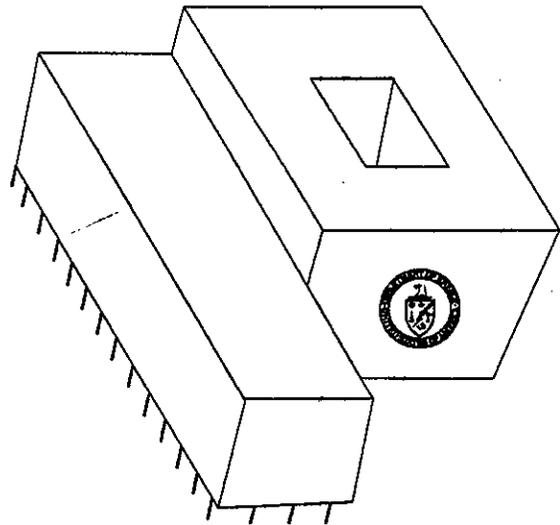


*revised with letter
dated 10/18/91
NO LTR ENTIRE DOC.*

DOE HEADQUARTERS

AUDIT HQ-92-001

**OCRWM Headquarters Including
YMPO Quality Assurance Division**



Washington, D.C.

Las Vegas, NV

**October 15, 1991
through
October 18, 1991**

**Bill Belke,
NRC**

*delete all distribution
except, CF, PDR & NUDOLCS
ADD: Bill Belke, 4H3*

*Encl.
1*

*102-7
WM-11
NH03
0/1*

9110290190 911018
PDR WASTE PDR
WM-11

OCRWM AUDIT HQ-92-001
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OCRWM Phone Listing
Hotel Information and Area Map
Audit Team Assignments
Tentative Audit Schedule
Auditor Responsibilities
List of Observers
Team Caucus Agenda
Observer Protocol and Inquiry Forms (Observers only)

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PLANNING

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CHECKLISTS

HQ-92-001 Programmatic Checklist

HQ-92-001 Technical Checklist (later)

(Note: Observers - complete set; Auditors - as applicable to assigned criteria)

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QAPD

DOE/RW-0215, Rev.3

YELLOW TAB

PROCEDURES

Auditors - As applicable to assigned criteria.

Observers - A controlled set of QAAPs and ILPs will be available for use in the audit room.

GREEN TAB

TECHNICAL DOCUMENTS

Auditors - As applicable to assigned criteria.

Observers - A controlled set of TDMPs will be available for use in the audit room.

PINK TAB

PAST OCRWM AUDIT

OCRWM AUDIT 90-I-01

AMBER TAB

BLANK CARS

(Auditors Only)

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

PERSONNEL LISTING

SEPTEMBER 1991

(Please call corrections to Ruth Barnes, 586-3204)

DOE
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

<u>Route Symbol</u>	<u>Name</u>	<u>Phone Number</u>	<u>Room</u>
OFFICE OF THE DIRECTOR			
RW-1	Director, John W. Bartlett	586-6842	5A-085
RW-2	Deputy Director, Franklin G. Peters	586-6850	5A-085
	Congressional Liaison Officer Richard Nelson	586-6850	5A-085
OFFICE OF QUALITY ASSURANCE			
RW-3	Donald G. Horton, Director	586-8858	7F-052
RW-3.1	Director, HQS Quality Assurance Division Robert Clark	586-1238	7F-052
RW-3.2	Acting Director, YMPO Quality Assurance Division Donald G. Horton	586-7220	7F-052
OFFICE OF STRATEGIC PLANNING AND INTERNATIONAL			
RW-4	Director, Thomas H. Isaacs	586-1252	5A-051
OFFICE OF EXTERNAL RELATIONS			
RW-5	Director, Jerome D. Saltzman	586-2277	5A-051
RW-5.1	Acting Director, Education and Information Ginger P. King	586-2835	5A-051
RW-5.2	Acting Director, Program Relations Division Robert R. Terrell	586-6116	5A-051
OFFICE OF PROGRAM AND RESOURCES MANAGEMENT			
RW-10	Associate Director Samuel Rousso	586-9116	GF-253
RW-10	Deputy Associate Director James C. Bresee	586-9173	GF-253
RW-12	Director, Information Management Division Barbara A. Cerny	586-5792	GF-217

DOE
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

<u>Route Symbol</u>	<u>Name</u>	<u>Phone Number</u>	<u>Room</u>
-------------------------	-------------	-------------------------	-------------

OFFICE OF PROGRAM AND RESOURCES MANAGEMENT (con't)

RW-13	Director, Program Control and Administration Division Harold H. Brandt	586-1652	GF-277
RW-131	Acting Chief, Management Services Branch Christine M. Lukasik	586-5975	GF-277
RW-132	Chief, Budget Branch Marc Hollander	586-8945	GF-231
RW-133	Acting Chief, Cost & Schedule Control Branch Carl W. Conner	586-4465	GF-231

OFFICE OF GEOLOGIC DISPOSAL

RW-20	Associate Director Carl P. Gertz	586-4262 (FTS) 544-7920	7F-091
RW-22	Acting Director, Analysis and Verification Division Stephan J. Brocoum	586-5355	7F-091

OFFICE OF SYSTEMS AND COMPLIANCE

RW-30	Associate Director Dwight D. Shelor	586-6046	7F-031
RW-32	Director, Systems Engineering and Program Integration Division H. Jackson Hale	586-9606	7F-031
RW-321	Chief, Systems Engineering Branch William A. Lemeschewsky	586-9696	7F-043

DOE
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

<u>Route Symbol</u>	<u>Name</u>	<u>Phone Number</u>	<u>Room</u>
OFFICE OF SYSTEMS AND COMPLIANCE (con't)			
RW-322	Acting Chief, Systems Planning and Integration Branch Steven Gomberg	586-6497	7F-052
RW-323	Acting Chief, Configuration Management Branch H. Jackson Hale	586-9606	7F-031
RW-33	Director, Regulatory Compliance Division John Roberts	586-9896	7F-043
RW-331	Chief, Regulatory Integration Branch Linda J. Desell	586-1462	7F-043
RW-332	Chief, Regulatory Policy and Requirements Branch Gerald J. Parker	586-5679	7F-070
OFFICE OF STORAGE & TRANSPORTATION			
RW-40	Acting Associate Director Ronald A. Milner	586-9694	7F-059
RW-42	Director, Storage Division Victor W. Trebules	586-1116	7F-059
RW-421	Chief, Facilities Development Branch Jeffrey Williams	586-9620	7F-059
RW-422	Acting Chief, Project Management Branch Nello Del Gobbo	586-5492	7F-075

DOE
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

<u>Route Symbol</u>	<u>Name</u>	<u>Phone Number</u>	<u>Room</u>
OFFICE OF STORAGE & TRANSPORTATION (con't)			
RW-43	Director, Transportation and Logistics Division James H. Carlson	586-5321	7F-075
RW-431	Chief, Transportation Branch Christopher A. Kouts	586-9761	7F-031
RW-433	Chief, Logistics and Utility Interface Branch Alan B. Brownstein	586-4973	7F-075
OFFICE OF CONTRACT BUSINESS MANAGEMENT			
RW-50	Acting Associate Director Franklin G. Peters	586-6850	5A-085
RW-52	Acting Director, M&O Management Division Victor W. Trebules	586-5625	GF-231
RW-53	Acting Director, Contract Management Division Richard W. Minning	586-4349	GF-277

Name	Phone Number	Route Symbol	Room
ADAMS, Joyce	586-2280	RW-5.2	5A-051
ARPIA, Janet	586-5963	RW-3.1	7F-052
BARNES, Ruth	586-3204	RW-131	GF-277
BARNETT, Steven	586-7845	RW-40	7F-059
BARTLETT, John	586-6842	RW-1	5A-085
BENSON, Allen	586-2289	RW-5.2	5A-051
BERUSCH, Alan	586-9362	RW-22	7F-091
BETANCOURT, Mary	586-7243	RW-321	7F-043
BLAKE, Chanel	586-4251	RW-331	7F-031
BLAYLOCK, James (FTS)	544-7913	RW-3.2	
BRANDT, Harold	586-1652	RW-13	GF-277
BRESEE, James	586-9173	RW-10	GF-253
BROCOUM, Stephan	586-5355	RW-22	7F-091
BROOKS, Charles	586-9764	RW-322	7F-088
BROOKS, Deborah	586-5056	RW-132	GF-231
BROWNSTEIN, Alan	586-4973	RW-432	7F-075
BUNTON, Priscilla	586-8365	RW-331	7F-043
BUTLER, Debra	586-1409	RW-12	GF-277
CARLSON, James	586-5321	RW-43	7F-075
CERNY, Barbara	586-5792	RW-12	GF-217
CHESTNUT, Jackie	586-6850	RW-2	5A-085
CLARK, Robert	586-1238	RW-3.1	7F-052
CONNER, Carl	586-4465	RW-133	GF-231
CONROY, Michael	586-5684	RW-431	7F-031
COOPER, Regina	586-3209	RW-53	GF-277
CONSTABLE, Robert (FTS)	544-7945	RW-3.2	
DANKER, William	586-5624	RW-4	5A-051
DAVIS, Shirley	586-9694	RW-40	7F-059
DEL GOBBO, Nello	586-5492	RW-422	7F-075
DESELL, Linda	586-1462	RW-331	7F-043
DIAZ, Mario (FTS)	544-7974	RW-3.2	
DUNCAN, Neal	586-2838	RW-5.1	5A-051
EASTERLING, J. Bennett	586-5399	RW-5.2	5A-051
EVANS, Deborah	586-7346	RW-43	7F-075
FERGUSON, Mary Ann	586-4127	RW-5.1	5A-051
FITE, Patrick	586-6590	RW-131	GF-277
GALLOWAY, Vernita	586-4097	RW-332	7F-070
GARDNER, Glenn	586-8893	RW-5.2	5A-051
GLOVER, Decemma	586-1223	RW-22	7F-091
GOMBERG, Steven	586-6497	RW-321	7F-052
GRASER, Daniel	586-4589	RW-12	GF-217

Name	Phone Number	Route Symbol	Room
HALE, H. Jackson	586-9606	RW-32	7F-031
HAMPTON, Catherine	(FTS) 544-7973	RW-3.2	
HANLON, Carol	586-2284	RW-5.1	7F-052
HERRING, Ethel	586-4348	RW-131	GF-277
HILER, Eileen	586-2277	RW-5	5A-051
HOLLANDER, Marc	586-8945	RW-132	GF-231
HORTON, Donald	586-8858	RW-3	7F-052
HOUGH, Clyde	586-5023	RW-132	GF-231
HUETTEL, Gary	586-4780	RW-132	GF-231
HUNT, Pat	586-5170	RW-53	GF-277
IMAM, Jafar	586-4910	RW-332	7F-070
ISAACS, Thomas	586-1252	RW-4	5A-051
JACKSON, Renee	586-2283	RW-4	5A-051
JARRETT, Barbara	586-4044	RW-53	GF-277
JENKINS, Sharon	586-5263	RW-12	GF-217
JOHNSON, Donna	586-4865	RW-52	GF-253
JOHNSON, Timothy	586-5969	RW-3.1	7F-052
JONES, David	586-9556	RW-132	GF-231
JONES, Jay	586-1330	RW-422	7F-070
JONES, Marguerite	586-1252	RW-4	5A-051
KANE, Daniel	586-4970	RW-421	7F-088
KING, V. (Ginger)	586-2835	RW-5.1	5A-051
KNOX, Eric	586-9557	RW-5.1	5A-051
KOUTS, Christopher	586-9761	RW-431	7F-031
KUMAR, Prasanna	586-8980	RW-421	7F-088
LAKE, William	586-2840	RW-431	7F-043
LAMB, Theresa	586-9007	RW-132	GF-231
LEAHY, Judy	586-1248	RW-53	GF-231
LEMESHEWSKY, William	586-9696	RW-321	7F-043
LEWIS, Jackie	586-3214	RW-323	7F-034
LONG, Sheila	586-1447	RW-33	7F-034
LUKASIK, Christine	586-5975	RW-131	GF-277
MACALUSO, Corinne	586-2837	RW-331	7F-031
MALES, Mary	586-5722	RW-5.1	5A-051
MASUDA, Helga	(FTS) 544-7914	RW-3.2	
MECK, Barbara	586-1116	RW-42	7F-075
MERRIWEATHER, Majuriah	586-1447	RW-30	7F-031
MICHEWICZ, Monica	586-9738	RW-322	7F-043
MILNER, Ronald	586-9694	RW-40	7F-059
MINNING, Richard	586-4349	RW-53	GF-277
MONTGOMERY, Nancy	586-8320	RW-432	7F-075
MOORE, William	586-5059	RW-133	GF-277
MORAN, Amy	586-1253	RW-4	5A-051
MURTHY, Ram	586-1239	RW-3.1	7F-052

