



Department of Energy

Washington, DC 20585

JUN 27 1997

QA: L

R. E. Erickson, Director (EM-32)
Office of Eastern Operations
U. S. Department of Energy Headquarters
Trevion II Building
12800 Middlebrook Road
Germantown, MD 20874

ISSUANCE OF DEFICIENCY REPORTS (DR) YM-97-D-062 THROUGH YM-97-D-064
RESULTING FROM OFFICE OF QUALITY ASSURANCE (OQA) AUDIT EM-ARC-97-18
OF THE OFFICE OF ENVIRONMENTAL RESTORATION AND WASTE MANAGEMENT

Enclosed are DRs YM-97-D-062 through YM-97-D-064 generated as a result of OQA Audit
EM-ARC-97-18.

Please provide responses to these deficiencies that meet 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 30307, Mail Stop 455, North Las Vegas,
Nevada 89036-0307. Responses to the DRs 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 James Blaylock at (702) 794-1420 or
Charles C. Warren at (702) 734-0858.

R.W. Cel for

Donald G. Horton, Director
Office of Quality Assurance

OQA:JB-1792

Enclosure:
DRs YM-97-D-062 through
YM-97-D-064

NH33/1
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WM-11

9707090369 970627
PDR WASTE
WM-11 PDR



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recip: NMSS HWR

R. E. Erickson

-2-

JUN 27 1997

cc w/encl:

James Conway, DOE/HQ (EM-37) TREV  
Ram Murthy, DOE/HQ (RW-3) FORS  
R. A. Milner, DOE/HQ (RW-2) FORS  
S. E. Gomberg, DOE/HQ (RW-51) FORS  
J. O. Thoma, NRC, Washington, DC  
S. W. Zimmerman, NWPO, Carson City, NV  
G. D. Wood, OQA/QATSS, Washington, DC

cc w/o encl:

W. L. Belke, NRC, Las Vegas, NV  
C. C. Warren, OQA/QATSS, Las Vegas, NV  
D. G. Sult, OQA/QATSS, Las Vegas, NV  
R. W. Clark, DOE/OQA, Las Vegas, NV

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

THIS IS A RED STAMP  
8  Performance Report  
 Deficiency Report

NO. YM-97-D-062

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**PERFORMANCE/DEFICIENCY REPORT**

<b>1 Controlling Document:</b> EM Standard Practice Procedure (SPP) 4.16, Revision 4	<b>2 Related Report No.</b> EM-ARC-97-18
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<b>3 Responsible Organization:</b> EM-32 and 37	<b>4 Discussed With:</b> J. Conway
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**5 Requirement/Measurement Criteria:**

- Section 4.b requires the Program Manager (PM), prior to initiation of a review, to prepare a memorandum to identify the scope of the review and review criteria. Then, based on the scope and review criteria, the PM select reviewers and transmits a copy of the memorandum initiating the review to reviewers, the Quality Assurance Program Manager (QAPM) and affected organizations.
- Section 4.c requires the PM to review documents to ensure program objectives are supported and to document comments on a Review Comment Record (RCR).

**6 Description of Condition:**

- For Issue 16 of the SPP manual, there was no memorandum on file from the PM to reviewers, the QAPM, or Affected Organizations designating the scope of the review and review criteria.
- There were no RCRs on file documenting PM review of procedures in Issue 16 of the SPP manual. One RCR is on file for each procedure revision in Issue 16. However, in the absence of the required memorandum, it is not known if this RCR is from a designated reviewer, or if additional reviewers from the same or other Affected Organizations were to be designated.

<b>7 Initiator</b> Charles C. Warren <i>Charles C. Warren</i> Date <u>6-13-97</u>	<b>9 Is condition an isolated occurrence?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown; Must be Yes if PR
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**10 Recommended Action: (Not required for PR)**

- Evaluate impact of not designating reviewers and documenting management comments on the adequacy and extent of reviews for SPPs.
- Implement necessary corrective action based on the results of the above evaluation.
- Take action to assure future reviews are performed in accordance with procedural requirements.

<b>11 QA Review:</b> QAR <i>Carl C. Warren</i> Date <u>6-13-97</u>	<b>12 Response Due Date</b> 20 working days from issuance
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<b>13 Affected Organization QA Manager Issuance Approval: (QAR for PR)</b> Printed Name <u>Donald G. Horton</u> Signature <i>R. W. Clab</i> Date <u>6/25/97</u>	
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<b>22 Corrective Action Verified</b> QAR _____ Date _____	<b>23 Closure Approved by: (N/A for PR)</b> AOQAM _____ Date _____
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PR OR NOYM-97-D-062

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PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

15 Extent of Condition: (Not required for PR)

16 Root Cause Determination: (Not required for PR)

Required  Yes  No

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

Required  Yes  No

18 Corrective Action Completion Due Date:

19 Response by:

Initial

Amended

Date

Phone

20 Response Accepted

QAR

Date

21 Response Accepted (N/A for PR):

AOQAM

Date

OFFICE OF CIVILIAN  
RADIOACTIVE WASTE MANAGEMENT  
U.S. DEPARTMENT OF ENERGY  
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8  Performance Report  
 Deficiency Report  
NO. YM-97-D-063  
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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:  
EM Standard Practice Procedure (SPP) 4.02, Revision 6

2 Related Report No.  
Audit EM-ARC-97-18

3 Responsible Organization:  
EM-37

4 Discussed With:  
J. Conway

5 Requirement/Measurement Criteria:  
SPP 4.02, Revision 6, Section 4.a. requires that the QAPM assign a certified lead auditor as Audit Team Leader and that the certified lead auditor and auditors be independent of any direct responsibility for performance of activities which they will audit.

