



Department of Energy
Washington, DC 20585

QA: L

OCT 30 1997

L. D. Foust, Technical Project Officer
for Yucca Mountain Site
Characterization Project
TRW Environmental Safety Systems, Inc.
1180 Town Center Drive, M/S 423
Las Vegas, NV 89134

**VERIFICATION OF CORRECTIVE ACTION AND CLOSURE OF DEFICIENCY
REPORT (DR) YM-97-D-069 RESULTING FROM OFFICE OF QUALITY
ASSURANCE (OQA) REVIEW**

The OQA staff has verified the corrective action to DR YM-97-D-069 and determined the results to be satisfactory. As a result, the DR is considered closed.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or Lawrence W. McGrath at (702) 794-1431.

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

OQA:JB-0186

Enclosure:
DR YM-97-D-069

cc w/encl:
T. A. Wood, DOE/HQ (RW-55) FORS
J. O. Thoma, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
R. L. Strickler, M&O, Vienna, VA
B. R. Justice, M&O, Las Vegas, NV
R. A. Morgan, M&O, Las Vegas, NV
J. J. George, OQA/QATSS (RW-3) FORS
R. W. Clark, DOE/OQA, Las Vegas, NV

cc w/o encl:
W. L. Belke, NRC, Las Vegas, NV
L. W. McGrath, OQA/QATSS, Las Vegas, NV
D. G. Sult, OQA/QATSS, Las Vegas, NV

NH33
WM-11
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Recap. NMSS/PAHL

9711050128 971030
PDR WASTE
WM-11 PDR



Transmitted w/ LTR. dtd. 10-30-97

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-069
PAGE 1 OF 3
QA: L

PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
M&O QAP-6-1, Rev. 3, Submittal and Use of Controlled Documents

2 Related Report No.
N/A

3 Responsible Organization:
Technical Publications Management

4 Discussed With:
Tricia White

5 Requirement/Measurement Criteria:
M&O QAP-6-1, Rev. 3, Section 4.2.B identifies that Document Originators' Responsible Managers have responsibilities for implementing the QAP. Section 5.2.2 requires that "the Responsible Manager shall sign and date the [Document Control Action Request] DCAR, approving the release of the document for controlled distribution or of the cancellation of the controlled document ..."

6 Description of Condition:
Contrary to the above requirement, the Technical Publications Management (TPM) Manager signed a DCAR on June 10, 1997, approving the release of the cancellation of NLP-SIII-4. L. D. Croft is the Responsible Manager for the cancellation of NLP-SIII-4. The TPM Manager also signed a DCAR on May 30, 1997, approving the release of QAP-2-3, Rev. 8. R. C. Wagner is the Responsible Manager of the QAP-2-3, Rev. 8.

7 Initiator *Margaret A. Shepherd*
Margaret A. Shepherd Date 07/07/97

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

10 Recommended Actions: (Not required for PR)
SEE ATTACHMENT/CONTINUATION PAGE.

11 QA Review:
QAR *JAMES GEORGE James George* Date 7/8/97

12 Response Due Date
20 working days from issuance

13 Director, OQA Issuance Approval: (QAR for PR)
Printed Name *Donald G. Hurton* Signature *R.W. Culp* for Date 7/17/97

22 Corrective Actions Verified
QAR *James M. ...* Date 10/21/97

23 Closure Approved by: (N/A for PR)
AOQAM *James Blaylock* for Date 10/24/97

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

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QA: L

PR/DR CONTINUATION PAGE

10 Recommended Actions (from page 1)

Correct the previously issued DCARs by obtaining appropriate manager signatures.
Investigate extent and potential impact of deficiency, and take appropriate actions to prevent recurrence.

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
		06/10/97			
REQUESTOR			DEPARTMENT		
S. L. MOORE			TECHNICAL PUBLICATIONS		
LOCATION	MAILSTOP	PHONE			
SUM1	SUM1/423	(702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A		(
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description Electronic copy submitted

TITLE		REVISION
SCIENTIFIC INVESTIGATION CONTROL		CANCELLATION
DOCUMENT IDENTIFIER	ICN NO.	EFFECTIVE DATE
NLP-SIII-4	0	06/06/97

E. Distribution Instructions/Additional Remarks

PLEASE DISTRIBUTE NOTICE OF CANCELLATION TO PERSONS ON DISTRIBUTION FOR NLP-SIII-4, REV. 2

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
Ruth Belanger	
POSITION	DATE
Manager, Technical Publications Management	6-10-97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
	6/13/97	6/16/97
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	
Deborah N. Pinio		

(IAP-6-1 Effective 09/30/96)

Complete only applicable items.

A. Requestor

TC: Document Control Center		<input checked="" type="checkbox"/> Vienna	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
					05/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE (
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

TITLE Classification of Permanent Items		REVISION 8	
DOCUMENT IDENTIFIER and 5/30/97 QAP-2-3	ICN NO. 0	EFFECTIVE DATE 06/16/97	

E. Distribution Instructions/Additional Remarks

Please issue to persons on distribution for QAP-2-3, Rev. 7

15 Pgs.

DTR DUE: 07.14.97

F. Approval for Release

RESPONSIBLE MANAGER NAME Ruth Belanger	SIGNATURE Ruth Belanger
POSITION Manager, Technical Publications Management	DATE 5-30-97

DCC USE ONLY		
DATE RECEIVED 6.2.97 <i>STB</i>	DATE REVIEWED 6.9.97 <i>STB</i>	DATE COMPLETED 6.11.97 <i>STB</i>
DOCUMENT CLASS QAP	ID QAP-2-3	
DCC STAFF NAME Sally Stewart	SIGNATURE Sally Stewart	

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

PR/DR NO. YM-97-D-069
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PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

TPM will correct the previously issued DCARs by obtaining appropriate manager signatures by September 30, 1997.
TPM will analyze the differences between OCRWM YAP-6.1 and M&O QAP-6-1 and train all staff involved in distributing documents by August 31, 1997.

15 Extent of Condition: (Not required for PR)

100% of the procedures and documents for which TPM coordinated the entire review and distribution process were examined and 25 documents were found to be in error. Because the extent of the problem is known (25 documents), an official Root Cause analysis (per AP-16.4Q) was not conducted. However, a more informal analysis was performed and it was determined that there was a confusion between the DOE's and the M&O's procedures on controlled distribution. When the problem was pointed out, it was corrected. The training that will be conducted (box #14) will correct any knowledge gaps.