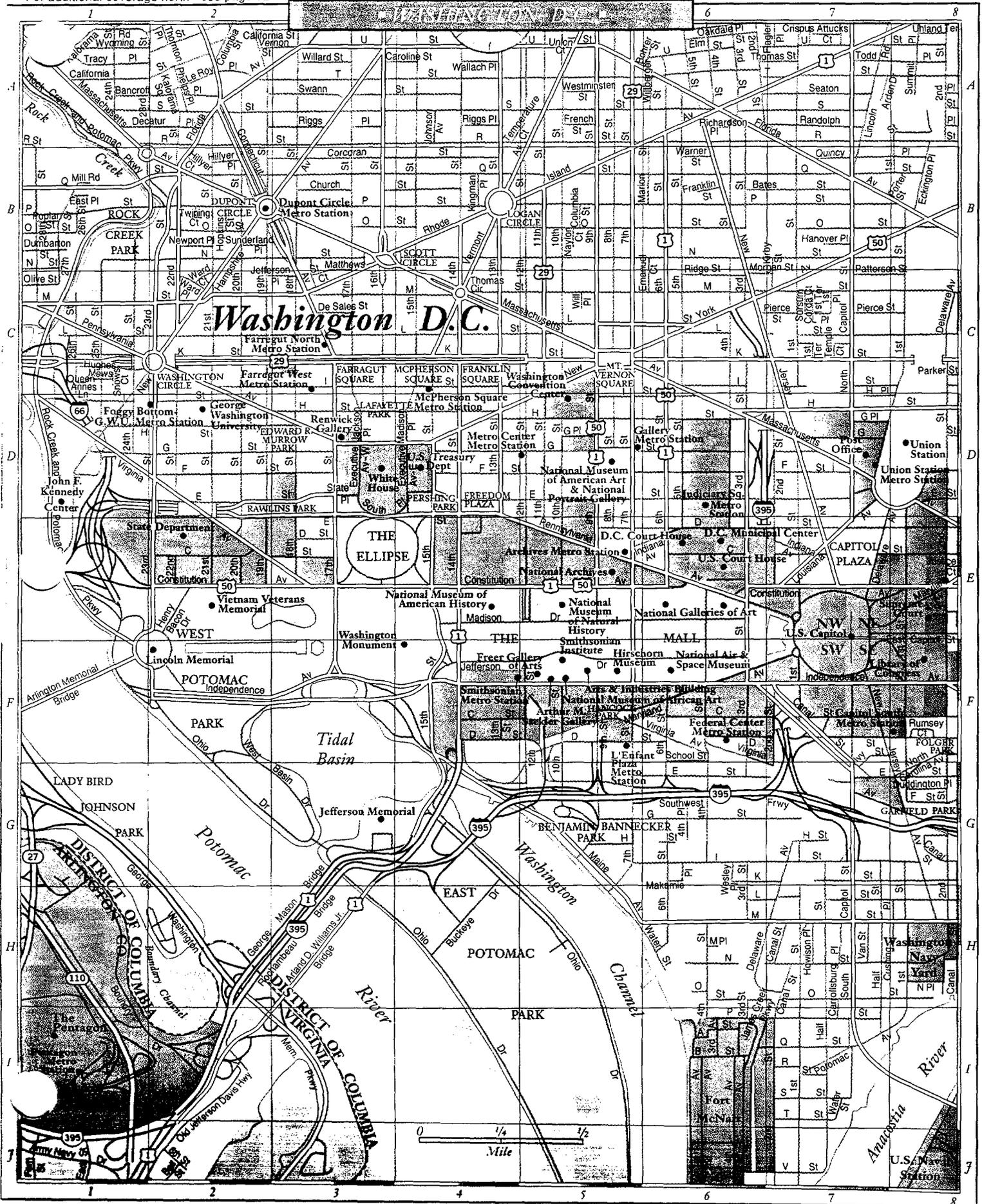
<u>Name</u>	<u>Phone Number</u>	<u>Route Symbol</u>	<u>Room</u>
NELSON, Richard	586-6850	RW-2	5A-085
NGUYEN, Tien	586-2839	RW-321	7F-034
NIMMONS, Deitra	586-1652	RW-133	GF-277
ODIERNO, Nancy	586-6046	RW-30	7F-031
PARKER, Gerald	586-5679	RW-332	7F-070
PAYNE, Deborah	586-5292	RW-32	7F-043
PAYTON, Mary Lee	586-9867	RW-432	7F-075
PETERS, Franklin	586-6850	RW-2	5A-085
PETERSON, Susan	586-3612	RW-323	7F-070
PHILPOTT, Robert	586-5396	RW-5.2	5A-051
POLLOG, Thomas	586-7470	RW-432	7F-031
QUAN, Choon	586-2834	RW-323	7F-052
RICHARDSON, Mary	586-9300	RW-12	GF-217
RILING, George	586-4781	RW-133	GF-231
ROBERTS, John	586-9896	RW-33	7F-034
ROCCAPRIORE, J. (Ginger)	586-9140	RW-131	GF-277
ROUSSO, Samuel	586-9116	RW-10	GF-253
RUSSOMANNO, Charles	586-4347	RW-52	GF-277
SALTZMAN, Jerome	586-2277	RW-5	5A-051
SENDERLING, Mark	586-2279	RW-321	7F-052
SERVIS, Ronald	586-4495	RW-5.2	5A-051
SHAW, Martin	586-6046	RW-30	7F-031
SHELOR, Dwight	586-6046	RW-30	7F-031
SHEPHARD, Nona	586-8886	RW-4	5A-051
SHOWARD, Susan	586-9113	RW-131	GF-277
SKUCHKO, Sharon	586-4590	RW-331	7F-043
SMITH, Charles	586-6850	RW-2	5A-085
SMITH, Susan	586-5616	RW-431	7F-031
SPRECHER, William	586-8889	RW-4	5A-051
STEWART, Leroy	586-2797	RW-421	7F-070
STOCKEY, Jane	586-1063	RW-22	7F-091
STUCKER, Dean	586-9274	RW-22	7F-091
SVENSON, Eric	586-2439	RW-432	7F-031
TERRELL, Bertha	586-5355	RW-22	7F-091
TERRELL, Robert	586-6116	RW-5.2	5A-051
TREBULES, Victor	586-5625	RW-52	GF-231
TRUONG, Tru	586-4957	RW-321	7F-070
TURNER, Joanne	586-9556	RW-132	GF-231
VALENTINE, Deborah	586-5559	RW-332	7F-070
VAN, Thanhtan	586-1715	RW-323	7F-052
VINSON, Sandra	586-9116	RW-10	GF-253
VLAHAKIS, John	586-1464	RW-422	7F-088
VOLTURA, Nancy	(FTS) 544-7972	RW-3.2	

<u>Name</u>	<u>Phone Number</u>	<u>Route Symbol</u>	<u>Room</u>
WALLACE, Ray	586-1244	RW-22	7F-091
WELLS, Robert	586-5003	RW-12	GF-217
WESLEY, Julia	586-8223	RW-52	GF-277
WILLIAMS, Albert	(FTS) 544-7591	RW-3.2	
WILLIAMS, Edith	586-6842	RW-1	5A-085
WILLIAMS, Jeffrey	586-9620	RW-421	7F-059
WILLIS, Toni	586-3625	RW-322	7F-088
ZIMMERMAN, James	586-4969	RW-132	GF-225

TER 9/16/91

OCRWM AUDIT HQ-92-001
HOTEL INFORMATION

- 1) Holiday Inn \$88.38 Government Rate plus tax
1850 Fort Myer Drive
Rosslyn, VA
(703) 522-0400
- 2) Hyatt Regency \$116.00 is normal rate. Requires
1325 Wilson Blvd. government I.D. and rate will
Rosslyn, VA drop to per diem of \$97.00
(703) 525-1234 including tax.
- 3) Marriott \$109.00 plus tax with
Rosslyn, VA no government rate
- 4) Quality Inn \$65.00 plus tax for single
Courthouse
(703) 524-4000
- 5) Westpark Hotel \$83.00 plus tax double or single
(703) 527-4814



TEL II RMATI

The following room rates are based on single occupancy. Prices are subject to change at any time. When you call for reservations, ask if any special rates are available (e.g., senior citizen rates). For a more complete selection, please contact your travel agent.

Under \$80

Best Western Center City Hotel
1201 13th Street, NW
202/682-5300; 800/458-2817

The Carlyle Suites
1731 New Hampshire Ave, NW
202/234-3200

Days Inn Downtown
1201 K Street, NW
202/842-1020; 800/562-3350

Harrington Hotel
11th and E Streets, NW
202/628-8140; 800/424-8532

Ramada Inn Central
1430 Rhode Island Ave, NW
202/462-7777; 800/368-5690

\$81 to \$120

Bellevue Hotel
15 E Street, NW
202/638-0900; 800/327-6667

Best Western - Capitol Hill
724 3rd Street, NW
202/842-4466; 800/242-4831

Best Western Skyline Hotel
10 "I" Street, SW
202/488-7500; 800/458-7500

DuPont Plaza Hotel
1500 New Hampshire Ave, NW
202/483-6000; 800/421-6662

Holiday Inn Capitol
550 C Street, SW
202/479-4000; 800-HOLIDAY

Quality Hotel Capitol Hill
415 New Jersey Ave, NW
202/638-1616; 800/228-5151

Over \$120

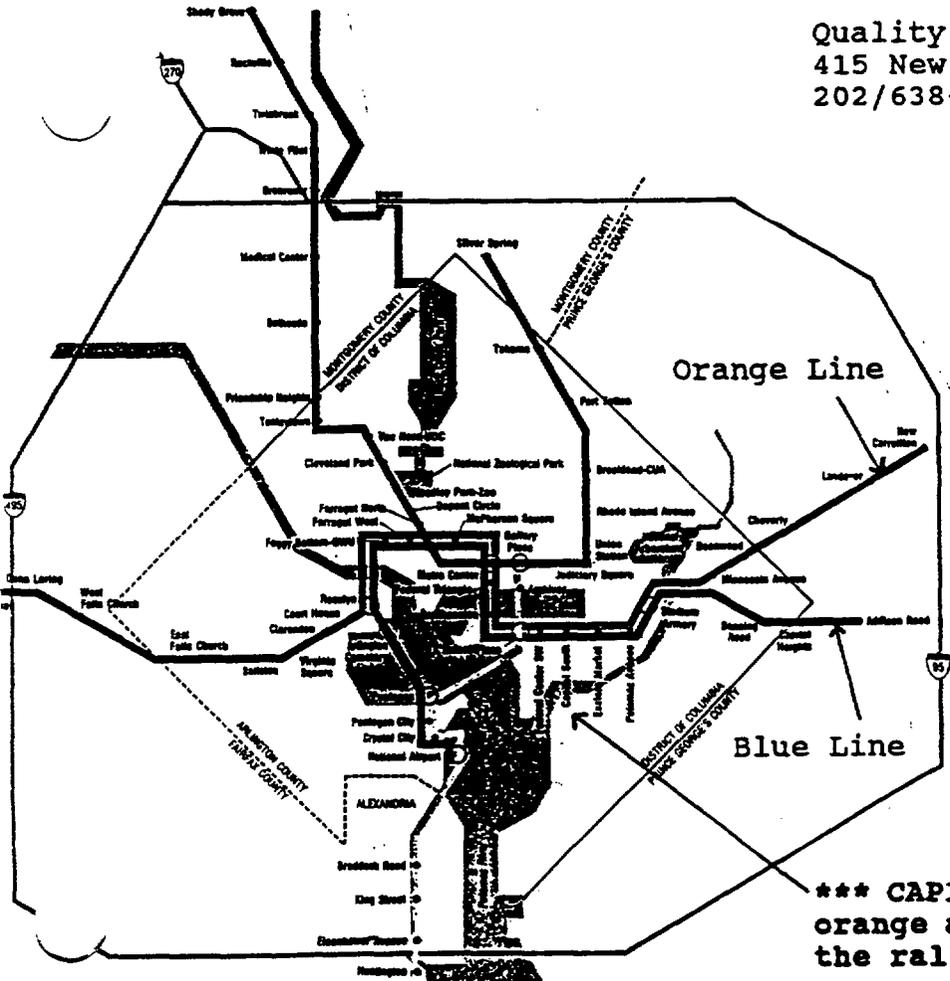
Capital Hilton Hotel
16th & K Streets NW
202/393-1000; 800-HILTONS

Embassy Row Hotel
2015 Massachusetts Ave, NW
202/265-1600; 800/424-2400

Grand Hyatt Washington
1000 H Street, NW
202/582-1234; 800/233-1234

Guest Quarters Suite Hotel
2500 Pennsylvania Ave, NW
202/333-8060; 800/424-2900

The Hay-Adams Hotel
1 Lafayette Square, NW
202/638-6600; 800/424-5054



*** CAPITOL SOUTH metro stop, on the orange and blue lines, is closest to the rally site. ***

These hotel suggestions are taken from the accommodations pamphlet of the Washington, D.C., Convention and Visitors Association. Listing does not imply endorsement by U.S. ENGINEERING.



