any questions.

Handwritten signature of Donald G. Horton

Donald G. Horton, Director
Office of Quality Assurance

OQA: DGH-1477

Enclosure:
Surveillance Report SNL-SR-97-017

NH33/1
102.7
W111

9706020142 970523
PDR WASTE
WM-11 PDR

300032



Printed with soy ink on recycled paper

Recip: MESS/HUR

MAY 23 1997

cc w/encl:

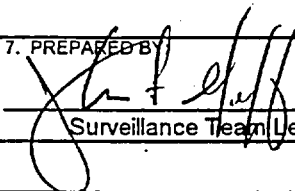
L. H. Barrett, DOE/HQ (RW-1) FORS
R. A. Milner, DOE/HQ (RW-2) FORS
T. A. Wood, DOE/HQ (RW-55) FORS
J. O. Thoma, NRC, Washington, DC
W. L. Belke, NRC, Las Vegas, NV
R. R. Loux, NWPO, Carson City, NV
S. W. Zimmerman, NWPO, Carson City, NV
Jim Regan, Churchill County Commission, Fallon, NV
D. A. Bechtel, Clark County, Las Vegas, NV
Susan Dudley, Esmeralda County, Goldfield, NV
Sandy Green, Eureka County, Eureka, NV
Tammy Manzini, Lander County, Austin, NV
V. E. Poe, Mineral County, Hawthorne, NV
P. A. Niedzielski-Eichner, Nye County, Chantilly, VA
Wayne Cameron, White Pine County, Ely, NV
B. R. Mettam, County of Inyo, Independence, CA
Mifflin and Associates, Las Vegas, NV
T. H. Chaney, USGS, Denver, CO
M. J. Clevenger, M&O/LANL, Los Alamos, NM
Donald Mangold, M&O/LBNL, Berkeley, CA
R. E. Monks, M&O/LLNL, Livermore, CA
F. J. Schelling, M&O/SNL, Albuquerque, NM, M/S 1325
M. C. Brady, M&O/SNL, Las Vegas, NV
R. E. Armstrong, M&O, Las Vegas, NV
R. A. Morgan, M&O, Las Vegas, NV
J. F. Graff, OQA/SNL, Albuquerque, NM, M/S 1325
R. W. Clark, DOE/OQA, Las Vegas, NV

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

Surveillance No. SNL-SR-97-017

QUALITY ASSURANCE SURVEILLANCE RECORD

SURVEILLANCE DATA

1. ORGANIZATION/LOCATION: Sandia National Laboratory (SNL) Albuquerque, NM	2. SUBJECT: Procedures / Corrective Action Status	3. DATE: 03/26 - 04/03/97
4. SURVEILLANCE OBJECTIVE: Verify the status of procedure modifications and corrective action implementation in response to OCRWM Discrepancy Reports.		
5. SURVEILLANCE SCOPE: Examination of completed corrective actions for OCRWM DRs: YM-96-D-084, YM-96-D-085, AND YM-96-D-090 and current in-process SNL procedure modification activities in response to DR YM-96-D-004.		6. SURVEILLANCE TEAM: Team Leader: James F. Graff Additional Team Members: _____ _____
7. PREPARED BY:  _____ Surveillance Team Leader	03/18/97 Date	8. CONCURRENCE: N/A _____ Director, OQA

SURVEILLANCE RESULTS

9. BASIS OF EVALUATION/DESCRIPTION OF OBSERVATIONS:

During the period of 03/26/97 to 04/03/97 the Surveillance Team Leader (STL) met with SNL Engineering Assurance (EA) personnel, Records Management personnel, and examined documentation and records packages which provided objective evidence of the implementation of corrective actions for the following OCRWM Deficiency Reports (DR): YM-96-D-084, YM-96-D-085 and YM-96-D-090.

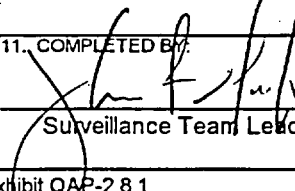
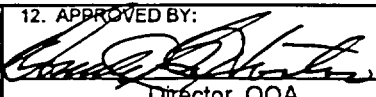
See Pages 2 and 3...

10. SURVEILLANCE CONCLUSIONS:

Based on the results of interviews with SNL personnel, examination of objective evidence of corrective action implementation, and on the fact that, subsequent to the completion of corrective action, SNL has canceled its Quality Assurance Implementing Procedure QAIP 17-1 and has committed to implement OCRWM Procedure AP-17.1Q regarding records management, it is recommended that DRs: YM-96-D-084, YM-96-D-085 and YM-96-D-090 be closed.

Although it was noted that significant progress is being made by SNL regarding procedural revision and modifications required to address YM-96-D-004, it is recommended that this DR remain open pending the completion of review, approval and issuance of the affected suite of SNL procedures.

Additionally, this surveillance resulted in the generation of a Performance Report (YM-97-P-008) regarding SNL's failure to provide amended response or request for extension to DR YM-96-D-004 in the required time frame. This PR was subsequently closed on 04/08/96.