16 Root Cause Determination: (Not required for PR)

Required: Yes No

N/A

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

Required: Yes No

The Deficiency Report directs TPM to take appropriate actions to prevent recurrence. The remedial actions listed in box #14 are sufficient to resolve these issues. Correcting the DCARs corrects past issues and providing training to the staff will resolve future issues.

18 Corrective Action Completion Due Date:

09/30/97

19 Response by:

H.C. Stafford
H.C. STAFFORD

Date

8/6/97

Phone 295.6414

20 Response Accepted

QAP

J. George
J. GEORGE

Date

8/20/97

21 Response Accepted, (N/A for PR)

DOQA

James Blaylock
James Blaylock

Date

9/4/97



Department of Energy

Washington, DC 20585

1632

QA: L

JUL 18 1997

RECEIVED

JUL 21 1997

NSA/Adm Control

L. D. Foust, Technical Project Officer
for Yucca Mountain Site
Characterization Project
TRW Environmental Safety Systems, Inc.
1180 Town Center Drive, M/S 423
Las Vegas, NV 89134

ISSUANCE OF DEFICIENCY REPORT (DR) YM-97-D-069

Enclosed is DR YM-97-D-069 generated to Technical Publications Management.

Please provide a response to this deficiency that meets the applicable requirements of Administrative Procedure 16.1Q, Performance/Deficiency Reporting. Send the original of your response to Deborah Sult, OQA/QATSS, P.O. Box 30307, Mail Stop 455, North Las Vegas, Nevada 89036-0307. Response to the DR is due 20 working days from the date of this letter. Any extension to the due date must be requested in writing, with appropriate justification, prior to the due date.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or James J. George at (202) 586-7220.

R.W. Clark

For Donald G. Horton, Director
Office of Quality Assurance

OQA:JB-1933

Enclosure:
DR YM-97-D-069

- cc w/encl:
- T. A. Wood, DOE/HQ (RW-55) FORS
- J. O. Thoma, NRC, Washington, DC
- S. W. Zimmerman, NWPO, Carson City, NV
- R. L. Strickler, M&O, Vienna, VA
- B. R. Justice, M&O, Las Vegas, NV
- R. A. Morgan, M&O, Las Vegas, NV

- cc w/o encl:
- Samuel Rousso, DOE/HQ (RW-50) FORS
- Carl Weber, DOE/HQ (RW-3) FORS
- W. L. Belke, NRC, Las Vegas, NV
- J. J. George, OQA/QATSS, Washington, DC
- D. G. Sult, OQA/QATSS, Las Vegas, NV
- R. W. Clark, DOE/OQA, Las Vegas, NV



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WASHINGTON, D.C.

8 Performance Report
 Deficiency Report
NO. YM-97-0-069
PAGE 1 OF 3
QA: L

PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
M&O QAP-6-1, Rev. 3, Submittal and Use of Controlled Documents

2 Related Report No.
N/A

3 Responsible Organization:
Technical Publications Management

4 Discussed With:
Tricia White

5 Requirement/Measurement Criteria:
M&O QAP-6-1, Rev. 3, Section 4.2.B identifies that Document Originators' Responsible Managers have responsibilities for implementing the QAP. Section 5.2.2 requires that "the Responsible Manager shall sign and date the [Document Control Action Request] DCAR, approving the release of the document for controlled distribution or of the cancellation of the controlled document ..."

6 Description of Condition:
Contrary to the above requirement, the Technical Publications Management (TPM) Manager signed a DCAR on June 10, 1997, approving the release of the cancellation of NLP-SIII-4. L. D. Croft is the Responsible Manager for the cancellation of NLP-SIII-4. The TPM Manager also signed a DCAR on May 30, 1997, approving the release of QAP-2-3, Rev. 8. R. C. Wagner is the Responsible Manager of the QAP-2-3, Rev. 8.

7 Initiator *Margaret A. Shepherd*
Margaret A. Shepherd Date 07/07/97

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

10 Recommended Actions: (Not required for PR)
SEE ATTACHMENT/CONTINUATION PAGE.

11 QA Review:
QAR *JAMES GORGE* Date 7/3/97

12 Response Due Date
20 working days from issuance

13 Director, OQA Issuance Approval: (QAR for PR)
Printed Name *Donald G. Horton* Signature *R.W. Cliff* Date 7/17/97

22 Corrective Actions 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.

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PR/DR CONTINUATION PAGE

10 Recommended Actions (from page 1)

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Investigate extent and potential impact of deficiency, and take appropriate actions to prevent recurrence.

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WASHINGTON, D.C.

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PAGE 3 OF 3
QA: L

PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

15 Extent of Condition: (Not required for PR)

16 Root Cause Determination: (Not required for PR)

Required: Yes No

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

Required: Yes No

18 Corrective Action Completion Due Date:

19 Response by:

Date

Phone

20 Response Accepted

21 Response Accepted (N/A for PR)

QAR

Date

DOQA

Date

D. 9075
P. 3075

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
					06/10/97
REQUESTOR			DEPARTMENT		
S. L. MOORE			TECHNICAL PUBLICATIONS		
LOCATION	MAILSTOP	PHONE			
SUM1	SUM1/423	(702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A		(
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description Electronic copy submitted

TITLE		REVISION
SCIENTIFIC INVESTIGATION CONTROL		CANCELLATION
DOCUMENT IDENTIFIER	ICN NO.	EFFECTIVE DATE
NLP-SIII-4	0	06/06/97

E. Distribution Instructions/Additional Remarks

PLEASE DISTRIBUTE NOTICE OF CANCELLATION TO PERSONS ON DISTRIBUTION FOR NLP-SIII-4, REV. 2

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
Kath Belanger	<i>[Signature]</i> Belanger
POSITION	DATE
Manager, Technical Publications Management	6-10-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
	6/13/97	6/16/97
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	
Deborah N. PinioL	<i>[Signature]</i> Deborah N. PinioL	

P. 10 75
2465
CRWMS M&O

A. Requestor

TO: Document Control Center		<input checked="" type="checkbox"/> Vienna	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 05/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE (
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