The Washington Metropolitan Area Transit Authority (Metro) provides a convenient network of bus and subway transportation in the metro area and also connects riders with independent bus services in the Maryland and North Virginia suburbs. Metro rail fares and timetables for each destination are posted at all away stations.

METROBUS

Hours: 6 am - 11:30 pm
Days and times vary by route.

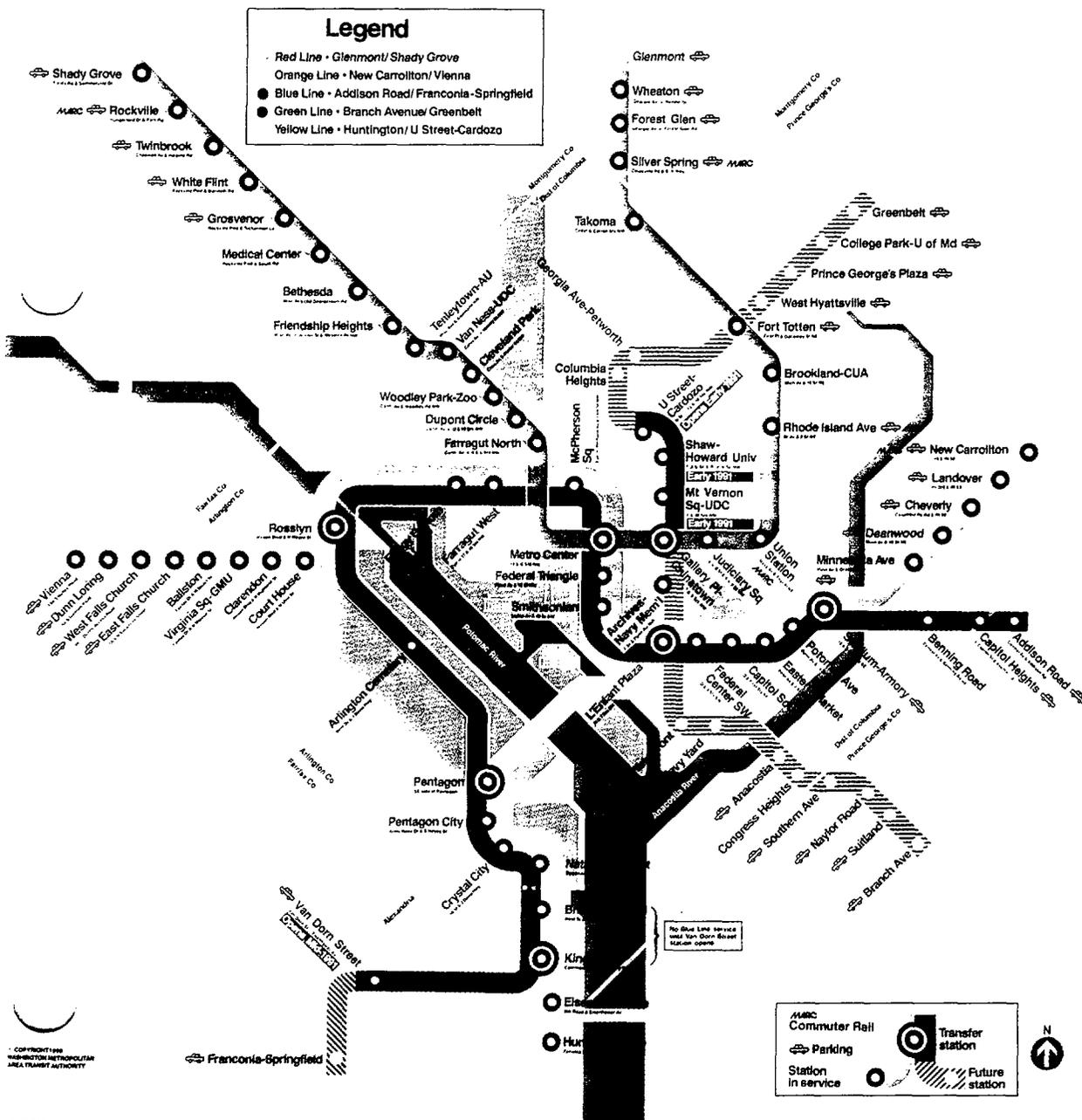
METRORAIL

Mon.-Fri., 5:30 am - 12 midnight;
Saturdays, 8 am - 12 midnight;
Sundays, 10 am - 12 midnight;
Holidays, special schedules.

Washington Metropolitan Area
Transit Authority 600 Fifth St., NW,
Washington, DC, 20001

IMPORTANT PHONE NUMBERS

Transit Information:	(202) 637-7000
TDD:	(202) 638-3780
Timetable Requests:	(202) 637-7000
Handicapped Assistance:	(202) 962-1245
TDD:	(202) 628-8973
Metrobus On-Call Lift Service:	(202) 962-1825
TDD:	(202) 638-3780
Consumer Assistance:	(202) 637-1328
Parking Information:	(202) 637-7000
Lost & Found Message Center:	(202) 962-1196
Transit Police (emergency):	(202) 962-1289
Transit Police (general information)	(202) 962-2121
Washington Metropolitan Area Transit Authority	(202) 962-1234



Transportation

OCRWM AUDIT HQ-92-001
TEAM/CRITERION/CHECKLIST ASSIGNMENTS

<u>TEAM</u>	<u>PERSONNEL</u>	<u>CRITERION</u>	<u>QAAPS</u>
"A"	Fred Bearham (1) Lou Wade	5 (partial), 1, 17	17.1; 5.2; <u>ILPs</u> 12.17.01
"B"	Frank Kratzinger	2 (partial), 5 (partial), 6	2.1; 2.2; 2.4; 2.5; 5.1; 6.1
"C"	Craig Walenga Wayne Booth (1) Tom Higgins (Tech. Spec.)	3	3.1; 3.2; 3.3; 3.5; 3.6; 3.7; <u>ILPs</u> 22.3.1; 22.3.2; 22.3.3; 30.3.2
"D"	Hugh Lentz (1) Clyde Morell	2 (partial), 4, 7	2.6; 2.7; 4.1; 4.2; 7.1
"E"	Bob Constable	2 (partial), 16, 18	2.3; 2.9; 16.1; 16.2; 18.1; 18.2; 18.3
"F"	Marc Meyer Dennis Brown	2 (Partial), 16, 18 @ YMPO	1.2; 2.9; 16.1; 18.2 <u>QMPs</u> 02-01; 02-02; 18-02

- Notes:
- (1) Require Auditor Qualification.
 - (2) Teams "B", "E" and "F" may elect to consolidate checklist preparation effort!
 - (3) Checklists must be submitted to the ATL by 9/27/91 to support issuance of the audit notebooks.

OCRWM AUDIT HQ-92-001 TEAM ASSIGNMENTS

- Audit Team Leader: Thomas E. Rodgers, CER Corporation
- Team "A" Fred Bearham and Lou Wade [Criteria 1, 5 (partial) and 17]
- Team "B" Frank Kratzinger [Criteria 2 (partial), 5 and 6]
- Team "C" Craig Walenga, Wayne Booth, Tom Higgins (Tech. Spec.) [Criteria 3]
- Team "D" Hugh Lentz and Clyde Morell [Criteria 2 (partial), 4 and 7]
- Team "E" Bob Constable [Criteria 2 (partial), 16 and 18]
- Team "F" Marc Meyer and Dennis Brown [Criteria 2 (partial), 16 and 18 at YMPO]

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
0830-Team and Observer Briefing	0830-ATL Brief OCRWM Management	0830-ATL Brief OCRWM Management	0830-ATL Brief OCRWM Management
0900-1000 Preaudit Meeting	A-17 B-2 (2.1, 2.2, 2.4, 2.5) C-3 D-4,7	A-Assist Team "B" B-5 & 6 C-3	A, B, C, D, E, F
1000-Commence Audit	E-16 F-18 (18-02), 16	D-Assist Team "E" E-18 F-2 (02-02), 16	F/U & Closeout
A-1 B-2 (2.1, 2.2, 2.4, 2.5) C-3 D-2 (2.6 & 2.7) E-2 (2.3 & 2.9) F-18 (18.2), 1(1.2)			
1200 - 1300 Lunch			
1300	1300	1300	1430-1530
A-1 B-2 (2.1, 2.2, 2.4, 2.5) C-3 D-2 (2.6 & 2.7) E-2 (2.3 & 2.9) F-18 (18.2), 2(2.9)	A-17, 5 (QAAP 5.2) B-2 (2.1, 2.2, 2.4, 2.5) C-3 D-4,7 E-16 F-18 (18-02), 16	A-Assist Team "B" B-5 & 6 C-3 D-Assist Team "E" E-18 F-2 (02-01), 16	Postaudit Meeting
1600 Team Debriefing	1600 Team Debriefing	1600 Team Debriefing	

Criteria covered by the audit:
 1-7 and 16-18 at OCRWM HQ and
 2 (partial), 16 and 18 at YMPO QAD

OCRWM AUDIT HQ-92-001
AUDITOR RESPONSIBILITIES

1. Attendance at the preaudit and postaudit conference.
2. Start auditing each day at 0830.
3. Attend the daily team caucus at 1600.
4. Draft CARs by the morning after they are identified (prior to the 0830 daily briefing with OCRWM management).
5. Attend the 0830 meeting with OCRWM to explain any CARs identified.
6. Provide list of deficiencies corrected during the previous day (for 0830 meeting).
7. Provide draft effectiveness statement for each criterion as completed.
8. Draft input to the audit report by 10/28/91 (Monday).
 - who you contacted.
 - what documents you looked at.
 - narrative of what you did.
 - completed audit checklist.

