PROJECT OFFICE QUALITY ASSURANCE REPORT FOR

THE YUCCA MOUNTAIN PROJECT OFFICE CORRECTIVE ACTION REVIEW OF

THE YUCCA MOUNTAIN PROJECT OFFICE,

TECHNICAL AND MANAGEMENT SUPPORT SERVICES,

AND

MAC TECHNICAL SERVICES COMPANY

CORRECTIVE ACTION REVIEW I-01

CONDUCTED APRIL 16-20, 1990

Prepared by: Frank J. Kratzinger Date: 5/3/90
Frank J. Kratzinger
Review Team Leader

Approved by: Donald G. Horton Date: 5/3/90
Donald G. Horton, Director
Quality Assurance Division
Yucca Mountain Project Office

EXECUTIVE SUMMARY

Because not all applicable criteria of the Yucca Mountain Project Office (Project Office) Quality Assurance Plan (QAP) were reviewed during this first corrective action review, it is not possible to provide an overall effectivity statement of the Project Office QAP at this time. In addition, for instances in which open Standard Deficiency Reports (SDRs) had already been issued against the criteria being reviewed, no additional SDRs were generated; 62 such open SDRs existed.

The following is the Corrective Action Review Team's summation of the acceptability of each individual criterion of the Project Office QAP (as reviewed). The summation is the result of measuring the implementation of the Project Office Quality Management Procedures, Administrative Procedures (Quality), and Branch Technical Procedures.

1. Criterion I - Organization
   Activities reviewed for this criterion were in compliance with procedural requirements. This criterion appears to be acceptable.

2. Criterion II - Quality Assurance Program

   Verification of compliance to the requirements for selection, indoctrination, and training of personnel performing or verifying activities that affect quality is indeterminate due to requirements of the Privacy Act, which restrict access to records that demonstrate implementation of the procedures.

   Readiness reviews that had been performed appeared to be in compliance with procedural requirements.

   Based on the number of open SDRs against this criterion and the generation of additional SDRs from this review, this criterion is unacceptable.

3. Criterion III - Scientific Investigation and Design Control

   a. The aspects of Criterion III discussed below were reviewed and found to be acceptable.

      The study plan reviews appeared to be in compliance with procedural requirements. However, there was one SDR written on the prequalification of reviewers that did not impact on the quality of the review.

      The acceptance of design control documents by the Project Office appears to be in compliance with the procedural requirements. However, based upon the recommendations provided, the procedures governing the activities appear to need review for adequacy/consistency with recent changes that have occurred on the Project.

The implementation of the Change Control Process was found to be in compliance with procedural requirements.

The technical assessment review for the Waste Package Design Requirements Document (in progress) was reviewed and found to be in compliance with procedural requirements.

Work performed on Quality Assurance Level Assignments by Technical and Management Support Services (T&MSS) was in compliance with procedures and had been reviewed and approved by the Project Office.

b. The aspects of Criterion III discussed below were reviewed and found to be unacceptable.

The Air Quality Monitoring Program is operating under six open SDRs. The quality of the data being obtained is indeterminate because the weight standards being used for calibrating the one available balance are not traceable to the National Institute of Standards and Technology. This area must be considered unacceptable.

The Meteorological Monitoring Program is operating. The data being acquired has indeterminate quality since it has been processed with unqualified software at Science Applications International Corporation in San Diego. There are at least three open SDRs in the field at this time. The quality of this program is judged to be ineffective.

The Radiological Monitoring Program by T&MSS has been stopped by internal directive. Until new quality procedures are approved and implemented, this area must be considered unacceptable.

Software development and application by T&MSS has been stopped by internal directive. Until an approved Software Quality Assurance Program becomes effective, this area must be considered unacceptable.

4. Criterion V - Instructions, Procedures, Plans, and Drawings

Activities reviewed for this criterion were in compliance with the procedural requirements. Although there are open SDRs written against this criterion, they are for revisions to procedures. This criterion appears to be acceptable.

5. Criterion VI - Document Control

Activities reviewed for this criterion were in compliance with the procedural requirements. However, there are open SDRs issued against this criterion. Until the corrective actions to the SDRs are satisfactorily implemented, this criterion must be considered unacceptable.

6. Criterion XV - Control of Nonconforming Items

In general, the Project Office's Nonconformance Report (NCR) system was found to be in compliance with the requirements. Modifications were made to the NCR log during the review to bring the log into compliance with the requirements of the procedure. An Interim Change Notice was issued during the review to bring the procedure into compliance with QAP requirements of sending a copy of completed NCRs to Project Office Quality Assurance (QA). An SDR was issued to the Project Office for not reviewing and approving Participant NCRs with a use-as-is or repair disposition. With the exception of this SDR, this criterion is acceptable.