TITLE Classification of Permanent Items		REVISION 8
DOCUMENT IDENTIFIER QAP-2-3	ICN NO. 0	EFFECTIVE DATE 06/16/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on distribution for QAP-2-3, Rev. 7

15 753

DUE: 07.14.97

F. Approval for Release

RESPONSIBLE MANAGER NAME Ruth Belanger	SIGNATURE Ruth Belanger
POSITION Manager, Technical Publications Management	DATE 5-30-97

DCC USE ONLY

DATE RECEIVED 6-2-97	DATE REVIEWED 6-9-97	DATE COMPLETED 6-11-97
DOCUMENT CLASS QAP	ID QAP-2-3	
DCC STAFF NAME Jally Stewart	SIGNATURE Jally Stewart	

Attachment I

9/17/97 LV.TPM.RHB.09/97-041

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Attachment II

Documents with Document Control Action Requests to be corrected

Name	Procedure Number
Dale Ambos	NWI-MET-003Q
Larry Croft	NLP-SIII-4
Errol Gardiner	M&O Concept of Operations
	Maintenance Management Plan
Jack Nesbitt	NAP-PM-001
	NAP-PM-002
Charlie Parker	NAP-SH-011
	NAP-SH-010
	NAP-SH-012
	NAP-SH-009
	M&O Safety & Health Plan
	NAP-SH-008
	NAP-SH-007
	NAP-SH-006, Rev. 0
	NAP-SH-006, Rev. 1
	NAP-SH-005, Rev. 0
	NAP-SH-005, Rev. 1
	NAP-SH-004
	NAP-SH-003
	NAP-SH-002
	NAP-SH-001, Rev. 2
	NAP-SH-001, Rev. 3
Thomas Pysto	NAP-EP-002
	NAP-EP-001
Michael Schwartz	NWI-SEC-001
Sam Rindskopf	NLP-3-15
Richard Wagner	QAP-2-3

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 08/05/97
REQUESTOR SANDRA L. MOORE			DEPARTMENT TECHNICAL PUBLICATIONS MANAGEMENT		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

TITLE METEOROLOGICAL MONITORING: DATA PROCESSING INSTRUCTIONS	REVISION 1
DOCUMENT IDENTIFIER NWI-MET-003Q	EFFECTIVE DATE 05/09/97
ICN NO. 0	

E. Distribution Instructions/Additional Remarks

DISTRIBUTE TO PERSON ON CONTROLLED DISTRIBUTION FOR THIS DOCUMENT.

PLEASE RETURN THE ORIGINAL DOCUMENT AND DCAR TRANSMITTAL TO THE CRWMS M&O TECHNICAL PUBLICATIONS MANAGEMENT, ATTENTION S. L. MOORE, FOR PROCESSING INTO THE RECORD.

F. Approval for Release

RESPONSIBLE MANAGER NAME DALE S. AMBOS	SIGNATURE 
POSITION	DATE 8/5/97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

TITLE SCIENTIFIC INVESTIGATION CONTROL		REVISION CANCELLATION
DOCUMENT IDENTIFIER NLP-SIII-4	ICN NO. 0	EFFECTIVE DATE 06/06/97

E. Distribution Instructions/Additional Remarks

Please distribute notice of cancellation to persons on distribution for NLP-SIII-4, Rev. 2

F. Approval for Release

RESPONSIBLE MANAGER NAME Larry D. Croft	SIGNATURE <i>Larry D. Croft</i>
POSITION RLEPPO MGR.	DATE 8/4/97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

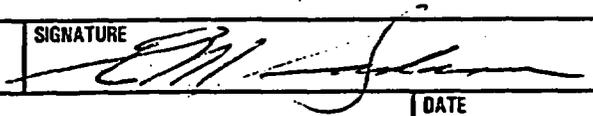
TITLE MAINTENANCE MANAGEMENT PLAN		REVISION 0
DOCUMENT IDENTIFIER B00000000-01717-4600-00074	ICR NO. N/A	EFFECTIVE DATE 03/28/97

E. Distribution Instructions/Additional Remarks

Issue to persons on the attached distribution list.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Errol M. Gardiner	SIGNATURE 
POSITION MGR SOMM	DATE 8-6-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/31/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

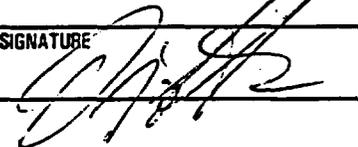
TITLE Development of Earned Value and Latest Revised Estimates		REVISION 0
DOCUMENT IDENTIFIER NAP-PM-001	ICN NO. N/A	EFFECTIVE DATE 11/18/96

E. Distribution Instructions/Additional Remarks

Distribute to persons listed on attached distribution list.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention: S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles J. Nesbitt III	SIGNATURE 
POSITION PROJECT PLANNING & CONTROL MANAGER	DATE 8/6/97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/31/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

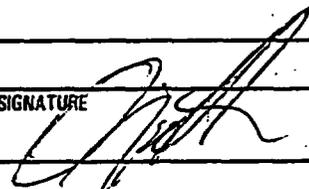
TITLE Preparation, Validation, and Maintenance of Bases of Estimate		REVISION 0
DOCUMENT IDENTIFIER NAP-PM-002	ICN NO. N/A	EFFECTIVE DATE 11/18/96

E. Distribution Instructions/Additional Remarks

Distribute to persons listed on attached distribution list.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention: S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles J. Nesbitt III	SIGNATURE 
POSITION PROJECT PLANNING & CONTROL MGR	DATE 8/6/97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		ID
DCC STAFF NAME		SIGNATURE

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

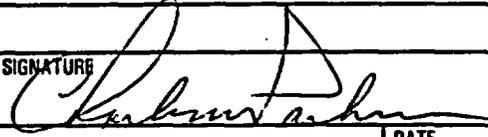
TITLE CONDUCTING A JOB SAFETY ANALYSIS		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-011	ICN NO. 0	EFFECTIVE DATE 02/10/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on attached distributionlist.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		ID
DCC STAFF NAME		SIGNATURE

A. Requestor

TO: Document Control Center			<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
						07/29/97
REQUESTOR				DEPARTMENT		
Sandra L. Moore				Technical Publications Management		
LOCATION		MAILSTOP		PHONE		
SUM 1		423/1105		(702)295-7162		

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A			
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description Electronic copy submitted