TER 10/01/91

OCRWM AUDIT HQ-92-001
ATTENDING OBSERVERS

NRC

Bill Belke

John Buckley

John Gilray (YMPO portion of audit)

Bruce E. Mabrito (Southwest Research Institute)

M&O

Frank Nash

STATE OF NEVADA

Susan Zimmerman

CLARK COUNTY

Englebrect von Tiesenhasuen

NYE COUNTY

Phillip Niedzielski-Eichner

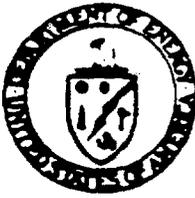
OCRWM AUDIT HQ-92-001
DAILY CAUCUS AGENDA

- 1) ATL cover items of general interest (i.e. logistics, schedule changes, etc.)
- 2) Each audit team will present:
 - a) ANY CRITERIA COMPLETED (if so, an effectiveness statement shall be prepared, read at the caucus, and given to the ATL).
 - b) POSITIVE OR NEGATIVE FINDINGS IDENTIFIED (not potential findings!) If so, the draft CAR(s) shall be prepared, read at the caucus, and given to the ATL.
 - c) POSITIVE OR NEGATIVE OBSERVATIONS (If so, the draft observation(s) shall be prepared, read at the caucus, and given to the ATL).
 - d) ANY REMEDIAL CORRECTIVE ACTIONS TAKEN IMMEDIATELY (If so, a description of the remedial actions taken shall be prepared, read at the caucus, and given to the ATL).
 - e) ITEMS REQUIRING COORDINATION WITH OTHER TEAMS
 - f) ITEMS REQUIRING ATL ACTION
 - g) PLANS AND SCHEDULE FOR NEXT DAY

Note: We do **NOT** want to get into any philosophical discussions in the caucus!!!

- 3) Each observer will be given an opportunity to speak.
- 4) Adjourn!

Note: Every effort should be made to keep these meetings as short as possible consistent with covering all **necessary** information!



Department of Energy
Washington, DC 20585

JUL 14 1987

State and Tribal Representatives (List Attached)

At the last Quality Assurance Coordinating Group meeting DOE, State, Tribal and NRC representatives discussed the policy that should be used with regard to the participation of State, Tribal and NRC representatives on DOE audits. It appears that a general consensus was reached among the meeting participants on a procedure for participating in the DOE QA auditing process. Details are in the attached draft policy statement.

We are pleased to invite your review of the enclosed draft policy statement and would appreciate knowing of any remaining concerns you may have.

Sincerely,

Stephen H. Kale
Associate Director for
Geologic Repositories, Office of
Civilian Radioactive Waste Management

Enclosure

SAIC/T&MSS

MAY 27 1988

CCF RECEIVED



Celebrating the U.S. Constitution Bicentennial — 1787-1987

ENCLOSURE 2

POLICY FOR PARTICIPATION OF STATE, TRIBAL AND NRC REPRESENTATIVES
AS OBSERVERS ON DOE AUDITS

1. The QA Manager of OGR will furnish to the State, Tribal and NRC representatives a schedule of audits planned by DOE-HQ (OGR) and by the DOE project offices. Because of frequent changes to the schedule, the schedule will be updated at approximately monthly intervals and copies furnished to the State, Tribal and NRC representatives.
2. OGR and the project offices will make every effort to send an audit notification at least 30 days prior to each QA audit. The audit notification will, whenever possible, include an audit plan and a description of the scope of the audit. Copies of OGR audit notifications will be furnished to NRC and to all State and Tribal representatives; copies of project audit notifications will be furnished to NRC and to the affected State and Tribal representatives.
3. State, Tribal and NRC representatives may request to participate in any audit. Requests need not be in writing. Telephone contacts to request participation are:

OGR - Carl Newton - (202) 586-5059
BWIP - Pierre Saget - (509) 942-7250
WMFO - Jim Blaylock - (702) 295-1125
SRPO - Jerry Reese - (806) 374-2320

State, Tribal and NRC representatives who wish to participate will make every effort to contact the DOE representative at least two weeks prior to the audit so that arrangements for their participation can be made.

4. When a request to participate is received by DOE from a State, Tribal or NRC representative, it is DOE's policy to make every reasonable effort to honor the request. When small audit teams are used by DOE, and requests for many observers are received, it may be necessary for DOE to limit participation (but in no event to less than one observer per organizational entity, i.e., one from the affected State, one from each affected Tribe, and one from NRC), so that the auditing process will not be hampered by an excessive number of observers. In instances where the limit of one observer per affected party will still result in an excessive observer to auditor ratio, DOE will contact the affected parties and seek voluntary reductions. It is expected the parties will make every reasonable attempt to accommodate DOE's requests.

5. Observers on DOE audits will be under the authority of the audit team leader (or sub-team leader if the team is divided during the audit). Observers are encouraged to participate fully by furnishing their questions, observations and recommendations to the audit team leader (or sub-team leader). Direct interactions between observers and auditee personnel will generally be discouraged and it may be necessary to exempt observers from certain portions of an audit (such as procurement actions that are in-process, classified material, or sensitive personnel records). The DOE policy is that every effort is to be made to limit such exemptions and to include observers as full participants in all aspects of the audit possible.
6. The State, Tribal and NRC representatives who will be participating in a QA audit are to be furnished a copy of the audit checklist as soon as it is available. A target date of ten days prior to the audit will be attempted. The State, Tribal and NRC representatives who receive audit checklists are, of course, to keep their contents confidential and to not, under any circumstances, divulge its contents to representatives of the organization to be audited.
7. DOE encourages observers to receive formal QA auditor training and QA lead auditor training. Every effort to accommodate State, Tribal and NRC representatives in DOE sponsored training courses is to be made. There are, however, no DOE requirements for observers to have had such training.
8. DOE invites observers to express concerns and recommendations on the auditee's QA program to the audit team leader for his consideration in preparing the audit report. DOE also invites observations on the conduct of the audit and solicits recommendations on how we might improve our audit process. Observers will be afforded an opportunity to speak at exit meetings following each audit. Regular opportunities are to be provided to observers during the course of the audit and at the quarterly QACC meeting for State, Tribal and NRC representatives to discuss their comments and recommendations.

HLW DIVISION PROCEDURE FOR CONDUCTING
OBSERVATION AUDITS OF DOE HIGH LEVEL WASTE
REPOSITORY PROGRAM QA AUDITS

1.0 PURPOSE

This procedure describes the High-Level Waste Management Division's methodology for conducting observation audits of quality assurance (QA) audits performed by the Department of Energy (DOE). These audits may be performed on DOE, its contractors and subcontractors, its participating organizations, and may include contractor audits of their subcontractors. For example, the staff may observe a USGS audit of one of their contractors.

The primary objective of the Nuclear Regulatory Commission's (NRC) observation audit program is to gain confidence that the DOE is implementing a program which meets the NRC's QA program requirements established in 10 CFR 60, Subpart G. This confidence is gained by assessing DOE's ability to identify and correct problems through their audit program. Observation audits will be the principal means for the staff to assess the implementation of the DOE program prior to the start of extensive site characterization activities. Observation audits also enable the staff to provide guidance to the DOE on QA program implementation and the overall DOE audit program. The staff will follow-up on staff concerns with respect to the audit and/or deficiencies identified by the audit team. This will assure the staff that corrective action is being performed and QA programs are being properly implemented.

2.0 OBJECTIVE

The objective of this procedure is to describe techniques for assessing the overall effectiveness of a quality assurance program audit conducted in the DOE program. Guidance on the following areas is provided:

- (a) Qualifications required for the observers.
- (b) Responsibilities
- (c) Criteria for selection of audits for observation
- (d) Areas to be observed
- (e) Protocol during the observation audit
- (f) Reporting requirements
- (g) Follow-up

3.0 QUALIFICATIONS OF THE OBSERVERS

Personnel selected for observation audits shall have experience or training commensurate with the scope, complexity, or special nature of the activities to be audited (e.g., technical observers shall be selected based on their education and experience in the technical area being audited). The observers shall be selected based on the following qualifications: auditing and technical experience, education, auditor training, communication skills, and knowledge of QA, technical, and regulatory requirements. All observers shall meet the requirements of ANSI/ASME NQA-1-1983 for auditor qualifications.

The training program for observers should address the following:

3.1 (a) The basics of the audit process

- (b) Applicable requirements documents
- (c) DOE/NRC protocol for observers
- (d) Conduct of observers

Attendance and successful completion of an exam covering the topics above should be completed prior to any staff member participating as an observer.

4.0 RESPONSIBILITIES

The following identifies the responsibilities of individuals involved in the observation audit process:

4.1 Operations Branch Chief

- (a) Approval of observation audit schedule.
- (b) Reviewing and approving the final report.
- (c) Transmitting the final report to the DOE.

4.2 Functional Section Leaders (QA and technical sections)

- (a) Preparation of observation audit schedule in consultation with P/M and technical branch (QA Section Leader only)
- (b) Selection of observers.
- (c) Assuring that observers are indoctrinated and trained for the audit observation. This information shall be documented and retained.
- (d) Concurring on final report.
- (e) Revising observation audit procedure as needed.

4.3 Project Manager (HLOB)

- (a) Coordinating the arrangements for the observation, including meeting notices for the State, letters to DOE, coordinating with TRB and QA section to assure integration.
- (b) Acting as the principal spokesperson for the NRC during the audit. P/M will rely on functional staff to explain observations or other topics within their discipline.
- (c) Ensuring during the audit that all concerns, positions, methods, etc. are consistent with Commission and Office policies.
- (d) Writing the transmittal letter to DOE.
- (e) Co-authoring report.
- (f) Integrating evaluations of technical section and QA section observers, as necessary.
- (g) Leading observation audit team during the audit.

4.4 Observers

- (a) Evaluating the DOE audit program in accordance with this procedure, reviewing pertinent background information (such as the DOE audit plan, previously identified open items, the checklist, the QA plan, and any necessary technical procedures or documents).
- (b) Completing the checklist described in Attachment A.
- (c) Writing the report (for their area of responsibility).
- (d) Concurring on report.
- (e) Explaining NRC observations to DOE audit team, as necessary.

Technical staff members will be primarily responsible for evaluating the effectiveness of the DOE audit team in assessing the quality of the technical work. QA staff will primarily be responsible for evaluating the audit team's assessment of the controls applied to work. Because these areas overlap, and because individual team members may possess qualifications in areas outside of their specific responsibilities, QA and technical staff should coordinate and integrate their review of the DOE audit.

5.0 CRITERIA FOR SELECTION OF AUDITS FOR OBSERVATION

The selection of audits for observation should be based on the following:

- (a) The importance of the activity being audited (for example, critical path activities which provide site characterization data which are important to public radiological health and safety and/or waste isolation).
- (b) The time since the last audit (NRC, DOE, WMPO, etc).
- (c) The results of previous audits, observation audits, or other reviews by NRC or DOE, particularly those which identified major concerns.

The OCRWM Consolidated Audit Schedule should be used for determining which audits are planned by DOE.

6.0 AREAS TO BE OBSERVED

See Attachment A for instruction on the areas to be observed and the use of a checklist to document results.

7.0 PROTOCOL DURING AUDIT

During the observation audit, the staff shall conduct themselves in a professional and cooperative manner. Observers should coordinate with the DOE audit team leader to assure that the effectiveness of the audit team is not disrupted. Observers are encouraged to participate fully by furnishing their questions, observations, and recommendations to the DOE audit team leader. Efforts should be made by the observer to minimize direct questions of the audited organization. It may be necessary to exclude observers from certain portions of the audit (such as procurement actions that are in-process, or sensitive personnel records). Observers should obtain a copy of the audit checklist as soon as it is available and should prevent predisclosure of the list to the audited organization.

All staff concerns should be communicated to the audit team leader in a clear and timely manner. Observers shall indicate the acceptable areas of the audit program as well as express concerns, or recommendations to the DOE audit team leader prior to leaving the site. Every attempt should be made to express their concerns daily to the DOE audit team leader. Whenever possible, the observers should attend the entrance and exit meetings and audit team caucuses. The observers should also express their concerns about the adequacy and implementation of the audited organization's QA program to the audit team leader prior to the exit meeting. Observer concerns about the conduct of the audit should be addressed only to the audit team leader unless directed otherwise by the audit team leader. The audit team leader should be given the opportunity to respond to staff concerns. The observer should consider any new

information provided to determine if concerns are still valid. Efforts should be made to reach agreement with the audit team leader on the nature of the concern and where necessary, that appropriate corrective action will be taken. All observations should be based on facts and personal opinions should be avoided.

8.0 REPORTING REQUIREMENTS

A report shall be written upon completion of the audit and will be sent to the Director, Office of Systems Integration and Regulations, Office of Civilian Radioactive Waste Management, Department of Energy. The DOE Project Office (WMPO), the State of Nevada, and the organization that conducted the audit shall also receive a copy of the report. The report shall evaluate the overall effectiveness of the DOE audit in assessing the implementation of the QA program. Needed improvements in the audit, which would make future audits acceptable to the staff, should be identified. The areas addressed in the checklist (Attachment A) should be included in the report to the extent that each was observed. In addition, each report shall address the audit results. The report should address the positive as well as the negative aspects of the audit.

