



## Department of Energy

Washington, DC 20585

QA: L

NOV 1 4 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-077 RESULTING FROM OFFICE OF QUALITY ASSURANCE (OQA) AUDIT LANL-ARC-97-19 OF LOS ALAMOS NATIONAL LABORATORY

The OQA staff has evaluated the response to DR YM-97-D-077. The response has been determined to be satisfactory. 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, Mail Stop 455, North Las Vegas, Nevada 89036-0307.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or Cynthia A. Humphries-Alder at (702) 794-1336.

<u> 130041</u>

Ter Donald G. Horton, Director Office of Quality Assurance

OQA:JB-0261

Enclosure: DR YM-97-D-077

cc w/encl: T. A. Wood, DOE/HQ (RW-55) FORS J. O. Thoma, NRC, Washington, DC S. W. Zimmerman, NWPO, Carson City, NV L. E. Souza, OQA/LANL, Los Alamos, NM B. R. Justice, M&O, Las Vegas, NV R. A. Morgan, M&O, Las Vegas, NV Tom Hirons, M&O/LANL, Los Alamos, NM M. J. Clevenger, M&O/LANL, Los Alamos, NM

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

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	OFFICE OF CIVILIAN DACTIVE WASTE MANAGEME S. DEPARTMENT OF ENERGY WASHINGTON, D.C.	NO VMD 07 D 077
	DRMANCE/DEFICIENCY REPO	DRT
1 Controlling Document: DOE/RW-0333P, Rev. 7, Quality Assurance Program	Controlling Document: DE/RW-0333P, Rev. 7, Quality Assurance Program Description	
3 Responsible Organization: Los Alamos National Laboratory	4 Discussed With: Mike Clevinger, Cloe	eves Martinez
<ul> <li>5 Requirement/Measurement Criteria: Section 5.2.2 states, " Implementing documents shal performed:H. Identification of the lifetime and non document"</li> <li>Section 17.2.2 A. states, "Implementing documents 1. Identify those documents to 2. Identify the organization results.</li> </ul>	npermanent quality assurance re- shall: that will become QA records.	
6 Description of Condition:		<u></u>
Contrary to the above, no evidence could be found o LANL-YMP-QP-02.5, R4 LANL-YMP-QP-02.7, R4 LANL-YMP-QP-02.11, R6 LANL-YMP-QP-06.1, R8 LANL-YMP-QP-06.2, R6 LANL-YMP-QP-06.3, R5 LANL-YMP-QP-18.2, R6	of these requirements within the	following reviewed procedures:
7 Initiator The liter Anglin - Alder Anthia A. Humphries-Alder Date	9 Is condition an isola 1/31/97	ated occurrence?
<ol> <li>Investigate the extent of the deficiency,</li> <li>Determine actions needed to preclude recurrence</li> <li>Revise procedures to include the above mentione</li> </ol>		
11 CK Review L. Augustin - Alder DAR Cynthia A. Humphries-Alder Date	nleilan 20 worl	e king days from issuance
13 Director, OQA Issuance Approval: (QAR for PR)		BIA
Printed Name DONALD G. HO NAD	Signation Processing	Date (8/97
22 Corrective Actions Verified DAB Date	23 Closure Approved	
L OAR Date Date	DOQA	Date Rev. 06/0

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	PERFOR	MANCE/DEFICIENCY	REPORT RES	PONSE	
14 Remedial Action					<u>.</u>
		See Attachment 1			•
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15 Extent of Condit	tion: (Not required for	PR)	<del></del>		
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		See Attachment 1			•
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17 Action to Preclud	de Recurrence: (Not re	equired for PR) Required	1: 🕅 Yes [	] No	
17 Action to Precluc	je Recurrence: (Not re	equired for PR) Required See Attachment 1	1: 🕅 Yes [	] No	
17 Action to Preclus	de Recurrence: (Not re		1: 🕅 Yes [	] No	· · ·
17 Action to Preclus	de Recurrence: (Not re		1: 🕅 Yes [	] No	
17 Action to Preclus	de Recurrence: (Not re		: X Yes [	] No	
17 Action to Preclus	de Recurrence: (Not re		t: 🕅 Yes [	] No	
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17 Action to Preclu	de Recurrence: (Not re		:: ⊠ Yes [	] No	
		See Attachment 1	1: 🕅 Yes [	] No	
18 Corrective Action	de Recurrence: (Not re	See Attachment 1	1: 🕅 Yes [	] No	
		See Attachment 1 2: 19 Response by: Muchael Clever	ger Date (O	ጋረፕ. ንት የ	2hone 505.665.
18 Corrective Action	n Completion Due Date	See Attachment 1 2: 19 Response by: Michael Cleuese 21 Res	an Date 10 ( sponse Accepted (	Det. 97 P	
18 Corrective Action	n Completion Due Date	See Attachment 1 2: 19 Response by: Muchael (leuene 21 Res	ger Date (O	Det. 97 P	Date 11/14/9

Attachment 1 Corrective Action Response YM-97-D-077 Page 1 of 1

**Remedial Actions:** 

Lifetime and/or non-permanent records identification requirements will be documented in a memorandum to employees. The memo will provide the necessary vehicle to transmit the records identification requirements of the QARD, Sections 5.2.2, and 17.2.2 until the time that the noted requirements are included in LANL-YMP-QP-06.2 and LANL-YMP-QP-06.3 as defined in the Actions to Preclude Recurrence Section below.

## Extent of Condition:

Records at LANL YMP have been historically identified to meet the above noted requirements, thus no adverse impact to quality has been created.

Action to Preclude Recurrence:

QARD requirements, described in the above remedial action will be incorporated in LANL-YMP-QP-06.2, Preparation, Review, and Approval of Quality Administrative Procedures, and LANL-YMP-QP-06.3, Preparation, Review, and Approval of Detailed Technical Procedures. It will be noted, in Attachment 2, Section 7, of both procedures, that all QA records generated by the respective QPs or DPs, are designated as lifetime records, unless otherwise noted. Completion date for these actions is January 30, 1998.