

Department of Energy

Washington, DC 20585

QA: L

AUG 12 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

VERIFICATION OF CORRECTIVE ACTION OF DEFICIENCY REPORT (DR)
YM-97-D-035 RESULTING FROM OFFICE OF QUALITY ASSURANCE (OQA)
AUDIT LLNL-ARC-97-13 OF LAWRENCE LIVERMORE NATIONAL
LABORATORY

The OQA staff has verified the corrective action to DR YM-97-D-035 and determined the results to be unsatisfactory because of reasons stated in the enclosed DR.

Your response, indicating the appropriate corrective action completion date, is required to be submitted to this office within ten working days of the date of this letter. Send the original of your response to Deborah Sult, OQA/QATSS, P.O. Box 30307, Mail Stop 455, North Las Vegas, Nevada 89036-0307.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or Cynthia A. Humphries-Alder at (702) 734-0068.

R.W. Clark
for Donald G. Horton, Director
Office of Quality Assurance

OQA:JB-2070

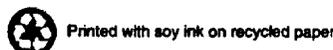
Enclosure:
DR YM-97-D-035

- 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
- R. A. Morgan, M&O, Las Vegas, NV
- W. L. Clarke, M&O/LLNL, Livermore, CA
- Royce Monks, M&O/LLNL, Livermore, CA
- J. M. Ziemba, OQA/LLNL, Livermore, CA

- cc w/o encl:
- W. L. Belke, NRC, Las Vegas, NV
- D. G. Sult, OQA/QATSS, Las Vegas, NV
- C. A. Humphries-Alder, OQA/QATSS, Las Vegas, NV
- R. W. Clark, DOE/OQA, Las Vegas, NV

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OFFICE OF CIVILIAN
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WASHINGTON, D.C.

8 Performance Report
 Deficiency Report
NO. YM-97-D-035
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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
033-YMP-QP-2.9, Rev. 6 - Indoctrination and Training

2 Related Report No.
LLNL-ARC-97-13

3 Responsible Organization:
Lawrence Livermore National Laboratory Training

4 Discussed With:
Royce Monks/Julie McCreary

5 Requirement/Measurement Criteria:

Above document, Section 2.9.3.4

YMP personnel are responsible for completing all assignment training before any quality affecting work is performed, or within sixty (60) days of the effective date of the procedure or change notice; whichever comes first.

6 Description of Condition:

No training assigned to Revision 1 of AP-16.1Q or AP-16.2Q, which have an effective date of 7/15/96.

7 Initiator:
Cindy Humphries-Alder - Alder Date 04/15/97

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

10 Recommended Actions: (Not required for PR)

Investigate to determine the extent and impact of the deficiency based on results. Determine the root cause of the deficiency. Provide actions to preclude recurrence.

11 QA Review
Cindy Humphries-Alder Date 4/15/97

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 Date 4/23/97

22 Corrective Actions Verified
QAR Date

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

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
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PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

A request to the Document Center of the CRWMS/M&O was made to obtain controlled hardcopy documents of APs 16.1Q, 16.2Q, and 17.1Q. Once these copies were obtained, the Quality Assurance Manager determined that training was necessary to them under LLNL-YMP procedures 033-YMP-QP 15.0, "Nonconformance," and 033-YMP-QP 16.0, "Corrective Action." The training request was sent out to applicable personnel; training is now in progress.

15 Extent of Condition: (Not required for PR)

Although applicable personnel on LLNL-YMP were not trained to the two changes in 033-YMP-QP 15.0 and 16.0, there has been no need for the use of either procedure since 7/15/96. Therefore, there is no impact to the LLNL-YMP quality program.

16 Root Cause Determination: (Not required for PR) Required Yes No

It has been determined that this deficiency occurred because the process of obtaining CRWMS/M&O procedures had not been put in place. LLNL-YMP has had considerable trouble accessing these procedures on-line and had not requested hard copies of the procedures.

17 Action to Preclude Recurrence: (Not required for PR) Required Yes No

LLNL-YMP requested the Document Center of the CRWMS/M&O to put the LLNL-YMP Document Control Coordinator on distribution for all CRWMS/M&O procedures that have replaced LLNL-YMP quality procedures. These procedures now are received at LLNL. Once a revised procedure is received, it will be processed as a revision to LLNL-YMP quality procedures. This deficiency should not occur again.

18 Corrective Action Completion Due Date:

see response

19 Response by:

Initial
 Amended

see response

Date _____ Phone _____

20 Response Accepted

[Signature]

Date *6/18/97*

21 Response Accepted (N/A for PR):

AOQAM *[Signature]*

Date *6/25/97*

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RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
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⁸ Performance Report
 Deficiency Report

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PR/DR CONTINUATION PAGE

The following corrective actions were verified at Lawrence Livermore National Laboratories (LLNL):

A. Remedial Actions - Get controlled copies of procedures and get on controlled hardcopy distribution. Issue reading assignments for the new procedures.

1. LLNL requested and received controlled hard copies of AP 16.1Q, 16.2Q, and 17.1Q. Red-stamped copies of the subject procedures were being controlled by LLNL Document Control personnel (C. Brumburgh and J. Palmer). A telecon with D. Piniol, M&O Document Control confirms that LLNL is on controlled, hardcopy, distribution of applicable YMP procedures.

2. LLNL Training personnel issued reading assignments to a list of LLNL personnel for the subject procedures, which had been converted to LLNL procedures by use of a cover sheet. This training was issued on May 2, 1997. However, numerous personnel have not yet completed their reading assignments after more than 60 days from the date of assignment. It should be noted that there was an organizational change at LLNL during this period. A new training coordinator and document control specialist have recently been hired.

B. Investigative actions - There is no impact because of late reading completion.

An interview with R. Monks and a review of the subject procedures reveals that LLNL personnel had been trained to previous revisions of the subject procedures and the new revisions did not significantly change scope or responsibilities for LLNL personnel; therefore there was no impact on quality affecting work.

C. Actions to Preclude Recurrence - Controlled hardcopy distribution will prevent this deficiency from recurring.

An interview with C. Brumburgh, Administrative Assistant, and a review of 033-YMP-16.0-2 and 033-YMP-17.01-8, which are new revisions of the cited YMP procedures, confirmed that when new OCRWM procedures are received, they are converted into LLNL procedures and subsequently distributed. However, the procedure revisions were effective on June 2, 1997 and the new issuance of LLNL procedures was not completed until July 11, 1997. The lack of controlled copies of the procedures was not the cause of the delay in issuance of LLNL procedures.

The results of this verification are determined to be unsatisfactory because the cited deficiency of training not being completed within 60 days of the effective date of the procedure has recurred. Some corrective measures have been taken but were ineffective in resolving the deficiency. An amended response from LLNL is requested to address the ineffective actions.

Verified By: _____

James Ziembra

Date: 8/1/97