The format of the report should include the following headings:

8.1 Summary

- (a) Objective of audit and audit observation
- (b) Scope of audit
- (c) Main conclusions on overall effectiveness of audit and major areas needing improvement.

8.2 Introduction

- (a) Contents of report (observations, DOE findings, audit team members, etc.)
- (b) Date(s) of audit observation and the organization being observed
- (c) General background information about the audited organization (e.g., their scope of work and importance to safety or waste isolation.

8.3 Audit Purpose and Scope

- (a) Based on DOE's and NRC's perspective
- (b) QA criteria and technical work audited

8.4 Audit Team Members and Observers (name, title, and affiliation)

8.5 NRC Observations of the Audit Team

- (a) Addresses each area described in the checklist (Attachment A) to the extent that each was observed.
- (b) Conclusions should be based on facts. Subjective judgements should be minimized.
- (c) Supporting detail (i.e., examples) should be provided as necessary to clearly support the observations.

8.6 Preliminary Results/Findings of Audit Team

- (a) Attach a copy of the draft results or summarize the results.

8.7 Appendices may be attached which address specific observations such as:

- (a) Observations and open items with respect to the audited organization's QA program identified by the audit observer.

9.0 FOLLOW-UP

The staff may elect to observe follow-up audits or surveillances by DOE which are needed to verify that the audited organization is implementing the necessary corrective action. Likewise, follow-up audits by the staff may be necessary to ensure that those recommendations for improving the DOE audit program are being implemented. It is the responsibility of the observers to track all staff concerns. All concerns shall be documented and subsequently closed out upon satisfactory resolution of the concern. The actions taken to resolve the issue shall be documented.

10.0 REFERENCES

ASME/ANSI NQA-1-1983
10 CFR Part 50 Appendix B
OCRWM Consolidated Audit Schedule
DOE Memo on Observer Protocol (July 14, 1987)

ATTACHMENT A

AREAS TO BE OBSERVED AND CHECKLIST COMPLETION

This attachment provides guidance on the areas to be addressed before or during the observation audit. A checklist (attached) shall be used which documents the area investigated and the results. The checklist is intended to be a guide for the audit observers. Observers should rely on their professional judgement in deciding which areas to emphasize or de-emphasize in the checklist. The staff should place a greater focus on performance of the audit team rather than just programmatic compliance. This means did the audit team verify that the audited organization's QA program is producing quality products (i.e., reports, data, test procedures) and the documentation necessary to defend that work in licensing. In addition, concerns should be put into perspective. For example, does a missing signature have a negative effect on the effectiveness of the audit? If not, the staff should clearly indicate that a noncompliance exists but it did not result in reduced product quality. The product, in this case, is an effective audit.

HLWM DIVISION OBSERVATION
AUDIT CHECKLIST

1. Observation Audit No:
2. Observer:
3. Date(s) of Audit:
4. Audited Organization:
5. Audit Conducted By:

PROCEDURE: The areas listed should be addressed either before or during the audit. When information used to support staff conclusions is obtained by verification of documented evidence, appropriate documents should be referenced. However, in those instances where only verbal information can be obtained, this shall be noted and the person contacted documented, so that appropriate follow-up action can be taken to verify that supporting documentation exists.

The observation audit number shall be placed on each successive checklist sheet. In addition, upon completion of the respective checklist, the NRC observer shall sign and date each checklist sheet in the space provided. Lastly, for those areas not covered or not applicable (NA) the auditor shall document this and provide justification in the "RESULTS" section of the checklist.

The following checklist has been organized in relative order of importance. This will emphasize audit performance rather than procedural compliance.

Staff should not be limited to only those questions on the list, but should pursue any others which will assist in achieving the objective of the observation audit.

AUDIT OBSERVER INQUIRY

Audit. No. _____

Log No. _____

Name _____

Organization _____

Requirement Reference _____

Question/Concern _____

Response _____

Observer's Acknowledgement

Cleared for Submittal to Audit Participant: _____

Lead Auditor/ Lead Technical Specialist

Audit Team Leader

AUDIT OBSERVER INQUIRY

Audit. No. _____

Log No. _____

Name _____ Organization _____

Requirement Reference _____

Question/Concern _____

Response _____

Observer's Acknowledgement

Cleared for Submittal to Audit Participant: _____
Lead Auditor/ Lead Technical Specialist

Audit Team Leader

AUDIT OBSERVER INQUIRY

Audit. No. _____

Log No. _____

Name _____ Organization _____

Requirement Reference _____

Question/Concern _____

Response _____

Observer's Acknowledgement

Cleared for Submittal to Audit Participant: _____
Lead Auditor/ Lead Technical Specialist

Audit Team Leader

AUDIT OBSERVER INQUIRY

Audit. No. _____

Log No. _____

Name _____

Organization _____

Requirement Reference _____

Question/Concern _____

Response _____

Observer's Acknowledgement _____

Cleared for Submittal to Audit Participant: _____

Lead Auditor/ Lead Technical Specialist

Audit Team Leader

AUDIT OBSERVER INQUIRY

Audit. No. _____

Log No. _____

Name _____

Organization _____

Requirement Reference _____

Question/Concern _____

Response _____

Observer's Acknowledgement _____

Cleared for Submittal to Audit Participant: _____

Lead Auditor/ Lead Technical Specialist

Audit Team Leader

Memorandum

DATE: SEP 18 1991

REPLY TO
ATTN OF: RW-3

SUBJECT: OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT (OCRWM) QUALITY ASSURANCE (QA) AUDIT HQ-92-001 OF OCRWM HEADQUARTERS ACTIVITIES INCLUDING YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE DIVISION (YMQAD) ACTIVITIES

TO: Director, Office of Civilian Radioactive Waste Management, RW-1

Please be advised that a team from OCRWM, Office of Quality Assurance (OQA), will conduct a QA audit of the OCRWM QA Program and implementation during the period October 15-18, 1991. Current plans are for the audit team to hold a preaudit meeting on Tuesday, October 15, 1991, beginning at 9:00 a.m., Room 6E-069, at the Forrestal Building. Please arrange for the appropriate personnel to attend the meeting. The postaudit meeting is tentatively scheduled for 2:30 p.m. on Friday, October 18, 1991.

A portion of this Audit team will be concurrently performed at the Yucca Mountain Project Office to assess implementation and effectiveness of the Yucca Mountain Quality Assurance Division's oversight activities (i.e. Criterion 2, 16 & 18).

The audit will focus on the following areas:

QA PROGRAM ELEMENTS

- 1 - Organization
- 2 - Quality Assurance Program
- 3 - Design Control (including software and scientific investigation)
- 4 - Procurement Document Control
- 5 - Instructions, Procedures, and Drawings
- 6 - Document Control
- 7 - Control of Purchased Items and Services
- 16 - Corrective Action
- 17 - Quality Assurance Records
- 18 - Audits

The audit of implementation and effectiveness will be primarily based upon the current revisions of your implementing procedures and/or the procedures that were in effect when the activity was performed.

TECHNICAL AREAS

Auditors will review and evaluate activities to determine adequacy in the following areas:

1. Qualifications of technical personnel
2. Understanding of procedural requirements as they pertain to the development, review and approval of technical documents.

TECHNICAL AREAS (continued)

3. Program Change Control Board activities, as implemented for quality affecting documents.

If the audit team identifies a need to verify additional programmatic or technical areas during the audit, they will be added to the audit checklist(s) and verified accordingly.

The audit team will consist of:

<u>NAME</u>	<u>ORGANIZATION</u>	<u>TEAM</u>
Thomas E. Rodgers	CER Corp., Arlington, VA	Audit Team Leader
Fred Bearham	CER Corp., Arlington, VA	Auditor
R. Dennis Brown	CER Corp., Arlington, VA	Auditor
Norman C. Frank	CER Corp., Arlington, VA	Auditor
F. Hugh Lentz	CER Corp., Arlington, VA	Auditor
Marc J. Meyer	CER Corp., Arlington, VA	Auditor
Craig G. Walenga	CER Corp., Arlington, VA	Auditor
Wayne Booth	Weston, Washington, DC	Auditor
Louis Wade	Weston, Washington, DC	Auditor
Robert Constable	DOE, YMPO	Auditor
Frank Kratzinger	SAIC, Las Vegas	Auditor
TBD		Technical Specialist

Observers representing the State of Nevada, U.S Nuclear Regulatory Commission, and other interested parties may also be accompanying the team. You will be notified of these observers prior to the audit.

If you have any questions, please contact Bob Clark at 586-1238 or Thomas Rodgers at (703) 276-9300.

R. W. Clark

for Donald G. Horton, Acting Director
Office of Quality Assurance

Enclosure
Audit Plan HQ-92-001

cc:

C. Hampton, YMPO
D. Spence, YMPO
C. Gertz, YMPO
R. Loux, State of Nevada
S. W. Zimmerman, NWPO, Carson City, NV
K. Whipple, Lincoln County, NV
M. Baughman, Lincoln County, NV
J. Bingham, Clark County, NV
D. Bechtel, Clark County, NV
Englebrecht von Tiesenhasuen, Clark County, Las Vegas, NV
S. Bradhurst, Nye County, NV
B. Raper, Nye County, NV
P. Niedzielski-Eichner, Nye County, NV
R. Campbell, Inyo County, CA
R. Michener, Inyo County, CA
G. Derby, Lander County, NV
P. Goicoechea, Eureka, NV
C. Schank, Churchill County, NV
C. Jackson, Mineral County, NV
F. Sperry, White Pine County, NV
L. Vaughan, Esmeralda County, NV
K. Hooks, NRC, Washington, D.C.
J. W. Gilray, NRC, Las Vegas, NV
W. Belke, NRC, Washington, D.C.
F. Peters, HQ, (RW-2) FORS
T. Isaacs, HQ (RW-4) FORS
J. Saltzman, HQ (RW-5) FORS
S. Rousso, HQ (RW-10) FORS
S. J. Brocoum, HQ, (RW-22) FORS
D. E. Shelor, HQ. (RW-30) FORS
R. A. Milner, HQ, (RW-40) FORS
R. J. Brackett, TESS, HQ (RW-3) FORS

AUDIT PLAN
AUDIT NUMBER: HQ-92-001
AUDIT OF OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT (OCRWM)

An audit of OCRWM will be conducted the week of October 15-18, 1991 in the Forrestal Building. A team will concurrently conduct an audit of the Yucca Mountain Project Office Quality Assurance Division's oversight activities.

The audit will be conducted by:

Thomas E. Rodgers	CER Corp., Arlington, VA	Audit Team Leader
Fred Bearham	CER Corp., Arlington, VA	Auditor
R. Dennis Brown	CER Corp., Arlington, VA	Auditor
Norman C. Frank	CER Corp., Arlington, VA	Auditor
F. Hugh Lentz	CER Corp., Arlington, VA	Auditor
Marc J. Meyer	CER Corp., Arlington, VA	Auditor
Craig G. Walenga	CER Corp., Arlington, VA	Auditor
Wayne Booth	Weston, Washington, DC	Auditor
Louis Wade	Weston, Washington, DC	Auditor
Robert Constable	DOE, YMPO	Auditor
Frank Kratzinger	SAIC, Las Vegas	Auditor
TBD		Technical Specialist

Observers from the State of Nevada, the NRC, the Edison Electric Institute (EEI), and other interested parties will be invited to participate.

AUDIT SCOPE

The audit scope will include the activities of YMPO QA Division and OCRWM HQ Activities up to the time of the audit.

QA PROGRAM ELEMENTS

The implementation of the following criteria will be evaluated during the audit:

- 1 - Organization
- 2 - Quality Assurance Program
- 3 - Design Control (including software and scientific investigation)
- 4 - Procurement Document Control
- 5 - Instructions, Procedures, and Drawings
- 6 - Document Control
- 7 - Control of Purchased Items and Services
- 15 - Control of Nonconforming Items
- 16 - Corrective Action
- 17 - Quality Assurance Records
- 18 - Audits

The auditable requirements will be drawn from the DOE/RW-0214, Quality Assurance Requirements Document (QARD), DOE/RW-0215, Quality Assurance Program Description Document (QAPD), applicable Quality Assurance Administrative Procedures (QAAPs), and the Implementing Line Procedures (ILPs).

