



Department of Energy

Washington, DC 20585

QA: L

OCT 06 1997

J. H. Boyd, Program Manager
National Spent Nuclear Fuel Program
U.S. Department of Energy
Idaho Operations Office
850 Energy Drive
Idaho Falls, ID 83401-1563

VERIFICATION OF CORRECTIVE ACTION OF DEFICIENCY REPORT (DR)
YM-97-D-029 RESULTING FROM OFFICE OF QUALITY ASSURANCE (OQA)
AUDIT EM-ARC-97-05 OF THE NATIONAL SPENT NUCLEAR FUEL PROGRAM

The OQA staff has evaluated the implementation of corrective action for DR
YM-97-D-029. Verification was satisfactory with the exception of two Surveillance
Reports (97-NSNF-S-024 and 97-NSFN-023) that did not include required detail/
justification of why observations in these reports were not considered conditions adverse
to quality.

Please submit (within ten working days) an amended response to address the method by
which this remaining corrective action will be accomplished.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or
Charles C. Warren at (702) 794-1487.

James Blaylock for
Donald G. Horton, Director
Office of Quality Assurance

OQA:JB-0014

Enclosure:
DR YM-97-D-029

cc w/encl:
S. E. Gomberg, DOE/HQ (RW-51) FORS
J. R. Williams, DOE/HQ (RW-51) FORS
J. O. Thoma, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV

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

NH33 1/1
102.7
wm-11



9710150039 971006
PDR WASTE PDR
WM-11

O:\ALPHA\CAMPBELL\BLAYLOCK0014.WPD



Printed with soy ink on recycled paper

RECIP' N/MS/PAHL

ORIGINAL
THIS IS A RED STAMP

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

8 Performance Report
 Deficiency Report

NO. YM-97-D-029

PAGE 1 OF 2
QA: L

PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:

PMP 18.02, Revision 1, Administration and Conduct of Audits

2 Related Report No.

EM-ARC-97-05

3 Responsible Organization:

EM-67-NSNF Program

4 Discussed With:

R. Davis

5 Requirement/Measurement Criteria:

PMP 18.02, Revision 1, Section 4.c(4), requires Audit Team Members to record conditions adverse to quality on a Deviation and Corrective Action Request (DCAR). The PMP Glossary of Terms and Acronyms, Revision 1, defines a condition adverse to quality as, "a state of noncompliance with quality assurance requirements or when implementing document requirements are not met."

6 Description of Condition:

The below listed audit reports documented instances of noncompliance with QARD requirements and/or procedural requirements of PMPs as Observations rather than as DCARS.

96-NSNF-AU-001
97-NSNF-AU-002
97-NSNF-AU-004

7 Initiator

C. C. Warren
C. C. Warren

Date 4/4/97

9 Is condition an isolated occurrence?

Yes No Unknown; Must be Yes if PR

10 Recommended Action: (Not required for PR)

- o Evaluate Observations issued during audits to identify those that document a state of noncompliance with quality assurance requirements (condition adverse to quality).
- o Assure Corrective Actions for Observations identifying conditions adverse to quality are tracked and completed in a timely manner.
- o Implement action to assure conditions adverse to quality are documented on DCARS in future

11 QA Review:

QAR C. C. Warren

Date 4-8-97

12 Response Due Date

20 working days from issuance

13 Affected Organization QA Manager Issuance Approval: (QAR for PR)

Printed Name D. G. Horton

Signature [Signature]

Date 4/15/97

22 Corrective Action Verified

QAR

Date

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

AOQAM

Date

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

PR/DR NO. YM-97-D-029

PAGE 2 OF 2

QA: L

PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

See Attachment.

15 Extent of Condition: (Not required for PR)

See Attachment.

16 Root Cause Determination: (Not required for PR)

Required Yes No

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

Required Yes No

See Attachment.

18 Corrective Action Completion Due Date:

June 30, 1997

19 Response by:

H. D. Anderson for
Robert D. Davis

Initial
 Amended

NSNF QAPM

Date 5/14/97 Phone (208) 526-424

20 Response Accepted

QAR

C.C. Wan

Date 5-16-97

21 Response Accepted (W/A for PR):

ACRAM

Date 5/22/97

4/14/97 *LT. Boyd to Anderson*

QAR 2 of 2
2 of 3 p. 2 of

PERFORMANCE /DEFICIENCY REPORT - No. YM-97-D-029, (Attachment)
(Reference OCRWM Administrative Procedure, AP-16.1Q)

YM-97-D-029, Block 14 - Remedial Actions:

Perform a review of all the NSNF program audit reports and the Observations identified by NSNF program auditors to date. Determine if the documented Observations were reported to appropriate management and whether formal responses were required or requested. Where Observations have been brought to the attention of appropriate management, with corrective actions requested and initiated, no determination in relation to the use of an Observation in lieu of a DCAR for identifying the condition, will be required. Determine that Observations where formal corrective action was requested are either closed or being tracked to assure a proper resolution. Determine that the Observations where corrective action was not requested, were indeed reported to appropriate management and that corrective action has been considered and initiated. Assure that all corrective actions needed to address identified Observations that have not been completed are placed in the NSNF Commitment Tracking System (CTS) to allow proper tracking and closure.