11. COMPLETED BY:  _____ Surveillance Team Leader	04/25/97 Date	12. APPROVED BY:  _____ Director, OQA
		5/22/97 Date

Block 9 (continued) BASIS FOR EVALUATION/DESCRIPTION OF OBSERVATIONS:

Deficiency Report YM-96-D-084 documented that the SNL Procedure for QA records did not meet the requirements of the QARD for the correction of records (the record shall include the initials or signature of the person authorized to make the correction and the date the correction was made). Several QA records had been accepted where corrections were made without the required initials/signature and date. DR YM-96-D-085 documented that several records had not been processed in accordance with the SNL QA Records procedure. DR YM-96-D-090 documented that records of SNL deficiencies were not processed in accordance with the applicable SNL procedures. A synopsis of the Corrective Actions for these DRs is listed below:

1. Correct the deficiencies identified.
2. Randomly select 20 other records and review for similar deficiencies and correct as necessary.
3. Review all FY96 DR record packages for errors and omissions and correct as necessary.
4. Revise the applicable procedures.
5. Brief SNL records staff regarding the appropriate record correction process.
6. Issue a letter to clarify the role of the Records Source designee.
7. Issue letter of instruction to clarify processing of deficiency reports.

The objective evidence of completion of corrective action, as documented in letters to Donald G. Horton, DOE/OQA, from F. Joseph Schelling, SNL, dated 11/27/96 and 1/10/97, and the training records associated with SNL Procedure QAIP 17-1, Revision 3, effective 11/19/96, were reviewed and found acceptable. These letters are part of the records package for these DRs.

Also examined during this surveillance activity was the status of current in-process SNL procedure modification activities in response to OCRWM DR YM-96-D-004. Details on the status of these modifications are:

Revised Procedures Transmitted for Affected Organization Review on 04/03/97

QAIP 1-2, "Organization"
QAIP 1-5, "Establishing Work Agreements"
QAIP 6-3, "Conducting and Documenting Reviews of Documents"
QAIP 5-1, "Quality Assurance Implementing Procedures"

Revised Procedures Anticipated to be Transmitted for Review on 04/04/97

QAIP 4-1, "Procurement"
QAIP 19-1, "Software Quality Assurance Requirements"

Revised Procedures Anticipated to be Ready for Review by 04/18/97

QAIP 6-2, "Technical Information Documents"
QAIP 12-1, "Measuring and Test Equipment Control"
QAIP 17-2, "Processing of Technical Data on the YMP"
QAIP 20-1, "Technical Procedures"
QAIP 20-3, "Sample Control"

Procedures Intended to be Canceled

QAIP 3-4, "Design Investigation Control"
QAIP 7-1, "Procurement Acceptance Verification"
QAIP 7-3, "Evaluation of Contractor QA Programs"
QAIP10-1, "Surveillances"

Sandia National Laboratories

P.O. Box 5800
Albuquerque, New Mexico 87185-1326

November 27, 1996

WBS: 9.1.3.2

QA: N

(2 pages)

Donald E. Horton
Office of Quality Assurance
P.O. Box 98608
Las Vegas, NV 89193-8608

Attn: M. J. Diaz

Subject: Completion of Corrective Actions for Deviation Reports YM-96-D084, YM-96-D085, and YM-96-D086

Remedial and investigation actions defined in the amended responses to the subject Deviation Reports have been completed, and objective evidence to document completion is attached. These attachments include:

1. July 25, 1996 Delegation of Authority Memo, Brady to File (1 page)
2. November 4, 1996, Corrective Action Research Memo, Warner to Schelling (5 pages)
3. November 19, 1996, Listing of online file, "Identification of Lifetime and Nonpermanent Quality Assurance Records" (3 pages)
4. November 25, 1996 email copy, "QAIP 17-3", Martinez to distribution (1 page)
5. November 26, 1996 email copy, "Issuance of QAIP 17-1 Rev 3", Martinez to distribution (1 page)
6. November 27, 1996 QA Advisory, "New Record Source Responsibilities" (1 page)
7. QAIP 5-1, Rev.06, effective 10/31/96 (19 pages)
8. QAIP 6-3, Rev.04, effective 10/31/96 (10 pages)
9. QAIP 17-1, Rev.03, effective 11/19/96 (17 pages)
10. QAIP 17-3, Rev.03, effective 11/13/96 (10 pages)

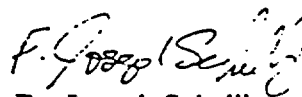
YM-96-D084: A review of the cited records and twenty additional randomly selected records, was performed, as documented in the attached. QAIP 17-1, Rev.03 (#9) has been issued and includes a modification to define administrative changes and a modification to the SNL YMP Record/Records Package Deficiency and Justification Form to remove the capability to use the form to document corrections. Briefings on the correction process were held 7/29/96, and a memorandum issued by management on 7/25/96 (#1) approving PDA staff to make administrative changes. Training on QAIPs 17-1 was conducted by means of the usual email notification (#5) and distribution of a QA Advisory (#6) to staff; training on QAIP 17-3 consisted of an email notification to staff (#4) and briefings presented to records management staff (who have responsibility for implementing the procedure).

