



**Department of Energy**  
Yucca Mountain Site Characterization  
Project Office  
P. O. Box 98608  
Las Vegas, NV 89193-8608

WBS 1.2.9.3  
QA

MAR 20 1992

Richard L. Bullock  
Technical Project Officer  
for Yucca Mountain  
Site Characterization Project  
Raytheon Services Nevada  
101 Convention Center Drive  
Phase II, Suite P-250  
Las Vegas, NV 89109

ISSUANCE OF CORRECTIVE ACTION REQUESTS (CARs) YM-92-025 AND YM-92-026  
RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD) AUDIT  
YMP-92-11 OF RAYTHEON SERVICES NEVADA

Enclosed are CARs YM-92-025 and YM-92-026 generated as a result of YMQAD  
Audit YMP-92-11.

Please identify the corrective actions to be taken and implemented to correct  
the deficiencies. CAR Continuation Sheets and instructions for completion  
have been provided. Send the originals of your responses to Nita J. Brogan,  
Science Applications International Corporation, Las Vegas, Nevada. Responses  
to the CARs are due 20 days from the date of this letter. Extensions to due  
dates must be requested in writing with appropriate justification prior to  
the due dates.

If you have any questions, please contact either Robert B. Constable at  
794-7945 or Mario R. Diaz at 794-7974.

Richard E. Spence, Director  
Yucca Mountain Quality Assurance Division

YMQAD:RBC-2573

Enclosure:  
CARs YM-92-025 and YM-92-026

cc w/encl:

K. R. Hooks, NRC, Washington, DC  
S. W. Zimmerman, NWPO, Carson City, NV  
M. J. Regenda, RSN, Las Vegas, NV  
C. H. Prater, SAIC, Las Vegas, NV, 517/T-06  
C. L. Sellards, SAIC, Las Vegas, NV, 517/T-02

cc w/o encl:

J. W. Gilray, NRC, Las Vegas, NV  
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-12

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YMP-5

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PDR WASTE  
WM-11 PDR

ADD: Ken Hooks  
Mr. Encl.  
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**OFFICE OF CIVILIAN  
RADIOACTIVE WASTE MANAGEMENT  
U.S. DEPARTMENT OF ENERGY  
WASHINGTON, D.C.**

8 CAR NO.: YM-92-025  
DATE: 03/13/92  
SHEET: 1 OF 2  
QA

**CORRECTIVE ACTION REQUEST**

1 Controlling Document PP-02-01, Rev. 0; PP-02-02, Rev. 0; PP-02-08, Rev. 0		2 Related Report No. Audit YMP-92-11									
3 Responsible Organization RSN		4 Discussed With M. Regenda/J. Rue									
<p>5 Requirement:</p> <p>PP-02-02, Rev. 0, Paragraph 6.1 states in part "Position Descriptions - Human Resources shall, with assistance from the supervisors and/or managers, develop position descriptions for all personnel who perform quality affecting activities".</p> <p>Paragraph 6.2 states in part "Personnel Qualification Evaluation - The Manager, Human Resources shall verify the education and experience of employees prior to their performing quality affecting activities. Attachment 1 will be used to certify that this verification has been completed.</p> <p>Each manager or supervisor shall compare the education and experience of the employee against the education and background experience requirements established for the position. The managers or supervisors will certify that requirements have been met in the format specified in Attachment 1."</p>											
<p>6 Adverse Condition:</p> <p>Documented evidence of some elements of indoctrination and training required by implementing procedures are missing in the record files.</p> <p>The record files of the following personnel did not contain documented evidence of one or more of the requirements described in block 5 above:</p> <table style="width: 100%; border: none;"> <tr> <td>J. McNeely</td> <td>R. Strote</td> <td>D. Anderson</td> <td>C. Herrington</td> </tr> <tr> <td>C. Clark</td> <td>E. Wasson</td> <td>J. Hansen</td> <td></td> </tr> </table> <p>All of these personnel have been authorized to perform quality affecting work prior to March 3, 1992.</p>				J. McNeely	R. Strote	D. Anderson	C. Herrington	C. Clark	E. Wasson	J. Hansen	
J. McNeely	R. Strote	D. Anderson	C. Herrington								
C. Clark	E. Wasson	J. Hansen									
9 Does a significant condition adverse to quality exist? Yes <u>  </u> No <u>X</u> If Yes, Circle One: A B C		10 Does a stop work condition exist? Yes <u>  </u> No <u>X</u> ; If Yes - Attach copy of SWO If Yes, Circle One: A B C D									
		11 Response Due Date: 20 days after issue									
12 Required Actions: <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Extent of Deficiency <input checked="" type="checkbox"/> Preclude Recurrence <input checked="" type="checkbox"/> Root Cause Determination											
<p>13 Recommended Actions:</p> <p>Identify the remedial action to be taken to correct the deficiency noted in block 6. Identify the cause of the condition and the planned corrective action to prevent recurrence.</p>											
7 Initiator M. Diaz <i>M. Diaz</i> Date <u>3-13-92</u>		14 Issuance Approved by: QADD <i>R.C. Spence</i> Date <u>3/16/92</u>									
15 Response Accepted QAR Date		16 Response Accepted QADD Date									
17 Amended Response Accepted QAR Date		18 Amended Response Accepted QADD Date									
19 Corrective Actions Verified QAR Date		20 Closure Approved by: QADD Date									

ENCLOSURE

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8 CAR NO.: YM-92-025  
DATE: 03/13/92  
SHEET: 2 OF 2  
QA

**CORRECTIVE ACTION REQUEST (Continuation Page)**

**5 Requirements (continued)**

PP-02-01, Rev. 0, Paragraph 6.1.2, states in part "Prior to performing any quality affecting activity, the employee shall be indoctrinated as a minimum to the following:

- o Project level plans
- o Job responsibilities and authority
- o The Quality Assurance Requirements Document (QARD) "

PP-02-08, Rev. 0, Paragraphs 6.11.1, 6.11.2, and 6.11.2.13 state in part "Current certification records of Level II, and Level III employees shall be maintained by the examiner. The certification shall include as a minimum ... Training Records."