7. Criterion XVI - Corrective Action

Corrective Action and Trend Analysis were in compliance with procedural requirements and are acceptable.

Deficiencies of the SDR system were identified and documented on SDRs during a surveillance conducted in December 1989. Until the corrective actions to these SDRs are implemented, this criterion is unacceptable.

8. Criterion XVII - Quality Assurance Records

There are seven open SDRs against this criterion plus the four SDRs generated during the review. Until the corrective actions to the SDRs have been satisfactorily implemented, this criterion is considered unacceptable.

9. Criterion XVIII - Audits

Performance of Audits and Surveillances was found to be in compliance with the requirements of the QAP and implementing procedures. However, two deficient conditions exist that must be corrected. The first condition is that audit packages have not been transmitted to the Local Records Center and is addressed in an existing SDR. The second is a failure to maintain the documented certification of lead auditors. These two conditions are not considered major deficiencies and this criterion is considered acceptable.

1.0 INTRODUCTION

This report contains the results of a corrective action review of the Yucca Mountain Project Office (Project Office), Technical and Management Support Services (T&MSS), and MAC Technical Services Company (MACTEC), support of the Yucca Mountain Project. The review was conducted at facilities located in Las Vegas and the Nevada Test Site, Nevada (April 16-20, 1990). The Quality Assurance (QA) program requirements to be verified were taken from the Project Office Quality Assurance Plan (QAP), NNWSI/88-9, Revision 3.

2.0 CORRECTIVE ACTION REVIEW SCOPE

The following program elements were reviewed to assess compliance with NNWSI/88-9, Revision 3, and the Project Office implementing Quality Management Procedures, Administrative Procedures (Quality), and Branch Technical Procedures:

- 1.0 Organization
- 2.0 Quality Assurance Program
- 3.0 Scientific Investigation Control and Design Control
- 5.0 Instructions, Procedures, Plans, and Drawings
- 6.0 Document Control
- 15.0 Control of Nonconforming Items
- 16.0 Corrective Action
- 17.0 Quality Assurance Records
- 18.0 Audits

The following program elements of NNWSI/88-9, Revision 3 were not reviewed at this time and will be included in the second part of the corrective action review:

- 4.0 Procurement Document Control
- 7.0 Control of Purchased Items and Services
- 8.0 Identification and Control of Items, Samples, and Data
- 12.0 Control of Measuring and Test Equipment
- 13.0 Handling, Shipping, and Storage

The following program elements of NNWSI/88-9, Revision 3 are considered not applicable to the scope of work at the present time:

- 9.0 Control of Processes
- 10.0 Inspection
- 11.0 Test Control
- 14.0 Inspection, Test, and Operating Status

3.0 REVIEW TEAM PERSONNEL

The Corrective Action Review Team consisted of the following personnel:

Individual	Responsibility
Frank J. Kratzinger	Review Team Leader
Amelia I. Arceo	Reviewer
Neil D. Cox	Reviewer
Gerard Heaney	Reviewer
Thomas J. Higgins	Reviewer
Robert H. Klemens	Reviewer
Kenneth T. McFall	Reviewer
Deborah L. Mogar	Reviewer
Charles C. Warren	Reviewer
Norm Frank	Observer, DOE/HQ
Bill Villanueva	Observer, DOE/HQ

4.0 SUMMARY OF REVIEW RESULTS

4.1 Statement of Program Effectiveness

In the opinion of the Corrective Action Review Team, the Project Office QA Program is unacceptable or indeterminate in the following areas:

1. Plans and Procedures identified in Criterion III (unacceptable)
2. Training and Qualification (indeterminate and unacceptable)
3. Corrective Action (unacceptable)
4. QA Records (unacceptable)
5. Implementation of procedures identified in Criteria II, III, VI, XVI, and XVII (unacceptable)

Based on the above, additional actions are required by the Project Office to ensure that sufficient controls are in place for the overall control of its quality-related activities.

4.2 Summary of Technical Activities

There were no technical activities conducted during this review.

4.3 Summary of Findings

A total of 11 Standard Deficiency Reports (SDRs) were generated as a result of this review. Information copies of the SDRs are included in Enclosure 2. Committed corrective action dates obtained during the review are indicated in parentheses after the synopsis of the SDRs in Section 6. Additionally, 13 recommendations were made by the review team and included in Section 6 of this report.