TITLE			REVISION
INTERIM ACCIDENT INVESTIGATION			0
DOCUMENT IDENTIFIER	ICN NO.	EFFECTIVE DATE	
NAP-SH-010	0	02/10/97	

E. Distribution Instructions/Additional Remarks

Please issue to persons on attached distributionlist.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
Charles W. Parker	<i>Charles W. Parker</i>
POSITION	DATE
Manager, CRWMS M&O Safety & Health	8-5-97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 06/09/97
REQUESTOR S. L. MOORE			DEPARTMENT TECHNICAL PUBLICATIONS MANAGEMENT		
LOCATION SUM1	MAILSTOP SUM1/423	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE (
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

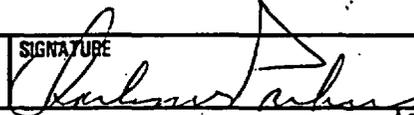
Electronic copy submitted

TITLE CONDUCTING A MEDICAL NEEDS ANALYSIS		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-012	ICN NO. 0	EFFECTIVE DATE 06/06/97

E. Distribution Instructions/Additional Remarks

PLEASE DISTRIBUTE TO THE PERSONS ON DISTRIBUTION FOR NAP-SHs.

F. Approval for Release

RESPONSIBLE MANAGER NAME CHARLES W. PARKER	SIGNATURE 
POSITION MANAGER, CRWMS M&O SAFETY & HEALTH	DATE 9-8-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

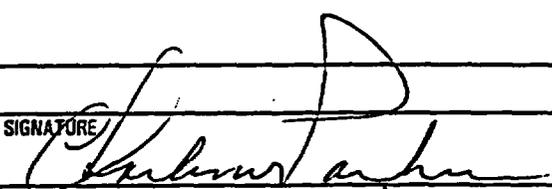
TITLE RESPIRATORY PROTECTION		REVISION 0	
DOCUMENT IDENTIFIER NAP-SH-009	ICN NO. 0	EFFECTIVE DATE 09/03/96	

E. Distribution Instructions/Additional Remarks

Please issue to persons on attached distributionlist.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS m&o Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		ID
DCC STAFF NAME		SIGNATURE

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

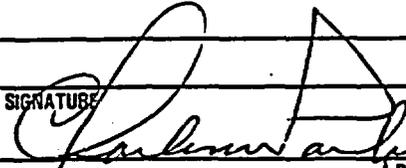
TITLE M&O SAFETY AND HEALTH PLAN		REVISION 02
DOCUMENT IDENTIFIER B00000000-01717-4600-00016	ICN NO. N/A	EFFECTIVE DATE 12/11/96

E. Distribution Instructions/Additional Remarks

Issue to persons on the attached distribution list.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION MANAGER, CRWMS M&O SAFETY & HEALTH	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		IO
DCC STAFF NAME		SIGNATURE

A. Requestor

TO: Document Control Center			<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore				DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162				

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

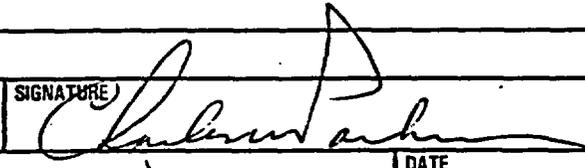
TITLE OCCUPATIONAL HEAT STRESS		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-008	ICN NO. 0	EFFECTIVE DATE 02/10/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on attached distribution list.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		ID
DCC STAFF NAME		SIGNATURE



Department of Energy

Washington, DC 20585

QA:L

SEP 08 1997

**L. D. Foust, Technical Project Officer
for Yucca Mountain Site
Characterization Project
TRW Environmental Safety Systems, Inc.
1180 Town Center Drive, M/S 423
Las Vegas, NV 89134**

EVALUATION OF RESPONSE TO DEFICIENCY REPORT (DR) YM-97-D-069

The Office of Quality Assurance has evaluated the response to the subject deficiency report and has determined the response to be acceptable. Verification of completion of the corrective action will be performed after the effective date provided. Any extension to this date must be requested in writing, with appropriate justification, prior to the date. Please send a copy of extension requests to Deborah Sult, OQA/QATSS, P.O. Box 30307, 4-1466 Mail Stop 455, North Las Vegas, Nevada 89036-0307.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or James J. George at (202) 586-7220.

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

OQA:JB-2221

Enclosure:
DR YM-97-D-069



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

8 Performance Report
 Deficiency Report
NO. YM-97-0-069
PAGE 1 OF 3
QA: L

PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
M&O QAP-6-1, Rev. 3, Submittal and Use of Controlled Documents

2 Related Report No.
N/A

3 Responsible Organization:
Technical Publications Management

4 Discussed With:
Tricia White

5 Requirement/Measurement Criteria:
M&O QAP-6-1, Rev. 3, Section 4.2.B identifies that Document Originators' Responsible Managers have responsibilities for implementing the QAP. Section 5.2.2 requires that "the Responsible Manager shall sign and date the [Document Control Action Request] DCAR, approving the release of the document for controlled distribution or of the cancellation of the controlled document ..."

6 Description of Condition:
Contrary to the above requirement, the Technical Publications Management (TPM) Manager signed a DCAR on June 10, 1997, approving the release of the cancellation of NLP-SIII-4. L. D. Croft is the Responsible Manager for the cancellation of NLP-SIII-4. The TPM Manager also signed a DCAR on May 30, 1997, approving the release of QAP-2-3, Rev. 8. R. C. Wagner is the Responsible Manager of the QAP-2-3, Rev. 8.

7 Initiator *Margaret A. Shepherd*
Margaret A. Shepherd Date 07/07/97

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

10 Recommended Actions: (Not required for PR)
SEE ATTACHMENT/CONTINUATION PAGE.

11 QA Review:
QAR *JAMES GEORGE / James George* Date 7/3/97

12 Response Due Date
20 working days from issuance

13 Director, OQA Issuance Approval: (QAR for PR)
Printed Name *Donald G. Horton* Signature *R.W. Cliff* Date 7/17/97

22 Corrective Actions 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.

NO. YIA-97-D-069
PAGE 2 OF 3
QA: L

PR/DR CONTINUATION PAGE

10 Recommended Actions (from page 1)

Correct the previously issued DCARs by obtaining appropriate manager signatures.
Investigate extent and potential impact of deficiency, and take appropriate actions to prevent recurrence.