6 Description of Condition:  
In violation of the above procedural requirement, the Audit Team Leader for EM Internal Audit 96-EA-IN-AU-01 was designated by memorandum as being the QA Specialist responsible for implementing four of the SPPs evaluated during the internal audit.

7 Initiator  
Charles C. Warren *Charles C. Warren* Date 6-13-97

9 Is condition an isolated occurrence?  
 Yes  No  Unknown; Must be Yes if PR

10 Recommended Action: (Not required for PR)  
• ~~During the next internal audit of EM, re-evaluate implementation of the four procedures in question for FY 1996 as well as FY 1997.~~  
*Rwx 6/25/97* *Rwx 6/25/97*  
• Take action to assure assignment of Audit Team Leaders that are independent of direct responsibility for activities audited.

11 QA Review:  
QAR *Charles C. Warren* Date 6-13-97

12 Response Due Date  
20 working days from issuance

13 Affected Organization QA Manager Issuance Approval: (QAR for PR)  
Printed Name Donald G. Horton

Signature *D. G. Horton* Date 6/25/97

22 Corrective Action Verified  
QAR \_\_\_\_\_ Date \_\_\_\_\_

23 Closure Approved by: (N/A for PR)  
AOQAM \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF CIVILIAN  
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WASHINGTON, D.C.

PR(DR) NO. YM-97-D-063

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PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

15 Extent of Condition: (Not required for PR)

16 Root Cause Determination: (Not required for PR)

Required  Yes  No

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

Required  Yes  No

18 Corrective Action Completion Due Date:

19 Response by:

Initial

Amended

Date

Phone

20 Response Accepted

QAR

Date

21 Response Accepted (N/A for PR):

AOQAM

Date

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

8  Performance Report  
 Deficiency Report  
NO. YM-97-D-064  
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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document: DOE/RW-0333P Quality Assurance Requirements and Description  
2 Related Report No. EM-ARC-97-18

3 Responsible Organization: Office of Eastern Operations, EM-32/37  
4 Discussed With: Jim Conway, High-Level Waste QAPM

5 Requirement/Measurement Criteria:  
A. The QARD, Element 5.0, Section 5.2.4, states in part " Individuals shall comply with implementing documents ----."  
1. SPP 3.01, Section 4.d, states in part that the Instructor " Signs the roster to attest to its accuracy."  
2. SPP 3.01, Section 4. f.(a) requires that the training course package and training presentation package contain documentation of the instructors background.  
3. SPP 3.01, Section 4.d.6.(8) requires that the instructor sign and send documentation showing successful completion of training to the HLW QAPM.

6 Description of Condition:  
A. Contrary to the above requirements, the following instances of procedure noncompliance were identified during the audit.  
1. Contrary to the above requirement, an attendance Sheet in record file 5724.30.02, SPP1.01-TR and one Attendance Sheet in record file 5724.301.01 do not contain the Instructors attestation signature.  
2. Contrary to the requirement, record file 5724.30.02, SPP 1.01-TR did not contain the required instructor background documentation.  
3. Contrary to the requirement, one training completion memorandum (for J. Conway) in record file 5724.301.01 did not have an authenticating signature of the instructor.  
4. The System 28 training/personnel file for S. Ayers could not be located by EM-32/37 for review by the auditor.

7 Initiator: Gary Wood *[Signature]* Date 06/11/97  
9 Is condition an isolated occurrence?  
 Yes  No  Unknown; Must be Yes if PR

10 Recommended Actions: (Not required for PR)  
1. Review the record files and ensure that the records include an authenticating signature and ensure that records are in or submitted to the Central Records Facility.  
2. Complete actions for Blocks 14, 15, and 17.

11 QA Review: QAR *C.C. Wan* Date 6-24-97  
12 Response Due Date: 20 working days from issuance

13 Director, OQA Issuance Approval: (QAR for PR)  
Printed Name Donald G. Horton Signature *R.W. Clark* For Date 6/27/97

22 Corrective Actions Verified: QAR Date  
23 Closure Approved by: (N/A for PR) AOOAM Date

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PR/DR CONTINUATION PAGE

Block 5.

4. SPP 3.02, Section 4.a.(5), states that the HLW QAPM "Maintains and provides access to the Personnel Certification, Qualification and Training records for each person in accordance with applicable portions of the DOE System 28 Records System."

5. SPP 3.01, Section 4.b.(1) states that the HLW QAPM "Ensure(s) that the following records are processed into the quality records system as nonpermanent records in accordance with SPP 7.01

- a. QA Training Plan
- b. Completed RCR forms

Block 6.

5. Contrary to the above requirement, the Review and Comment Records (RCR) specified in the referenced requirement were not in the records center nor were they located prior to completion of the audit. The FY 1997 QA Training Plan is dated October 9, 1996.

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PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

15 Extent of Condition: (Not required for PR)

16 Root Cause Determination: (Not required for PR)

Required:  Yes  No

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

Required:  Yes  No

18 Corrective Action Completion Due Date:

19 Response by:

Date

Phone

20 Response Accepted

21 Response Accepted (N/A for PR)

QAR

Date

DOQA

Date