5.0 CORRECTIVE ACTION REVIEW MEETINGS

5.1 Pre-review Conference

A pre-review conference was held with the Project Office, T&MSS, and MACTEC personnel at 10:00 a.m. on April 16, 1990. The purpose, scope, and proposed agenda for the review were presented and the review team was introduced. A list of those attending is provided in Enclosure 1.

5.2 Personnel Contacted During the Review

See Enclosure 1.

5.3 Post-review Conference

The post-review conference was held at 2:00 p.m. on April 20, 1990, at the offices of the Yucca Mountain Project in Las Vegas, Nevada. The preliminary SDRs and recommendations were presented to the Project Office, T&MSS, and MACTEC. A list of those attending the post-review conference is provided in Enclosure 1.

6.0 SYNOPSIS OF STANDARD DEFICIENCY REPORTS AND RECOMMENDATIONS

6.1 Standard Deficiency Reports (Committed Corrective Action Completion)

SDR No. 516 There was no approved lesson plan for the training class given on AP-5.1Q, conducted on 3-21-90. (5-4-90)

SDR No. 517 A matrix of T&MSS employees indicated that the time limit on proficiency evaluations had been exceeded. (5-21-90)

SDR No. 518 There was no documented evidence of extension of certification for some lead auditors at the time that they performed as audit team leaders. (4-27-90)

SDR No. 519 No documented evidence of training class attendance or completion of reading assignments for MACTEC personnel. (4-23-90)

SDR No. 520 No documented evidence that Quality Assurance Program Plan (QAPP) compliance matrices have been completed by Fenix & Scisson of Nevada; Reynolds Electrical and Engineering Company, Inc.; Los Alamos National Laboratory and the Project Office. (5-25-90)

SDR No. 521 Some reviewers of study plans did not satisfy the qualification requirements prior to performing the review. (4-30-90)

SDR No. 522 There was no documented evidence that participant NCRs are consistently being reviewed and signed and dated if approved by the Project Quality Manager (PQM). (5-25-90)

SDR No. 524 Record packages at MACTEC were authorized by personnel not on the authorization list, and the Local Records Center (LRC) authorization list was not signed and dated. (4-27-90)

SDR No. 525 The LRC authorization list and the record type list for the Project Office was not authenticated. (4-27-90)

SDR No. 526 References on published reports were not cross referenced into the Records Information System data base. (5-4-90)

SDR No. 527 Record packages at T&MSS were inaccurate in their page counts. (5-7-90)

6.2 RECOMMENDATIONS

1. Criterion I

SDR-299 was written to point out a deficiency in QMP-01-01, Paragraph 4.4, in that the Project Office and T&MSS organization charts did not reflect the actual organization elements and position titles in place at the Project Office and T&MSS activity areas.

Due to the extensive plan and procedure effort being conducted by the Project Office, and the sequence of major events that have changed Project Office commitment from time to time, the target date of February 28, 1990, for completion of the revisions to plans and procedures was not met.

The problems identified in this SDR are being considered and the agreed upon solutions will be incorporated into the procedure rewrites; however, problems have arisen due to the lengthy review process and changes in requirements of the QAP.

It is recommended that an "unsatisfactory" verification letter be written by Project Office QA and forwarded to the Project Office along with a request for an amended response and a new effective date for completion of recommended corrective actions.

2. Criterion III

   a. Priority management efforts should be directed toward enhancing the QA programs in the Air Quality and Meteorological Monitoring programs since they are ongoing and producing data of indeterminate quality, the former because calibration are not traceable to the NIST and the latter because off-site data processing software is not verified and validated. Furthermore, these data should be marked as being nonconforming.

   b. QMP-02-08, Revision 0, does not provide instructions for completing the Technical Assessment Review (TAR) Comment Record, which is Figure 3 within the procedure. A review of TAR comment records for the Waste Package Design Requirements Document (WPDRD) identified the following:

      (1) The revision number of the WPDRD did not appear on several of the comment records.

      (2) The title of the WPDRD did not appear on several of the comment records.

      (3) In the "Reference Document No." column of the comment record form, a paragraph number was inappropriately being referenced on several of the comment records reviewed.