D. 7 of 28

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
					06/10/97
REQUESTOR			DEPARTMENT		
S. L. MOORE			TECHNICAL PUBLICATIONS		
LOCATION	MAILSTOP	PHONE			
SUM1	SUM1/423	(702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A		(
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description Electronic copy submitted

TITLE	REVISION	
SCIENTIFIC INVESTIGATION CONTROL	CANCELLATION	
DOCUMENT IDENTIFIER	ICN NO.	EFFECTIVE DATE
NLP-SIII-4	0	06/06/97

E. Distribution Instructions/Additional Remarks

PLEASE DISTRIBUTE NOTICE OF CANCELLATION TO PERSONS ON DISTRIBUTION FOR NLP-SIII-4, REV. 2

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
Ruth Belanger	<i>Ruth Belanger</i>
POSITION	DATE
Manager, Technical Publications Management	6-10-97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
	6/13/97	6/16/97
DOCUMENT CLASS	ID	
OSC STAFF NAME	SIGNATURE	
Deborah N. Pinio	<i>Deborah N. Pinio</i>	

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input checked="" type="checkbox"/> Vienna	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 05/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE (
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

TITLE Classification of Permanent Items		REVISION 8
DOCUMENT IDENTIFIER and 5/30/97 QAP-2-3	ICN NO. 0	EFFECTIVE DATE 06/16/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on distribution for QAP-2-3, Rev. 7

15 Pgs.

DTR DUE: 07-14-97

F. Approval for Release

RESPONSIBLE MANAGER NAME Ruth Belanger	SIGNATURE
POSITION Manager, Technical Publications Management	DATE 5-30-97

DCC USE ONLY		
DATE RECEIVED 6-2-97	DATE REVIEWED 6-9-97	DATE COMPLETED 6-11-97
DOCUMENT CLASS QAP	ID QAP-2-3	
DCC STAFF NAME Jally Stewart	SIGNATURE 	

P. 30 of 2
P. 4

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

PR/DR NO. YM-97-D-069
PAGE 1 OF 1
QA: L

PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

TPM will correct the previously issued DCARs by obtaining appropriate manager signatures by September 30, 1997.
TPM will analyze the differences between OCRWM YAP-6.1 and M&O QAP-6-1 and train all staff involved in distributing documents by August 31, 1997.

15 Extent of Condition: (Not required for PR)

100% of the procedures and documents for which TPM coordinated the entire review and distribution process were examined and 25 documents were found to be in error. Because the extent of the problem is known (25 documents), an official Root Cause analysis (per AP-16.4Q) was not conducted. However, a more informal analysis was performed and it was determined that there was a confusion between the DOE's and the M&O's procedures on controlled distribution. When the problem was pointed out, it was corrected. The training the will be conducted (box #14) will correct any knowledge gaps.

16 Root Cause Determination: (Not required for PR)

N/A

Required: Yes No

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

The Deficiency Report directs TPM to take appropriate actions to prevent recurrence. The remedial actions listed in box #14 are sufficient to resolve these issues. Correcting the DCARs corrects past issues and providing training to the staff will resolve future issues.

Required: Yes No

18 Corrective Action Completion Due Date:

09/30/97

19 Response by:

H. C. Simpson
H. C. Simpson

Date

5/6/97

Phone 295.6414

20 Response Accepted

QAP

J. George
J. George

Date

8/20/97

21 Response Accepted (N/A for PR)

DOQA

James Blaylock Jr
James Blaylock Jr

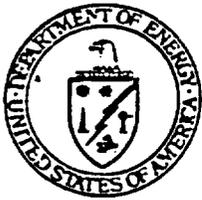
Date

7/14/97

8/7/97

LV. IM HCS 08/97-CCV

DE



Department of Energy

Washington, DC 20585

QA: L

JUL 18 1997

1635

RECEIVED

JUL 21 1997

U.S. DEPARTMENT OF ENERGY

L. D. Foust, Technical Project Officer
for Yucca Mountain Site
Characterization Project
TRW Environmental Safety Systems, Inc.
1180 Town Center Drive, M/S 423
Las Vegas, NV 89134

ISSUANCE OF DEFICIENCY REPORT (DR) YM-97-D-069

Enclosed is DR YM-97-D-069 generated to Technical Publications Management.

Please provide a response to this deficiency that meets the applicable requirements of Administrative Procedure 16.1Q, Performance/Deficiency Reporting. Send the original of your response to Deborah Sult, OQA/QATSS, P.O. Box 30307, Mail Stop 455, North Las Vegas, Nevada 89036-0307. Response to the DR is due 20 working days from the date of this letter. Any extension to the due date must be requested in writing, with appropriate justification, prior to the due date.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or James J. George at (202) 586-7220.

R.W. Clark

For Donald G. Horton, Director
Office of Quality Assurance

OQA:JB-1933

Enclosure:
DR YM-97-D-069

cc w/encl:
T. A. Wood, DOE/HQ (RW-55) FORS
J. O. Thoma, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
R. L. Strickler, M&O, Vienna, VA
B. R. Justice, M&O, Las Vegas, NV
R. A. Morgan, M&O, Las Vegas, NV

cc w/o encl:
Samuel Rousso, DOE/HQ (RW-50) FORS
Carl Weber, DOE/HQ (RW-3) FORS
W. L. Belke, NRC, Las Vegas, NV
J. J. George, OQA/QATSS, Washington, DC
D. G. Sult, OQA/QATSS, Las Vegas, NV
R. W. Clark, DOE/OQA, Las Vegas, NV



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P.E.

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

8 Performance Report
 Deficiency Report
NO. YM-97-0-02
PAGE 1 OF 3
QA: L

PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
M&O QAP-6-1, Rev. 3. Submittal and Use of Controlled Documents

2 Related Report No.
N/A

3 Responsible Organization:
Technical Publications Management

4 Discussed With:
Tricia White

5 Requirement/Measurement Criteria:
M&O QAP-6-1, Rev. 3, Section 4.2.B identifies that Document Originators' Responsible Managers have responsibilities for implementing the QAP. Section 5.2.2 requires that "the Responsible Manager shall sign and date the [Document Control Action Request] DCAR, approving the release of the document for controlled distribution or of the cancellation of the controlled document ..."