YM-96-D085: Records management personnel were briefed on 7/29/96 on the record correction, review, and acceptance process. Revisions to QAIPs 17-1 (#9) and 17-3(#10) have been issued which delete requirements to include SCPB numbers and YMP CRF file codes on records, and the 7/25/96 memorandum (#1) mentioned above issued to complete actions for this deficiency. (Note that although QAIPs 17-1 and 17-3 were revised and issued, a November 22, 1996 YMSCO letter from Jerri Adams and Harold Brandt appears to direct a transition from these internal procedures to AP-17.1Q in the near future.)

YM-96-D086: QAIP 17-1, Rev.03 (#9) deleted the Appendix A from Rev.02. An online listing (#3) defining Lifetime and Non-Permanent records has been issued, based on the review of active procedures (#2), which will be used in the interim until individual procedures in the normal course of revision are modified to identify the retention period for records generated by each procedure. QAIP 6-3 (#8) has been revised to clarify that it does not generate any records, and QAIP 5-1 (#7) has been revised to require the designation of record retention period in procedures.

This documentation should suffice to allow you to verify closure of these Deviation Reports. Please contact me at (505) 848-0643 if there are any questions.

Sincerely,


F. Joseph Schelling
SNL YMP QA Lead

Attachments (68 pages)

Copy (w/o attachments) to:
6850 M. C. Brady (MS-1399)
6811 P. J. Warner (MS-1330)

Copy (w/ attachments) to:
YMP:9.1.3.2:CAR:QA:DR YM-96-D084, -D085, -D086



Sandia National Laboratories

Operated for the U.S. Department of Energy by

Sandia Corporation

Albuquerque, New Mexico 87185-1326

January 10, 1997

WBS: 9.1.3.2

QA: L

(1 page)

Donald E. Horton
Office of Quality Assurance
P.O. Box 98608
Las Vegas, NV 89193-8608

Attn: M. R. Diaz

Subject: Completion of Corrective Actions for Deviation Report YM-96-D090

Corrective actions defined in the amended response (dated October 8, 1996) for Deviation Report YM-96-D090 have been completed, and objective evidence to verify completion is attached. These attachments include:

1. Deficiency Document Review:

- Memorandum, Ehrhorn to Schelling, dated 12/10/96, "Review of Deficiency Documents (DR-YM-96-D090), and
- Memorandum, Schelling to Ehrhorn, dated 12/16/96, "Response to Deficiency Document Review Memorandum per (DR YM-96-D090)

2. Document Package Preparation Instructions and Checklist

- Memorandum, Schelling to Deficiency Document Package Record Sources, "Memo of Instruction - Preparation of Deficiency Document Packages"

As described in Block 15 of the amended response, completed FY96 deficiency report record packages were inspected, corrections made as needed, and the review documented per item #1 above. Item #2 was prepared as described in Block 17 of the amended response and will be used in processing future deficiency document record packages. Because I have assumed PR/DR/CAR Coordinator responsibilities, no additional one-on-one training as indicated in the amended response is necessary. This documentation should suffice to allow you to verify closure of this Deviation Report. Please contact me at (505) 848-0643 if there are any questions.

Sincerely,

F. Joseph Schelling
SNL YMP QA Lead

Attachment (6 pages)

Copy (w/o attachments) to:
6850 M. C. Brady (MS-1399)

Copy (w/ attachment) to:
YMP:9.1.3.2:CAR:QA:DR YM-96-D090

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

PAGE 1 OF
Surveillance No.

YM-SR-97-017
SNL
JTH

QUALITY ASSURANCE SURVEILLANCE RECORD

SURVEILLANCE DATA

1. ORGANIZATION/LOCATION: SNL / Albuquerque, NM
2. SUBJECT: Procedures / Corrective Action Status
3. DATE: 03/26-27/97

4. SURVEILLANCE OBJECTIVE: Verify the status of procedure modifications and corrective action implementation in response to OCRWM Discrepancy Reports.

5. SURVEILLANCE SCOPE: Examination of completed corrective actions for OCRWM DRs: YM-96-D-084, YM-96-D-085, and YM-96-D-090 and current in-process SNL procedure modification activities in response to DR YM-96-D-004.

6. SURVEILLANCE TEAM:
Team Leader: James F. Graff

Additional Team Members:

7. PREPARED BY: [Signature]
Surveillance Team Leader
Date: 03/18/97

8. CONCURRENCE: [Signature]
Director, OQA
Date: 3/24/97

SURVEILLANCE RESULTS

9. BASIS OF EVALUATION / DESCRIPTION OF OBSERVATIONS:

10. SURVEILLANCE CONCLUSIONS:

11. COMPLETED BY: _____
Surveillance Team Leader Date

12. APPROVED BY: _____
Director, OQA Date