Format for Corrective Action Response

The CAR response shall include the following information:

1. Corrective Action Response for CAR # \_\_\_\_\_
  - A. Remedial Action - Actions taken to correct specific deficiencies noted.  
(Required for all CARs)
  - B. Investigative Action - Actions taken to determine the extent of the condition.  
(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by OQA)
  - C. Root Cause Determination - Identification of the root cause of the condition.  
(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by OQA)
  - D. Corrective Action to Preclude Recurrence - Actions taken to address the root cause and preclude recurrence of the condition.  
(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by OQA)
2. For each action above, identify the name of the individual assigned responsibility for completion and the anticipated (or actual, if complete) completion date.
3. Response Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Responsible Manager

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U.S. DEPARTMENT OF ENERGY  
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**CAR NO.** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**PAGE:** \_\_\_\_\_ **OF** \_\_\_\_\_  
**QA**

**CORRECTIVE ACTION REQUEST (Continuation Page)**

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U.S. DEPARTMENT OF ENERGY  
WASHINGTON, D.C.**

6 CAR NO.: YM-92-026  
DATE: 03/13/92  
SHEET: 1 OF 2  
QA

**CORRECTIVE ACTION REQUEST**

1 Controlling Document PP-02-04, Rev. 0		2 Related Report No. Audit YMP-92-11	
3 Responsible Organization RSN		4 Discussed With R. Schreiner/R. Deklever	
5 Requirement: PP-02-04, Rev. 0, Paragraph 6.3.1.b, states in part "The Board Chairperson establishes minimum qualifications (e.g. education, experience and independence) needed by the Review Board and Team Review members."  Paragraph 6.3.1.f, states that "The Board Chairperson conducts training for assigned board members and team members to this procedure and other applicable documents in accordance with PP-02-01."  PP-02-01, Rev. 0, Paragraph 6.2.2.1, states that " The Qualified Instructor/Trainer shall develop a lesson plan or outline identifying the subject matter to be covered in the training. As a minimum, the lesson plan or outline shall include the title, content, length, objectives, methods, activities and materials for the instruction. It may include such things as prerequisites, target population, and the method for evaluation of its effectiveness. It shall			
6 Adverse Condition: Readiness Review for ESF Title II Design Activities was performed and documented without being in compliance with some of the procedural requirements.  Based on the requirements shown in block 5 above, the following discrepancies were found during the audit: a. R. Deklever was part of the Team Review Board. However, minimum qualifications for his participation were not established. b. Training of Board Members and Team Members was not performed by the Board Chairperson. c. A lesson plan for the training method used on the Board Members and the Team Members was not developed. d. Checklists used in the area of design were not approved by the Team Chairperson. e. An OIAL has never been maintained. However, RSN documented this discrepancy under DR-91-S-037. Therefore, as part of the corrective action to this CAR, a follow-up will be performed on the DR			
9 Does a significant condition adverse to quality exist? Yes <u>    </u> No <u>X</u> If Yes, Circle One: A B C		10 Does a stop work condition exist? Yes <u>    </u> No <u>X</u> ; If Yes - Attach copy of SWO If Yes, Circle One: A B C D	
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13 Recommended Actions: Identify the remedial action to be taken to correct the deficiency noted in block 6. Identify the cause of the condition and the planned corrective action to prevent recurrence.			
7 Initiator M. Diaz <i>Mario Diaz</i> Date <u>3-13-92</u>		14 Issuance Approved by: QADD <i>R.C. Spence</i> Date <u>3/16/92</u>	
15 Response Accepted QAR _____ Date _____		16 Response Accepted QADD _____ Date _____	
17 Amended Response Accepted QAR _____ Date _____		18 Amended Response Accepted QADD _____ Date _____	
19 Corrective Actions Verified QAR _____ Date _____		20 Closure Approved by: QADD _____ Date _____	

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**CORRECTIVE ACTION REQUEST (Continuation Page)**

**5 Requirements (continued)**

document concurrence through the signatures of the following: the qualified instructor who prepared it; a technical peer or manager and the training coordinator."

PP-02-04, Rev. 0, Paragraphs 4.7 and 5.1, state in part that "The checklists shall be completed and approved by the team members and the Team Chairperson."

Paragraphs 4.8 and 6.8 state in part that "All items identified as unsatisfactory or open shall be tracked via the Open Item Action Log (OIAL) until closed. The OIAL is maintained by the Systems Engineering Department as part of the RSN YMP Management Information System."

## Format for Corrective Action Response

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  - D. Corrective Action to Preclude Recurrence - Actions taken to address the root cause and preclude recurrence of the condition.  
(Required for all significant conditions adverse to quality or any Condition Adverse to Quality if requested by OQA)
2. For each action above, identify the name of the individual assigned responsibility for completion and the anticipated (or actual, if complete) completion date.
3. Response Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Responsible Manager



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