YM-97-D-029, Block 15 - Extent of Condition;

To date, NSNF Auditors have performed and reported the results of five formal audits. The five audits consisted of both internal and external audits and resulted in the identification of 54 Observations. For all but 18 of the identified Observations, the Audit Team Leader (ATL) required the audited organization to respond to the Observations and provide a corrective action. For the 18 Observations that were identified with no response required, a proposed corrective action was indeed provided and a subsequent audit verified that corrective actions were completed and closed out. The cognizant Audit Team Leaders requested corrective action responses for each of the remaining 36 Observations. Of these, 15 have been input to the Commitment Tracking System (CTS), 13 will be closed as a result of a follow-up audit conducted the week of May 5, 1997, the other 8 will be input into CTS by May 17, 1997. All Observations identified in the audit reports were being tracked by the ATLs with the intent to address proposed corrective action and follow-up verifications. NSNF Program Management Procedures (PMPs), 18.02, "Administration and Conduct of Audits" and PMP 16.02, "System Deviations and Corrective Actions" provide the requirements for performing audits and reporting deficiencies and potential problems by using DCARs and Observations; however, the program auditors are allowed to use their own judgment when selecting the appropriate document. The PMPs are not clear about the method for tracking Observations where corrective actions have been requested.

YM-97-D-029, Block 17 - Action to Preclude Recurrence:

PMPs 16.02, "System Deviations and Corrective Action", PMP 18.02, "Administration and conduct of Audits", and PMP 18.03, "Administration and conduct of Surveillances" will be revised to more clearly define the use of Observations to identify concerns discovered while performing audits. New guidance will be added requiring ATLs and Auditors to provide sufficient information within the audit reports to justify why a given Observation is not classified as a condition adverse to quality. NSNF Audit Team Leaders and auditors will be required to review this audit finding and receive additional training by completing a required reading assignment for the revised PMPs.

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

NO. YM-97-D-029
PAGE 1 OF 2
QA: L

PR/DR CONTINUATION PAGE

VERIFICATION OF CORRECTIVE ACTION FOR DEFICIENCY REPORT (DR) YM-97-D-029

The following activities were verified to support the corrective action taken for DR YM-97-D-029

- (1) Program Management Procedures (PMPs) 16.02, 18.02 and 18.03 were revised to define the use of Observations to identify concerns. In addition, all three procedures now require that sufficient detail and/or justification be provided as to why the identified observation is not considered to be a Condition Adverse to Quality (CAQ).
- (2) Classroom training was provided in addition to having appropriate personnel perform required reading of the three revised procedures. The Lesson Plan was reviewed and contained three learning objectives which were: 1. Obtaining a basic understanding of the RW audit finding YM-97-D-029 and the corrective actions taken to close the finding; 2. Obtaining an enhanced understanding of the definitions and use of Deviation & Corrective Action Requests (DCARs); and 3. Revising the DCAR process as outlined in the PMPs.
- (3) The Commitment Tracking System (CTS) database was reviewed and it was determined that Observations requiring corrective action response are being entered into the CTS.
- (4) The review of the verification by the National Spent Nuclear Fuel (NSNF) QA organization of the subject DR showed that they had reviewed five audits as noted herein.
 - 96-NSNF-AU-01 noted 18 observations that have been closed
 - 97-NSNF-AU-01 noted 8 observations with an indication they were entered into the CTS
 - 97-NSNF-AU-02 noted 13 observations that were closed May 5/97 as noted in the corrective action response.
 - 97-NSNF-AU-04 noted 4 observations that were entered into the CTS, with Observation # 3 shown as still open
 - 97-NSNF-AU-05 noted 11 observations that were entered into the CTS with some shown as still open.

All of the above noted actions satisfy the commitments made in the corrective action response. However, there is one item as described below which precludes the DR from being closed.

Part of the corrective action commitment was to provide sufficient detail and/or justification on why the identified Observation is not considered a CAQ. The audits and surveillances conducted (since the corrective action response was provided), were reviewed to: (1) determine if Observations were written and (2) if so, verify that sufficient detail and /or justification was provided explaining why the noted Observation(s) was not a CAQ.

The following audit/surveillances were examined by the OCRWM OQA representative:

- 97-NSNF-AU-106 Audit Report contained 3 Observations
- 97-NSNF-S-024 Surveillance Report contained 1 Observation (*)
- 97-NSNF-S-104 Surveillance Report contained 1 Observation
- 97-NSNF-S-102 Surveillance Report contained 1 Observation
- 97-NSNF-S-023 Surveillance Report contained 2 Observations (*)
- 97-NSNF-AU-013 Audit Report contained 6 Observations

Of the six audits/surveillances noted above, there were two that did not provide the required detail and/or justification of why the observations were not conditions adverse to quality. These are noted with an asterisk.

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

NO. YM-97-D-029

PAGE 2 OF

QA: L

PR/DR CONTINUATION PAGE

It is noted that each of the Observations associated with the six audits/surveillances did in fact meet the definition of an Observation. There were no instances identified where any one of these Observations should have been documented as a condition adverse to quality.

However, based on the lack of corrective action commitment as described above, this DR will remain open until adequate objective evidence is obtained that will show the implementation of procedural requirements relative to providing the detail and/or justification of why Observations are not conditions adverse to quality.

Sam Horton

Sam Horton, QATSS/OQA

9-27-97

Date