6 Description of Condition:
Contrary to the above requirement, the Technical Publications Management (TPM) Manager signed a DCAR on June 10, 1997, approving the release of the cancellation of NLP-SIII-4. L. D. Croft is the Responsible Manager for the cancellation of NLP-SIII-4. The TPM Manager also signed a DCAR on May 30, 1997, approving the release of QAP-2-3, Rev. 8. R. C. Wagner is the Responsible Manager of the QAP-2-3, Rev. 8.

7 Initiator Margaret A. Shepherd
Margaret A. Shepherd Date 07/07/97

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

10 Recommended Actions: (Not required for PR)
SEE ATTACHMENT/CONTINUATION PAGE.

11 QA Review:
QAR JAMES GERRAE / [Signature] Date 7/3/97

12 Response Due Date
20 working days from issuance

13 Director, OQA Issuance Approval (QAR for PR)
Printed Name Donald G. Huston Signature R.W. [Signature] Date 7/17/97

22 Corrective Actions 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.

NO. YM-97-D-069

PAGE 2 OF 3

QA: L

PR/DR CONTINUATION PAGE

10 Recommended Actions (from page 1)

Correct the previously issued DCARs by obtaining appropriate manager signatures.

Investigate extent and potential impact of deficiency, and take appropriate actions to prevent recurrence.

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

PR/DR NO. Y1197-D-069

PAGE 3 OF 3

QA: L

PERFORMANCE/DEFICIENCY REPORT RESPONSE

14 Remedial Actions:

15 Extent of Condition: (Not required for PR)

16 Root Cause Determination: (Not required for PR)

Required: Yes No

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

Required: Yes No

18 Corrective Action Completion Due Date:

19 Response by:

Date

Phone

20 Response Accepted

21 Response Accepted (N/A for PR)

QAR

Date

DOQA

Date

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
					06/10/97
REQUESTOR			DEPARTMENT		
S. L. MOORE			TECHNICAL PUBLICATIONS		
LOCATION	MAILSTOP	PHONE			
SUM1	SUM1/423	(702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A		(
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description Electronic copy submitted

TITLE	REVISION	
SCIENTIFIC INVESTIGATION CONTROL	CANCELLATION	
DOCUMENT IDENTIFIER	ICN NO.	EFFECTIVE DATE
NLP-SIII-4	0	06/06/97

E. Distribution Instructions/Additional Remarks

PLEASE DISTRIBUTE NOTICE OF CANCELLATION TO PERSONS ON DISTRIBUTION FOR NLP-SIII-4, REV. 2

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
Ruth Belanger	<i>Ruth Belanger</i>
POSITION	DATE
Manager, Technical Publications Management	6-10-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
	6/13/97	6/16/97
DOCUMENT CLASS	ID	
DSC STAFF NAME	SIGNATURE	
Deborah N. Pinio	<i>Deborah N. Pinio</i>	

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input checked="" type="checkbox"/> Vienna	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 05/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUMI	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
Other - Describe:			

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE (
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

TITLE Classification of Permanent Items	REVISION 8
DOCUMENT IDENTIFIER and 5/30/97 QAP-2-3	ICN NO. 0
EFFECTIVE DATE 06/16/97	

E. Distribution Instructions/Additional Remarks

Please issue to persons on distribution for QAP-2-3, Rev. 7

15743

DATE DUE: 07.14.97

F. Approval for Release

RESPONSIBLE MANAGER NAME Ruth Belanger	SIGNATURE
POSITION Manager, Technical Publications Management	DATE 5-30-97

DCC USE ONLY

DATE RECEIVED 6.2.97	DATE REVIEWED 6.9.97	DATE COMPLETED 6.11.97
DOCUMENT CLASS QAP	ID QAP-2-3	
DCC STAFF NAME Jally Stewart	SIGNATURE 	

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

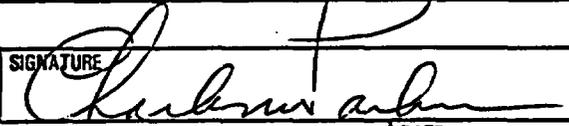
TITLE MEDICAL SURVEILLANCE		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-007	ICN NO. 0	EFFECTIVE DATE 09/26/96

E. Distribution Instructions/Additional Remarks

Please issue to persons on distribution for NAP-SH-009, Respiratory Protection.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		ID
DCC STAFF NAME		SIGNATURE

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

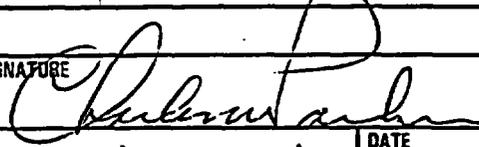
TITLE OCCUPATIONAL SAFETY COMPLIANCE REPORTING		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-006	ICN NO. 0	EFFECTIVE DATE 12/06/96

E. Distribution Instructions/Additional Remarks

Please issue to persons on attached distribution list.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

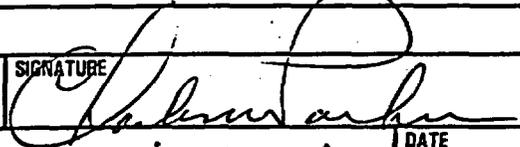
TITLE OCCUPATIONAL SAFETY COMPLIANCE REPORTING		REVISION 1
DOCUMENT IDENTIFIER NAP-SH-006	ICN NO. 0	EFFECTIVE DATE 04/04/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on controlled distribution for this document.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/> Other - Describe:			

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

TITLE EMERGENCY MANAGEMENT		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-005	ICN NO. N/A	EFFECTIVE DATE 08/23/96

E. Distribution Instructions/Additional Remarks

Distribute to people on attached distribution list

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE <i>Charles W. Parker</i>
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center			<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
						07/29/97
REQUESTOR				DEPARTMENT		
Sandra L. Moore				Technical Publications Management		
LOCATION		MAILSTOP		PHONE		
SUM 1		423/1105		(702)295-7162		

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A			
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description

Electronic copy submitted

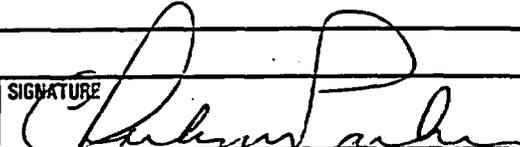
TITLE		REVISION
EMERGENCY MANAGEMENT		1
DOCUMENT IDENTIFIER	ICN NO.	EFFECTIVE DATE
NAP-SH-005	0	01/13/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on attached distributionlist.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
Charles W. Parker	
POSITION	DATE
Manager, CRWMS M&O Safety & Health	8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