      Based on the inconsistency indicated above, it is recommended that QMP-02-08 be revised to include instructions on how to complete the comment record form. The Project Office should also ensure that comment records are corrected prior to completing the TAR. (Note: the comment records are currently at LLNL for resolution).

c. For the Exploratory Shaft Site Preparation Readiness Review (in preparation), the Readiness Review Board Selection Record (figure 2 of AP-5.13Q) was not used, as is required by Paragraph 5.2.1 of AP-5.13Q. Instead, a typed list of board members was used as an attachment to letter No. YMP:MAM-2016, Robson to distribution, dated 5/25/89. The utilization of Figure 2 provides documentation (as required by Paragraph 5.2.2 of AP-5.13Q) that each review board member meets the qualification requirements for the review. The typed list attached to the letter does not provide this documentation. It is recommended that a Readiness Review Board Selection Record be completed prior to resumption of the readiness review.

d. AP-5.13Q, Revision 0, Figure 2 is titled "Readiness Review Board Selection Record." Paragraph 5.2.1 Item 4 and Page 11 of the procedure calls the figure the "Readiness Review Team Selection Record". The procedure warrants revision to come to agreement with the terminology used in the procedure. Since Figure 2 is the documented statement that the Readiness Review Board members listed on the record meet the qualifications for the review (required by Paragraph 5.2.2 of AP-5.13Q), does the Project Office want to expand this documentation for qualification to team members also? Currently the procedure does not require that qualification requirements be established for review board team members. Qualification requirements are only required to be established for review board members.

e. AP-5.18Q, Paragraph 5.2.1.1, states that "The Sub-system Design Requirements Document (SDRD), shall include requirements in terms of functions, performance, constraints, and interfaces, and it shall include relevant regulations, codes, and standards as part of the requirements." The procedure does not address assumptions that have an effect on functions and performance. The SDRD does in fact provide assumptions as appropriate.

It is recommended that AP-5.18Q be revised to include "assumptions." In addition, revise the terms in Paragraph 5.2.1.1 from "functions" to "functional requirements" and "performance" to "performance criteria." These revisions would provide consistency of terminology between the SDRD and AP-5.18Q.

f. The current working files for study plans have been open for 18 months due to the lengthy review process. Some study plans were written in accordance with the old Site Characterization Plan Management Plan, reviewed per AP-1.10Q, Revision 0, and resolutions of associated comments are currently being processed in accordance with Revision 1. It is recommended

that those responsible for the files review all open files to determine the status and "vintage" of the documentation and include a short history and "roadmap" so that an external auditor will know what to expect in that file.

g. The table of contents for submitted record packages in the LRC should be reviewed in light of the above recommendation. The purpose would be to devise an annotation or organization of the tables so that an external auditor would have a high probability of correctly requesting the record desired based on the table itself.

h. A systematic approach should be developed for handling information on the delegation of authority. The approved documentation for the delegation of authority should be placed into the LRC and working file immediately.

3. Criterion V

AP-1.1Q, Paragraph 5.16, requires an annual review of quality-related APs (on their effectivity date) to be conducted by the QA Organization, to evaluate the continuing adequacy of the procedures. Since no specific forms, records, or documents are required, no evidence of the reviews has been captured by QA records. This is not a QAP requirement, but it is a useful management tool and should be more clearly defined, detailed, and documented.

4. Criterion VI

AP-1.6Q, Paragraph 5.2.2, states that requests by the State of Nevada for unpublished information shall be handled in accordance with AP-1.8Q. The table of contents of the Administrative Procedures Manual lists the procedure as AP-1.8. AP-1.8 has been "in preparation" since 1988, and has never been issued.

Requests by the State of Nevada are being handled along with other requests for unpublished information per AP-1.6Q requirements.

It is recommended that AP-1.8 be issued and implemented and the requirements of AP-1.6Q, be changed to incorporate reference to AP-1.8 instead of AP-1.8Q or delete the requirement for AP-1.8 and revise AP-1.6Q to include requests by the State of Nevada.

5. Criterion XV

Implementation of QMP-15-01 is being hampered by the lack of commitment of time and personnel to Nonconformances. Participant NCRs are not being processed or maintained in a manner that will allow follow-up or tracking of any sort. No one has been appointed by the Project Office to oversee the requirements of QMP-15-01 and ensure the smooth functioning of the NCR system. The Project Office NCRs are logged and filed, but the NCRs that participants are required to forward to the Project Office are not being filed or logged in any discernible manner. The status of individual NCRs and whether responsibilities remain unfulfilled or not is unknown. The procedure does not specifically require the tracking and filing of participant NCRs, but if the current situation continues there is a probability that once the pace of work increases the NCR system could fail. It is recommended that an individual be assigned to the NCR system and be responsible for its functioning.