TECHNICAL AREAS

Auditors will review and evaluate activities to determine adequacy in the following areas:

1. Qualifications of technical personnel
2. Understanding of procedural requirements as they pertain to the development, review and approval of technical documents.

Specific technical documents will include:

Physical System Requirements:	Overall System
Physical System Requirements:	ESF
Physical System Requirements:	Store Waste
Physical System Requirements:	Accept Waste
Physical System Requirements:	Dispose Waste
Programmatic Requirements:	Overall System
Programmatic Requirements:	ESF
Programmatic Requirements:	Store Waste
Programmatic Requirements:	Accept Waste
Programmatic Requirements:	Dispose Waste

3. Program Change Control Board activities, as implemented for quality affecting documents.

If the audit team identifies a need to verify additional programmatic or technical areas during the audit, they will be added to the audit checklist(s) and verified accordingly.

Preliminary Audit Schedule

Audit Team Briefing	October 15th	8:30 am
Preaudit Meeting	October 15th	9:00 am
Conduct of Audit	October 15th	9:30 am - 4:00 pm
	October 16th & 17th	8:30 am - 4:00 pm
	October 18th	8:30 am - 12:00 pm
Postaudit Meeting	October 18th	2:30 pm - 3:30 pm
Daily Audit Team Debriefing		4:00 pm
Daily Summary to OCRWM		8:30 am

The audit may be extended as necessary to ensure adequate coverage of each criteria to be audited.

Prepared by: Thomas E. Rodgers Date: 9/17/91
Thomas E. Rodgers, CER Corporation
Audit Team Leader

Approved by: R. W. Clark Date: 9/18/91
Robert W. Clark, Director
Headquarters Quality Assurance Division

Approved by: R. W. Clark Date: 9/18/91
For Donald G. Horton, Director
Office of Quality Assurance

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

SHEET 1 OF 7
AUDIT/SURVEILLANCE/INSPECTION
NO. HQ-92-001

QUALITY ASSURANCE CHECKLIST

ORGANIZATION EVALUATED OCRWM HQ		<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	PREPARED BY <u>Fred Bearham</u> DATE <u>10/01/91</u>
DATES OF EVALUATION October 15-18, 1991				CONCURRED BY <u>PIA</u> DATE <u>PIA</u>
CONTROLLING DOCUMENT (Title, Number, Revision) DOE/RW-215, Rev.3 Quality Assurance Program Description			ACTIVITY EVALUATED Criterion 1, Organization	
ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS	
1.	Review organization chart and verify that all positions are assigned. (Para. 1.1)			

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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

SHEET 2 OF 7
AUDIT/SURVEILLANCE/INSPECTION
NO. HQ-92-001

QUALITY ASSURANCE CHECKLIST (continuation sheet)

ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	<p>Verify that the Director, OCRWM maintains awareness of QA issues and problems and effects resolution.</p> <p>a) Review meetings attended. b) Review input to identified problems. c) Review input to providing resources. (Para. 1.1.1g)</p>		
3.	<p>Is the Director, OCRWM involved in the delegation of work to contractors, agents and consultants. (Para. 1.1.i)</p>		

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

SHEET 3 OF 7
AUDIT/SURVEILLANCE/INSPECTION
NO. HQ-92-001

QUALITY ASSURANCE CHECKLIST (continuation sheet)

ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
4.	Verify Director, OQAs access to the Director. (Para. 1.1.2)		
5.	How does the Director, OQA discharge his responsibilities for management, policy training and verification? Are these responsibilities delegated in writing. (Para 1.1.2.1)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
6.	How are the resources required for support of the QA program controlled? Review any requests for resources. (Para. 1.1.1e)		
7.	Review evidence of Director, OQA guidance & direction to affected organizations. (Para. 1.1.2.1c)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
8.	The Director, OQA has extensive responsibility & authority. Verify that these responsibilities are properly delegated. (Para. 1.1.2)		
9.	Is the line of authority between project and HQ clearly established. (Para. 1.1.2.2)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
10.	Review appropriate responsibilities with Directors of: a) OSC (Para. 1.1.5) b) OST (Para. 1.1.6) c) OGD (Para. 1.1.7) d) OPARM (Para. 1.1.8) e) OCBM (Para. 1.1.9)		
11.	Verify that procurement documents for Weston, CER and SAIC address QA requirements. (Para. 1.1.13.1)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
12.	Review available evidence of HQ interface with affected organization. a) Are coordination responsibilities established? b) Review, directive memo's. c) Review available feedback for affected organization. (Para. 1.1.13.1)		

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DATES OF EVALUATION October 15-18, 1991				CONCURRED BY <u>PIA</u> DATE <u>PIA</u>
CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 1.2, Rev.0 OCRWM Quality Concerns Program			ACTIVITY EVALUATED Implementation of OCRWM Quality Concerns Program	
ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted		RESULTS
1.	Verify that the current revision of QAAP 1.2 is available at the work station. (General)			

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	How is the independence of the interviewer established? Is the interviewer excused once it is determined that he has some responsibility in the affected area? (Para. 3.2.2c)		
3.	Verify that a QCP Coordinator and a QCP Manager have been assigned and that the interface is established. (Para. 4.2.1)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
4.	Verify that independence is maintained when OQA is the subject of a quality concern. (Para. 4.1.2.2)		
5.	Verify that the associate Directors of OPARM and OGD are advised when personnel are terminated or are transferred. Check quits or transfers since July. (Para. 4.3.1)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
6.	Verify that the QCP is included on audit schedules. (Para. 4.4.3)		
7.	Who appoints the QCP Manager? Check job description, experience and education requirements. (Para. 4.5)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
8.	Review the QCP log. Verify that each concern is identified, logged, screened and investigated. (Para. 4.5.4)		
9.	Check the content of the QCP Manager's report for August. Note QAAP 1.2 was effective 7/1/91 so reports for July and August may be available. Verify that the reports contain the elements referenced in Paragraph 4.6.3. (Para 4.5.10)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
10.	Check I&T records. Verify that Interviewers and Coordinators have received adequate training. Note. This attribute may be addressed in other audit checklists. (Para. 4.5.13)		
11.	Paragraph 4.6.2 refers to the Quality Concerns Interviewer. Is there only one interviewer or one at each location? Is the Coordinator qualified to act as an interviewer? (Para. 4.6.2)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
12.	Verify that quality concerns are closed satisfactorily by the interviewer and approved by the QCP Manager. (Para. 4.6.2)		
13.	Does a conflict exist between this procedure and QAAP 16.1 regarding the tracking of CARs? This paragraph requires the QCP coordinator to maintain follow up of CARs and paragraph 6.2.4 requires a response within 10 days. QAAP 16.1 does not require a specific response time and assigns tracking responsibility to the CAR Coordinator. (Para. 4.7)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
14.	Review all available documentation to verify that confidentiality is maintained. (Para. 5.1)		
15.	The program allows input from non DOE individuals. How would a quality concern raised by an NRC or tribal representative be processed? Paragraph 6.1.3 allows personal interviews. (Para. 5.3.3)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
16.	Verify that attributes a) through f) are recorded during the initial contact. (Para. 5.5)		
17.	Verify that the QCP Manager is advised of all transfers and terminations so that the exit interviews can be scheduled. (Para. 6.1.8)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
18.	Verify that AD/ODs respond to quality concerns within 5 working days? (Para. 6.2.4.1)		
19.	Review several summary reports and exit interviews. Verify that concerns are addressed and required documents are processed in accordance with QAAP 17.1. (Para. 7.0)		

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DATES OF EVALUATION October 15-18, 1991			CONCURRED BY <u>VIA</u> DATE <u>VIA</u>
			APPROVED BY <u>J.E. Rodgers</u> DATE <u>9/20/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 2.1, Rev. 1
Indoctrination and Training

ACTIVITY EVALUATED
Indoctrination and Training

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1	Verify that supervisors have established specific indoctrination and training requirements supporting the OCRWM QA Program for each person on their staff. (Para. 6.1.2)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Verify, that for reading assignments, the supervisor signs and the employee initials and signs the Indoctrination and Training Matrix after assigned materials have been read. (Para. 6.2.2)		
3.	Verify that the OCRWM QA Training Officer has prepared, on at least a quarterly basis, a tentative schedule of QA indoctrination and training courses. (Para. 6.3.1)		
4.	Verify that the OCRWM Training Officer distributes, prior to each QA indoctrination and training course, written notification of the course, class location, class schedule and required attendees. (Para. 6.3.4)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
5.	Verify that the instructor forwards the Attendance Record to the OCRWM QA Training Officer who processes it as a QA record, along with the lesson plan. (Para. 6.4.3)		
6.	Verify that employees receive additional indoctrination and training, comparable to that required initially, whenever there is a significant change to a document identified in their Training Matrix. (Para. 6.6.3)		
7.	Verify that individual employee's training matrices are reviewed annually by their cognizant supervisor (Para. 6.6.5)		

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DATES OF EVALUATION October 15-18, 1991			CONCURRED BY <u>V/A</u> DATE <u>V/A</u> APPROVED BY <u>JE Rodgers</u> DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 2.2, Rev. 0
Verification of Personnel Qualifications

ACTIVITY EVALUATED
Personnel Qualifications

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1	Verify that OCRWM supervisors prepare an OCRWM Position Summary for those employees who perform, under their direct supervision, activities subject to QA program controls. (Para. 6.1.1)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Verify, that the position descriptions providing the major duties and responsibilities developed in response to FMP 5.11 are attached to the OCRWM Position Summary. (Para. 6.1.1.d)		
3.	Verify that direct-support contractor supervisors develop a document equivalent to the OCRWM Position Summary that describes the minimum education and experience; special skills, knowledge, and experience; the indoctrination and training; and the major duties and responsibilities for each of their staff who perform activities subject to QA program controls. (Para. 6.1.2)		
4.	Verify that OCRWM supervisors approve the OCRWM Position Summaries for people under their supervision. (Para. 6.1.3)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
5.	Verify that direct-support contractor supervisors have their equivalent document approved. (Para. 6.1.4)		
6.	Verify that the supervisor annually evaluates the position summary (or equivalent direct-support contractor document) for accuracy and appropriateness for the work currently being done by the employee. (Para. 6.1.5)		
7.	Verify that direct-support contractor supervisors determine that each employee within their organization meets the minimum education and experience requirements using Part 1 of the Direct-Support Contractor Personnel Statements. (Para. 6.2.2)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
8.	Verify that OCRWM supervisors, to the extent possible, ascertain that the relevant education and experience contained in the employee's current SF 171 is correct and accurate and complete Part 2 of the OCRWM Personnel Statements. (Para. 6.3.1)		
9.	Verify that direct-support contractor supervisors or their designee, to the extent possible, ascertain that the relevant information contained in the employee's current resume or application for employment is correct and accurate and complete Part 2 of the Direct-Support Contractor Personnel Statements. (Para. 6.3.2)		
10.	Verify that when an OCRWM or direct-support contractor employee resigns, is reassigned, or terminates for whatever reason, the employee's supervisor notifies the OCRWM QA Training Officer who then updates the record files and the training tracking system to reflect the change in status. (Para 6.5.1)		

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DATES OF EVALUATION October 15-18, 1991			CONCURRED BY <u>N/A</u> DATE <u>N/A</u>
			APPROVED BY <u>J E Rodgers</u> DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 2.3, Rev. 0
Establishing QA Program Controls

ACTIVITY EVALUATED
Establishment of QA controls for Quality Affecting program activities

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	<p>States in part: OCRWM program activities and associated QA Program Controls shall be identified in a QA Controls Document. (Para. 6.0)</p> <p>Verify the following:</p> <ul style="list-style-type: none"> • existence of a QA Controls Document: • QA Controls Document provides descriptions of each office's applicable function or work definitions; • QA Controls Document provides applicable program controls to be implemented; and • QA Controls Document is formatted in accordance with Attachment I. 		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	<p>States in part: For each description that shall have applicable QA program requirements and QA program controls specified, a determination of the applicability of the QARD shall be made using criterion in para. 5.2. (Para. 6.2).</p> <p>Verify the following:</p> <ul style="list-style-type: none"> • The results of and the basis for determination is documented on the QA Program Controls Matrix (Attachment II); and • QA Program Controls Basis Sheet (Attachment III). 		
3.	<p>States in part: When the QARD is applicable, the QAPD shall be implemented. This shall be documented on the QA Program Controls Matrix (Attachment II). (Para. 6.3)</p> <p>Verify the following:</p> <ul style="list-style-type: none"> • QAPD Sections 1, 2, 4, 5, 6, 7, 16, 17, & 18 are always applicable; • QAPD Sections 3, 8, 9, 10, 11, 12, 13, 14, 15, 19, 20 and Appendices A, B, & C are separately evaluated. • The evaluations of above sections are documented on the QA Program Controls Matrix (Attachment II); • When the evaluated sections identify that the Program Controls Matrix are not applicable, the sections shall be documented on QA Program Controls Basis Sheet (Attachment III). 		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
4.	States: the Director, OCRWM, shall review and approve the QA Controls Document prior to issue. (Para. 6.5.3) Verify that the QA Controls Document is reviewed and approved by the Director of OCRWM prior to issue.		
5.	States in part: The QA Controls Document shall be maintained as a controlled document. (Para. 6.6.1) Verify the QA Controls Document is maintained as a controlled document.		