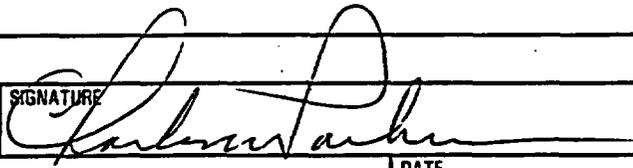
TITLE OCCUPATIONAL NOISE PROTECTION		REVISION 0
DOCUMENT IDENTIFIER NAP-SH-004	ICN NO. N/A	EFFECTIVE DATE 08/22/96

E. Distribution Instructions/Additional Remarks

Distribute to people on attached page.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

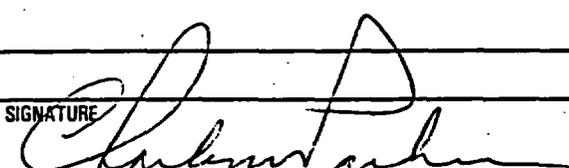
TITLE COMPLIANCE WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION HAZARD COMMUNICATION STANDARD		REVISION 1
DOCUMENT IDENTIFIER NAP-SH-003	ICN NO. N/A	EFFECTIVE DATE 07/18/96

E. Distribution Instructions/Additional Remarks

Issue to persons on managed distribution for this procedure.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

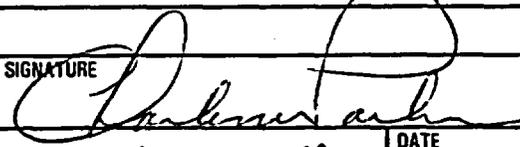
TITLE PROCUREMENT OF REQUIRED PERSONAL PROTECTION EQUIPMENT	REVISION 1
DOCUMENT IDENTIFIER NAP-SH-002	EFFECTIVE DATE 11/01/96
ICN NO. N/A	

E. Distribution Instructions/Additional Remarks

Issue to persons on managed distribution for this procedure.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

P. 450756

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

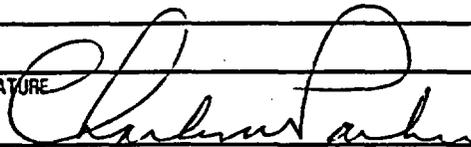
TITLE OCCUPATIONAL INJURY/ILLNESS/PROPERTY DAMAGE REPORTING AND INVESTIGATION		REVISION 2
DOCUMENT IDENTIFIER NAP-SH-001	ICN NO. N/A	EFFECTIVE DATE 07/18/96

E. Distribution Instructions/Additional Remarks

Issue to persons on managed distribution.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS MEC Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS		ID
DCC STAFF NAME	SIGNATURE	

P. 46 of 56

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input checked="" type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

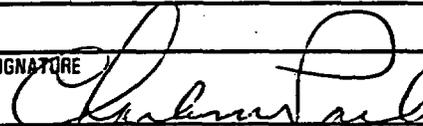
TITLE OCCUPATIONAL INJURY/ILLNESS/PROPERTY DAMAGE REPORTING AND INVESTIGATIONS		REVISION 3
DOCUMENT IDENTIFIER NAP-SH-001	ICN NO. N/A	EFFECTIVE DATE 11/27/96

E. Distribution Instructions/Additional Remarks

Issue to persons on managed distribution for this procedure.

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

F. Approval for Release

RESPONSIBLE MANAGER NAME Charles W. Parker	SIGNATURE 
POSITION Manager, CRWMS M&O Safety & Health	DATE 8-5-97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center			<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
			08/05/97			
REQUESTOR			DEPARTMENT			
SANDRA L. MOORE			TECHNICAL PUBLICATIONS MANAGEMENT			
LOCATION	MAILSTOP	PHONE				
SUM 1	423/1105	(702)295-7162				

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A			
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description

Electronic copy submitted

TITLE	REVISION
MANAGEMENT OF HYDROCARBON-CONTAMINATED SOILS	1
DOCUMENT IDENTIFIER	EFFECTIVE DATE
NAP-EP-002	10/11/96
ICN NO.	
0	

E. Distribution Instructions/Additional Remarks

DISTRIBUTE TO PERSON ON CONTROLLED DISTRIBUTION FOR THIS DOCUMENT.

PLEASE RETURN THE ORIGINAL DOCUMENT AND DCAR TRANSMITTAL TO THE CRWMS M&O TECHNICAL PUBLICATIONS MANAGEMENT, ATTENTION S. L. MOORE, FOR PROCESSING INTO THE RECORD.

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
THOMAS PYSTO	<i>TH Pysto</i>
POSITION	DATE
	8/5/97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 08/05/97
REQUESTOR SANDRA L. MOORE			DEPARTMENT TECHNICAL PUBLICATIONS MANAGEMENT		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description Electronic copy submitted

TITLE WASTE CHARACTERIZATION AND EVALUATION	REVISION 1
DOCUMENT IDENTIFIER NAP-EP-001	EFFECTIVE DATE 10/11/96
ICN NO. 0	

E. Distribution Instructions/Additional Remarks

DISTRIBUTE TO PERSON ON CONTROLLED DISTRIBUTION FOR THIS DOCUMENT.

PLEASE RETURN THE ORIGINAL DOCUMENT AND DCAR TRANSMITTAL TO THE CRWMS M&O TECHNICAL PUBLICATIONS MANAGEMENT, ATTENTION S. L. MOORE, FOR PROCESSING INTO THE RECORD.

F. Approval for Release

RESPONSIBLE MANAGER NAME THOMAS PYSTO	SIGNATURE <i>TH Pysto</i>
POSITION	DATE 8-5-97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

TITLE CORRECTIVE ACTION PLAN - SAFEGUARDS AND SECURITY		REVISION 0
DOCUMENT IDENTIFIER NWI-SEC-001	ICN NO. 0	EFFECTIVE DATE 10/01/96

E. Distribution Instructions/Additional Remarks

Please return the original document and DCAR transmittal to the CRWMS M&O Technical Publications Management, attention S. L. Moore, for processing into the record.