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DATES OF EVALUATION October 15-18, 1991			CONCURRED BY <u>N/A</u> DATE <u>N/A</u> APPROVED BY <u>JE Rogers</u> DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 2.4, Rev. 0
Preparation and Maintenance of the QARD and QAPD

ACTIVITY EVALUATED
Preparation of the QARD and QAPD

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	Verify that the Director, OQA assigns individuals to prepare the QARD and QAPD. (Para. 6.1.1)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Verify that the assigned individual prepares the document using the format described in Subsection 5.1. (Para. 6.1.2)		
3.	Verify that the Director, OQA determines whether reading or classroom training is necessary for the approved changes and documents the requirements on the ICN. (Para. 6.2.7)		
4.	Verify that the Director, OQA indicates the effective date on the ICN. (Para. 6.2.8)		

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DATES OF EVALUATION October 15-18, 1991		<input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	CONCURRED BY <u>N/A</u>	DATE <u>N/A</u>
			APPROVED BY <u>J.E. Rodgers</u>	DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) <u>QAAP 2.5, Rev. 1</u> <u>Quality Assurance Program Document Review</u>	ACTIVITY EVALUATED <u>QA Program Document Review</u>
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ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	Verify that the Director, OQA initiates the formal review process by completing the top portion of the Document Review Record (DRR) including the identification of the review and approval criteria in accordance with Subsection 5.1; identification of the reviewing offices; and the establishment of realistic comment-due date. (Para. 6.1.2)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
2.	Verify that upon completion of the review, the Responsible Associate Director forwards the signed DRRs to the Director, OQA for comment resolution. (Para. 6.1.7)		
3.	Verify that the Director, OQA collects the DRRs and forwards the DRRs to the preparer for comment resolution. (Para. 6.1.8)		
4.	Verify that the reviewer and the preparer resolve each mandatory comment and document the resolution in the Response block of the DRR. (The reviewer shall initial and date the appropriate DRR block next to the mandatory comment resolution response.) (Para. 6.1.10)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
5.	Verify that if no mandatory comments exist or remain unsolved, the preparer updates the draft document with the accepted changes; submits the document to the Director, OQA who obtains concurrence of the Responsible Associate Directors; and solicits the approval signature of the Director, OCRWM. (Para. 6.1.13)		
6.	Verify that for External QA Program Document Acceptance, the Responsible Accepting-Authority Representative initiates the formal review process by completing the top portion of the DRR including the identification of the review and acceptance criteria; identification of the reviewing offices including Director, OQA; and the establishment of a realistic comment-due date. (Para. 6.2.2)		
7.	Verify that the Responsible Accepting-Authority Representative forwards a copy of the QA program document to each reviewing Responsible Associate Director along with the DRR. (Para. 6.2.3)		

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8.	Verify that upon completion of the review, the Responsible Associate Directors forward the signed DRRs to the Responsible Accepting-Authority Representative for further action. (Para. 6.2.8)		
9.	Verify that the Responsible Accepting-Authority Representative in conjunction with the responsible reviewer and the Director, OQA resolve mandatory comments with the OCRWM-managed Program participant and document the resolution in the Response block of the DRR. (Para. 6.2.10)		
10.	Verify that upon receipt of the revised document and verifying that all accepted mandatory responses have been incorporated, the Responsible Accepting-Authority Representative transmits OCRWM formal acceptance of the document. (Para. 6.2.12)		

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QUALITY ASSURANCE CHECKLIST

ORGANIZATION EVALUATED OCRWM HQ	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	PREPARED BY <u>F. Hugh Lentz</u> DATE <u>9/24/91</u> CONCURRED BY <u>N/A</u> DATE <u>N/A</u> APPROVED BY <u>J E Rodgers</u> DATE <u>9/27/91</u>
DATES OF EVALUATION October 15-18, 1991			

CONTROLLING DOCUMENT (Title, Number, Revision) DOE/RW 0215, Rev. 3 Quality Assurance Program Description	ACTIVITY EVALUATED Criterion 2 Quality Assurance Program
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ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1	Verify that a list of planned Readiness Reviews is being maintained by each Associate Director. (Review 3-4 lists) (QAPD Section 2, Para. 2.1.7)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Verify that the planned list is revised semiannually. (QAPD Section 2., Para. 2.1.7)		
3.	Determine when selected Readiness Reviews are to be performed (QAPD Section 2, Para. 2.1.7)		

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ORGANIZATION EVALUATED OCRWM HQ	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	PREPARED BY <u>F. Hugh Lentz</u> <i>FHLentz</i> DATE <u>9/24/91</u> CONCURRED BY <u>N/A</u> DATE <u>N/A</u> APPROVED BY <u>JE Rodgers</u> DATE <u>9/27/91</u>
DATES OF EVALUATION October 15-18, 1991			

CONTROLLING DOCUMENT (Title, Number, Revision) <u>QAAP 2.6, Rev. 1</u> <u>Readiness Review</u>	ACTIVITY EVALUATED <u>Readiness Review</u>
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ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
1.	Determine types and number of activities that require Readiness Review since last HQ Audit. (General) <ul style="list-style-type: none"> • In-progress • Completed 		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
2.	<p>Verify the determination of Readiness Review needed per QAAP 2.3 (QA controls Matrix) (Para. 5.1).</p> <p>Review 3 documents/activities from Matrix for 3-4 offices with design responsibility</p>		
3.	<p>Verify the appointment of a qualified Readiness Review Board/Start-up Team. Check qualifications of personnel as maintained by Director. (Para. 5.4)</p> <p>(Review for 3-4 documents - at least 2 offices)</p>		
4.	<p>Verify that Associate Director has defined Scope-of-Review; providing: (Paras. 5.5 and 5.6)</p> <ul style="list-style-type: none"> • Written guidelines on what is to be evaluated. • Written instructions on review and acceptance criteria 		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
5.	Verify the development of Review Plan, Tree, and Action-Items List. (Para. 6.1.3, Attachments I-IV)		
6.	Verify that Readiness Review includes: (Attachment I) <ul style="list-style-type: none"> • Scope • Objectives • References • How review is to be conducted • Guidelines • Assumptions • Schedule 		

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ORGANIZATION EVALUATED OCRWM HQ	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT	PREPARED BY <u>F. Hugh Lentz</u> <i>F. Lentz</i> DATE <u>9/24/91</u>
DATES OF EVALUATION October 15-18, 1991		<input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	CONCURRED BY <u>N/A</u> DATE <u>N/A</u> APPROVED BY <u>J E Rodgers</u> <i>J E Rodgers</i> DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 2.7, Rev. 0
Management Assessment

ACTIVITY EVALUATED
Management Assessment

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	Determine if a Management Assessment has been conducted since last HQ Audit. (Para. 5.1) Review Assessment Report.		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Verify that the Assessment team is independent of OQA. (Paras. 5.3 & 6.2)		
3.	Verify that the Assessment was planned IAW procedure. (Para. 6.3).		
4.	Verify that the Assessment report includes: (Paras. 6.5.1 and 6.5.2) <ul style="list-style-type: none"> • Summary • Scope • Personnel contacted • Findings • Summary of results • Evaluation • Adverse conditions • Team members identified • Concurrence signatures 		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
5.	Verify that conditions adverse to quality identified in the Assessment were addressed on a "Corrective Action Request". (Para. 6.5.3)		
6.	Verify that each Associate Director is documenting (report to Director, OCRWM) their own responsibility assessment. Review 3-4 Office Reports. (Para. 6.6)		
7.	Verify that Associate Directors document actions to be taken in response to Assessment and that actions are tracked. (Para. 6.7)		

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ORGANIZATION EVALUATED OCRWM HQ and YMP QA Divisions	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE	PREPARED BY <u>Marc Meyer</u> <i>[Signature]</i>	DATE <u>09/27/91</u>
DATES OF EVALUATION October 15-18, 1991	<input checked="" type="checkbox"/> INTERNAL	<input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	CONCURRED BY <u>N/A</u>	DATE <u>N/A</u>
CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 2.9, Revs. 1 and 3 QA Program Trend Evaluation and Reporting			ACTIVITY EVALUATED QA Trending (Rev. 3 replaced Rev. 2 prior to its affectivity date)	

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
1	Has the Director, OQA, provided OCRWM management with quarterly trend reports? (Re: Rev. 1, Para. 5.0; Rev. 3, Para. 5.1)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Did each QADD (HQ and YMPO) provide the Director, OQA, with input to the quarterly report? (Re: Rev. 1, Para. 6.4.1; Rev. 3, Para. 5.2)		
3.	Does the content of quarterly reports cover all topics required by QAAP 2.9? (Re: Rev. 1, Para. 6.4.2; Rev. 3, Paras. 5.2 and 5.3)		
4.	Were CARs initiated in those cases where trend reports identified adverse trends? (Re: Rev. 1, Para. 6.3.2, Rev. 3, Para. 6.1.2)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
5.	Does trend information in quarterly reports cover the correct time frame, i.e, 3 months or 12 months? (Re: Rev. 1, Para. 5.0; Para. 6.1.1)		
6.	Were QA Trend Data Reports filled out after each surveillance, audit, or other verification activity? (Re: Rev. 1, Para. 6.1.1)		
7.	Were instructions on the back of the QA Trend Data Report from complied with when filling out the form and were correct trend data codes used? (Re: Rev. 1, Para. 6.1.1)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
8.	Has the trending process been effective, i.e., were adverse trends promptly identified and corrected? (QARD, Para. 16.1)		
9.	Have deficiencies identified in CAR YM-91-001 been resolved? (07/12/91 Management Assessment Report, Finding 60)		

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ORGANIZATION EVALUATED OCRWM HQ and YMP QA Division	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	PREPARED BY <u>R.D. Dennis Brown</u> DATE <u>9/23/91</u>
DATES OF EVALUATION October 15-18, 1991			CONCURRED BY <u>N/A</u> DATE <u>N/A</u>
			APPROVED BY <u>J.E. Rodgers</u> DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QMP-02-01, Rev. 3
Project Office Indoctrination and Qualification Training

ACTIVITY EVALUATED
Indoctrination and Training

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	Has the Position Qualification form been properly completed for YMP personnel performing activities affecting quality? Check position descriptions for the individuals reviewed here. Review dates of signatures. (Paras. 5.7, 5.9, and 5.18)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
2.	Does the employee have documented evidence of verification of education and experience? (Para. 5.12)		
3.	Does each employee have a properly completed Training Assignment form? (see Paragraph 5.8 for exceptions to these requirements) (Paras. 5.8, 5.9, 5.15, 5.20, 5.22 and 5.29)		
4.	Verify that the indoctrination includes applicable QA program elements. (Para. 5.8)		
5.	Verify that the employees' supervisors are assigning additional training to adapt to changes in technology, methods, or job responsibilities. (Para. 5.21)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
6.	Is there a completed Completion of Reading Assignment form for each reading assignment? (Para. 5.31 and Paras. 5.33-5.35)		
7.	Check to make sure that the employees above did not perform any quality affecting work until they were properly indoctrinated and trained on the applicable procedures (QAPD, Paragraph 2.1.9)		
8.	Provide names of employees to review during the records portion of the audit.		