Distribution to Michael Schwartz only.

F. Approval for Release

RESPONSIBLE MANAGER NAME Michael J. Schwartz	SIGNATURE <i>MJ Schwartz</i>
POSITION <i>Security Manager</i>	DATE 8/5/97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input type="checkbox"/> Vienna	<input checked="" type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE
					04/29/97
REQUESTOR			DEPARTMENT		
ED DEMBOWSKI			CONFIGURATION MANAGEMENT		
LOCATION	MAILSTOP	PHONE			
SUM1	423	(702)295-4100			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	Transfer holdings
<input type="checkbox"/>	Other - Describe:	

C. Recipient Data

LAST NAME	FIRST NAME	MIDDLE INI.	COPY NO., IF APPLICABLE
N/A	N/A	N/A	N/A
COMPANY/ORGANIZATION		PHONE	
N/A			
DEPARTMENT	LOCATION	MAILSTOP	
N/A	N/A	N/A	

D. Document Description

Electronic copy submitted

TITLE	REVISION
TO BE VERIFIED (TBV) AND TO BE DETERMINED (TBD) MONITORING SYSTEM	4
DOCUMENT IDENTIFIER	ICN NO.
NLP-3-15	0
	EFFECTIVE DATE
	04/28/97

E. Distribution Instructions/Additional Remarks

REPLACE REVISION 3 WITH REVISION 4.
ISSUE TO PERSONS ON CONTROLLED DISTRIBUTION

F. Approval for Release

RESPONSIBLE MANAGER NAME	SIGNATURE
M. SAM RINDSKOPF	<i>M. Sam Rindskopf</i>
POSITION	DATE
COMTS, INTEGRATION & CONFIG MGMT MANAGER	9/8/97

DCC USE ONLY

DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Document Control Action Request

Complete only applicable items.

A. Requestor

TO: Document Control Center		<input checked="" type="checkbox"/> Vienna	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> DRC	DATE 07/29/97
REQUESTOR Sandra L. Moore			DEPARTMENT Technical Publications Management		
LOCATION SUM 1	MAILSTOP 423/1105	PHONE (702)295-7162			

B. Action Requested

<input checked="" type="checkbox"/>	Issue attached as a controlled document	<input type="checkbox"/>	Add new recipient to distribution list
<input type="checkbox"/>	Issue attached as a managed document	<input type="checkbox"/>	Remove recipient from distribution list
<input type="checkbox"/>	Cancel/Void a document	<input type="checkbox"/>	Transfer holdings
<input type="checkbox"/>	Other - Describe:		

C. Recipient Data

LAST NAME N/A	FIRST NAME N/A	MIDDLE INI. N/A	COPY NO., IF APPLICABLE N/A
COMPANY/ORGANIZATION N/A		PHONE	
DEPARTMENT N/A	LOCATION N/A	MAILSTOP N/A	

D. Document Description

Electronic copy submitted

TITLE CLASSIFICATION OF PERMANENT ITEMS	REVISION 8
DOCUMENT IDENTIFIER QAP-2-3	EFFECTIVE DATE 06/16/97

E. Distribution Instructions/Additional Remarks

Please issue to persons on distribution for QAP-2-3, Rev. 7

F. Approval for Release

RESPONSIBLE MANAGER NAME Richard C. Wagner	SIGNATURE <i>Richard C. Wagner</i>
POSITION SE/I manager	DATE 8/6/97

DCC USE ONLY		
DATE RECEIVED	DATE REVIEWED	DATE COMPLETED
DOCUMENT CLASS	ID	
DCC STAFF NAME	SIGNATURE	

Attachment III

TRAINING ON DIFFERENCES BETWEEN M&O DOCUMENT CONTROL PROCEDURES AND YMP DOCUMENT CONTROL PROCEDURE

- DCAR vs CDIA

The form to transmit M&O documents to Document Control for distribution is identified as the Document Controlled Action Request (DCAR). This form requires requestors to identify the document number, revision/PCN number, title, effective date, and distribution instructions and a distribution list if applicable. The DCAR should be signed by the Responsible Manager for the procedure.

The form to transmit YMP documents to Document Control for distribution is identified as the Controlled Document Issuance Authorization (CDIA). This form requires requestors to identify the same information as the DCAR except it can be signed by the Document Originator.

- Electronic copy verification

The M&O procedures require the Document Originator to verify that the information contained in the electronic version is the same as the hard copy version to include approval names and effective date.

The YMP procedure calls on the TPM for responsibility for the electronic versions of documents. This is due to the fact that TPM is responsible for database that houses electronic versions of the YMP documents.

**TRAINING ON DIFFERENCES BETWEEN M&O DOCUMENT CONTROL
PROCEDURES AND YMP DOCUMENT CONTROL PROCEDURE**

PRINT NAME	SIGNATURE	DATE
Linda M. Mantor	Linda M. Mantor	08-29-97
Dorothy Pave	Dorothy A. Pave	08-29-97
ERNEST LEE STEMKLEY	Ernest L. Steinkley	8-29-97
Jody L. Paessler	Jody L. Paessler	8-29-97
Danika S. Miller	Danika S. Miller	8-29-97
JULIE HANG	Julie Hang	8/29/97
MARY ANN NUSBAUM	Mary Ann Nusbäum	8/29/97
SANDRA L. MOORE	Sandra L. Moore	8-29-97
JOHN Belanger	John Belanger	8-29-97

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

NO. YM-97-D-069
PAGE OF
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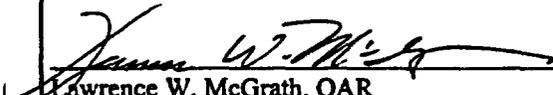
PR/DR CONTINUATION PAGE

VERIFICATION OF CORRECTIVE ACTION FOR DEFICIENCY REPORT (DR) YM-97-D-069

The verification of implementation of the accepted corrective actions for DR YM-97-D-069 was completed on 10/16/97. The corrective actions examined were found to be complete and effective.

Summary:

The TPM analyzed the two procedures and outlined the differences. The TPM has explained to each of the M&O managers the organizational signature requirements, and corrected the 25 DCARs. The TPM Staff and Manager were trained 08/29/97 to preclude this from recurring. The corrected DCARs and record of training are attached to the response.


Lawrence W. McGrath, QAR

10/21/97
Date