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DATES OF EVALUATION October 15-18, 1991			CONCURRED BY <u>N/A</u> DATE <u>N/A</u>
			APPROVED BY <u>JE Polyzos</u> DATE <u>9/27/91</u>

CONTROLLING DOCUMENT (Title, Number, Revision) QMP-02-02, Rev. 3
Qualification of Quality Assurance Program Audit Personnel

ACTIVITY EVALUATED
Indoctrination and Training

ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
1.	Where does Section 5.0 specifically describe the requirements for qualification of an Auditor in Training? Paragraphs 5.1 through 5.5 do not discuss any AIT qualification requirements.		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Where is the control and/or contents of the "Employee Training Assignment Form" identified? (Para. 5.1) This paragraph refers to a nonexistent figure in another procedure.		
3.	Has a training form of some kind been correctly completed and approved by management for audit personnel? (Paras. 5.1 and 5.2) Note: This requirement may be waived by the Director of OQA. Verify that there is previous documented evidence of auditing experience, previous verification of education and experience on file at a current employer, and a copy of the individual's resume in the qualification file. (Para. 5.8)		
4.	What specifically are the "training requirements on page 1 of Attachment 2"? (Para. 5.1) Attachment 2 gives the prospective auditor the option of only receiving QA Program orientation as evidence of training and indoctrination for performing as an auditor.		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
5.	What procedure is applicable to the following statement in Attachment 2, Sentence 3) "Development, administration, and documentation of auditor training will be controlled by QAAP 2.XXX." (Para. 5.1)		
6.	Does each Auditor have an Auditor in Training Evaluation form completed by a certified Lead Auditor who observed his/her performance during an audit? (Para. 5.4) Note: The Director of OQA may waive this requirement. (Para. 5.6)		
7.	Verify that a Record of Auditor Qualification form has been correctly completed for each Auditor. Each Auditor should also have a record of verification of education and experience and a resume in his qualification file. (Paras. 5.5 and 8.0)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
8.	Is there adequate objective evidence to substantiate the annual assessment of each Auditor's proficiency? (Para.5.16)		
9.	Has a training form of some kind been correctly completed and approved by management for Lead Auditor personnel? (Para. 5.9)		
10.	<p>Has a Record of Lead Auditor Qualification form been correctly completed for each Lead Auditor? (Para. 5.10)</p> <p>Note: The Director of OQA can accept current Lead Auditor certifications from outside organizations. Verify that documentation includes the certification form, objective evidence of audit participation within one year, a resume, and a statement of verification of education and experience. If the outside organization does not have an NRC over-viewed QA Program, verify that the organization's Lead Auditor/Auditor qualification process includes the requirements of Supplement 2S-3 of ASME NQA-1. If the certification is from an organization who's QA Program is over-viewed by the NRC, no supporting documentation is required. (Para. 5.12)</p>		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
11.	Verify that OQA has records of Lead Auditor examination score, actual examination, resume, Record of Audit Participation form, and verification of education and experience for each Lead Auditor. (Paras. 5.11 and 8.0) See Note in Question 10.		
12.	Is there adequate objective evidence to substantiate the annual assessment of each Lead Auditor's proficiency? (Paras. 5.16, 5.19, and 5.20)		
13.	Was re-qualification performed for any Lead Auditor who did not maintain proficiency for two years? (Para. 5.19)		

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QUALITY ASSURANCE CHECKLIST (continuation sheet)

ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
14.	Verify that each Technical Specialist has a qualification file which includes: a. Resume. b. Verification of education and experience. c. Record of reading Audit Guide for Technical Specialists. d. Technical Specialist Qualification form. (Para. 5.14)		

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DATES OF EVALUATION October 15-18, 1991			

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 3.1, Rev. 0 Technical Document Review	ACTIVITY EVALUATED Technical Document Review
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ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	Identify technical documents that required RW review in accordance with this procedure. These documents may be RW generated or contractor generated. Select documents that were reviewed since the last RW audit if at all possible. (General)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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QUALITY ASSURANCE CHECKLIST (continuation sheet)

ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	For each document reviewed, obtain the documented list of reviewers and the documented rationale as to the selection of the reviewers. (Para. 5.6)		
3.	Using the list, evaluate if the aggregate experience of the designated reviewers encompasses the subject area of the technical document. (Para. 5.5)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
4.	For each set of reviewers, assess the adequacy of their qualifications to review their assigned areas, the completion of the training required to perform the reviews, and their independence from direct participation in the development of the document. (Paras. 5.5 and 5.6)		
5.	Evaluate the written review and acceptance criteria to determine if it is adequate, complete, and correct. Does it reference appropriate technical input sources and unique requirements documents? (Para. 5.7)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
6.	Interview some of the reviewers to ascertain what criteria the reviewers used to review the technical document. During the interview, identify specific reference documents (from the technical document itself or from the written review and acceptance criteria) that would have had to be used to perform the review and determine if the reviewer is knowledgeable of the reference documents in question and can readily access the correct revision of the documents.		
7.	Assess the completed review and comment sheets to determine if the reviewer appears to have performed an adequate review based on the comments and a quick review of the technical document. (Para. 6.3)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
8.	Assess the adequacy of the resolution of several sets of comments that were identified as mandatory comments. Was the resolution appropriate? Was the resolution of the comment incorporated into the final document? (Para. 6.5)		
9.	Evaluate the records created by the implementation of this QAAP. Are the records sufficient and appropriate and are the records handled in accordance with QAAP 17.1? (Para. 7.1)		

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ORGANIZATION EVALUATED OCRWM HQ	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	PREPARED BY <u>Wayne Booth</u> DATE <u>9/27/91</u> CONCURRED BY <u>P/A</u> DATE <u>P/A</u> APPROVED BY <u>JE Rodgers</u> DATE <u>9/27/91</u>
DATES OF EVALUATION October 15-18, 1991			

CONTROLLING DOCUMENT (Title, Number, Revision) QAAP 3.2, Rev.0 Design Review	ACTIVITY EVALUATED Design Review
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ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
1.	Review previous audits and surveillances performed on the design review process and identify items for follow-up. (General)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Evaluate the nature of the work performed by Headquarters and verify that a design review was performed on the work that is within the scope of QAAP 3.2. (Para. 5.0)		
3.	Identify appropriate audit samples from work performed.		
4.	Verify that each Headquarter's Associate Director with design responsibilities reviews program schedules semi-annually to determine what designs will be reviewed and what method of design review will be employed. (Paras. 6.1.1 and 6.1.2)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
5.	<p>Design Review Methods -</p> <p>a. CRITICAL DESIGN REVIEW</p> <p>(1) Critical design reviews are performed by the OCRWM to provide additional assurance that designs meet all technical requirements, and that the responsible design organization's design-control program is performing satisfactorily. These detailed technical reviews cover all aspects of the design, including interfaces with other structures, systems, and components, and meet reference 3.1.1 requirements for design verification.</p> <p>(2) Designs subject to OCRWM critical design reviews will have been previously design verified in accordance with reference 3.1.1, by the assigned design organization. Primary responsibility for design verification remains with the assigned design organization.</p> <p>b. MILESTONE DESIGN REVIEW</p> <p>(1) Milestone design reviews are performed by the OCRWM at milestones in the design process primarily to assess the status of the design effort relative to technical progress, cost, and schedule, and to provide assurance that specified requirements are being fulfilled. Milestone design reviews are typically conducted at established percent-completions and at the end of each design phase.</p> <p>(2) Unless conducted in accordance with the requirements for a critical design for a 100-percent complete-design phase, the milestone design review does <u>not</u> fulfill the needs of reference 3.1.1 for design verification.</p> <p>Note: The OCRWM may elect to participate in a design review sponsored by a PROGRAM participant. In such cases, the OCRWM representative(s) will perform in accordance with the applicable participant's procedures.</p>		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
6.	<p>Review the Design Review Plan for adequacy, technical correctness, and completeness. (Para. 6.2.1)</p> <p>Note: Requirements are mandatory for critical design reviews and selectively applied to other design review methods.</p>		
7.	<p>Verify that the team members have demonstrated competence in their respective discipline equivalent to that required to perform the design and that they have been trained in QAAP 3.2. (Paras. 5.4.1 and 6.3.1)</p>		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
8.	Verify that team members have sufficient independence from the work being reviewed. (Para. 5.4.2)		
9.	Verify that the depth of the design review was commensurate with the importance or complexity of the design. (Para. 5.7.1)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
10.	Verify that the scope of the design review is clearly defined and the boundaries are clearly identifiable. (Para. 6.2.1)		
11.	Verify that the design review leader reviewed and approved checklists developed by team members before executing the design review. (Paras. 6.3.2 and 6.3.4)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
12.	Verify that design review comments were documented according to QAAP 3.1. (Para. 6.4.4)		
13.	Verify proper resolution of design review comments. (Para. 6.4.7)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
14.	Verify that a complete design review records package exists and is readily retrievable. (Para. 6.5.4) a. Design review plan. b. Checklists on procedures. c. Comment and Resolution records. d. Reviewer qualification and verification records. e. Alternate calculations. f. Design review report.		

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ORGANIZATION EVALUATED OCRWM HQ	<input type="checkbox"/> EXTERNAL <input checked="" type="checkbox"/> INTERNAL	<input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> INSPECTION	PREPARED BY <u>Wayne Booth</u> DATE <u>9/27/91</u> CONCURRED BY <u>N/A</u> DATE <u>N/A</u> APPROVED BY <u>JE Rodgers</u> DATE <u>9/27/91</u>
DATES OF EVALUATION October 15-18, 1991			

CONTROLLING DOCUMENT (Title, Number, Revision) <u>QAAP 3.3, Rev. 0</u> <u>Peer Review</u>	ACTIVITY EVALUATED <u>Peer Review</u>
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ITEM NO.	CHARACTERISTICS TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
1.	Review previous audits and surveillances performed on the peer review process and identify items for follow-up. (General)		

* INDICATE RESULTS: SATISFACTORY (SAT), UNSATISFACTORY (UNSAT), NOT APPLICABLE (N/A)

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
2.	Evaluate the nature of work performed by Headquarters, and verify that a peer review was performed on the work that is within the scope of QAAP 3.3. (Paras. 5.1 and 5.2)		
3.	Identify appropriate audit samples from work performed. (General)		

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4.	Review the Peer Review Plan for adequacy, technical correctness, and completeness. (Paras. 5.6 and 6.1)		
5.	Verify that the collective technical expertise and qualifications of the peer reviewer (or group) spans the technical issues and areas of the work to be reviewed. (Para. 5.3)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
6.	Verify that the members of the Peer Review Group are sufficiently independent of the work being reviewed. (Para. 5.5)		
7.	Verify that adequate criteria was specified for performing the review. (Para. 5.6)		

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8.	Verify that the results of each peer reviewer addresses the suitability of the work being reviewed for its intended purpose and whether or not the work conforms to specified requirements. (Para. 6.2.2)		
9.	Verify that reviewers had an opportunity to review all comments from other reviewers. (Para. 6.2.3)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	* RESULTS
10.	Verify proper resolution of comments. (Effectiveness Question)		
11.	Review the acceptance letter and Peer Review Report for compliance to procedure requirements. (Paras. 6.2.4 and 6.2.5)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
12.	Verify that the Peer Review Report was released by the cognizant Associate Director. (Para. 6.2.6)		
13.	Verify that the peer reviewed document was appropriately released. (Para. 6.3)		

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ITEM NO.	CHARACTERISTIC TO BE EVALUATED	REMARKS Record objective evidence reviewed, method of verification, personnel contacted	RESULTS
14.	Verify that adequate records of the peer review exist and are retrievable. (Para. 7.1)		