6. Criterion XVIII

In reviewing audit plans for the seven audits performed during 1989, it was impossible to determine if plans existed for the review of identified deficiencies from previous audits. It is recommended that follow-up of deficiencies from previous audits (if planned) be included in subsequent audit plans.

7.0 RECOMMENDED ACTION

A written response is required for each SDR delineated in Section 6. Responses to each SDR are due within 5 working days from the date of the SDR transmittal letter. Upon response, acceptance, and satisfactory verification of all remedial and corrective actions, the SDRs will be closed and the Project Office will be notified (by letter) of the closure.

Written responses to the recommendations are not required.

ENCLOSURE 1

CORRECTIVE ACTION REVIEW I-01
PERSONNEL CONTACTED

NAME	ORGANIZATION	TITLE	CONTACTED PRE-REVIEW	CONTACTED DURING REVIEW	CONTACTED POST REVIEW
Aiello, Carolyn G.	YMP	Training Prg. Analyst		X	
Arceo, Amelia I.	SAIC	QA Engineer	X	X	X
Barton, Robert V.	YMP	Deputy Director	X	X	X
Bjerstedt, Thomas W.	YMP	Gen. Engineer		X	
Blanchard, Maxwell B.	YMP	Director R&SE			X
Blaylock, James	YMP	Project Office QA	X		X
Blue, Jackalie L.	SAIC	Mgr.,Information Sys.		X	
Brogan, Nita J.	SAIC	Staff Assistant	X	X	X
Bryant, Paul	SAIC	Mgr.,Plans & Proced.		X	
Carlson, John	SAIC	Staff Member		X	
Carpenter, Lee	YMP	Gen. Engineer		X	
Carter, Sharon A.	YMP	Gen. Engineer		X	
Cavazos, Anne	SAIC	Staff Member		X	
Church, Kim K.	SAIC	Staff Member		X	
Clark, James E.	SAIC	PO QA Liaison		X	X
Claxton, Shawn	MACTEC	Secretary		X	
Constable, Robert B.	YMP	Project Office QA	X	X	X
Conway, Zemer J.	SAIC	Technician		X	
Cotten, Elaine	W	Supv. Local Records		X	
Cotter, Mae D.	SAIC	Mgr. Local Records		X	
Cox, Neil D.	SAIC	QA Engineer	X	X	X
Crawford, Sid L.	SAIC	QA Engineer			X
Dana, Steve R.	SAIC	QA Engineer	X	X	X
Diaz, Mario R.	YMP	Project Office QA		X	
Dixon, Wendy R.	YMP	Director P&OC	X		
Dobson, Dave C.	YMP	Chief Reg. Inter.		X	X
Dussman, Monica M.	SAIC	Mgr. Env. Programs		X	
Dymmel, George D.	YMP	Chief Systems Branch		X	
Edwards, Roxanne D.	YMP	Gen. Engineer	X	X	X
Ford, Victor	SAIC	CRF Supervisor		X	X
Frank, Norm	CER/HQ	Observer		X	X
Furbush, David A.	SAIC	Mgr. Tech. Writing		X	
Gardiner, James T.	YMP	Gen. Engineer	X	X	
Gates, Robert E.	MACTEC	Deputy Project Mgr.		X	
Gertz, Carl P.	YMP	Project Manager			X
Grant, Terry A.	SAIC	Senior Geologist		X	
Gron, Laura	SAIC	LRC Supervisor		X	
Hampton, Catherine E.	YMP	Project Office QA		X	
Harbert, Kevin R.	SAIC	Manager CCD	X	X	
Hardin, E.	SAIC	Staff Member		X	

CORRECTIVE ACTION REVIEW I-01
PERSONNEL CONTACTED

NAME	ORGANIZATION	TITLE	PRE-REVIEW	CONTACTED DURING REVIEW	POST REVIEW
Harper, James B.	SAIC	QA Manager	X		X
Heaney, Jerry	SAIC	QA Engineer		X	X
Higgins, Thomas J.	SAIC	QA Engineer	X	X	X
Hodges, Kristi A.	SAIC	QA Specialist		X	
Horton, Donald G.	YMP	Director QA		X	X
Iorii, Vincent F.	YMP	Chief Branch Control	X		X
Kaiser, Robert D.	YMP	Chief Ops Control		X	X
Karnoski, Peter J.	SAIC	QA Engineer		X	
Keller, Dave	SAIC	Manager CRF		X	
Kirk, Joseph R.	SAIC	Mgr. Contract Svcs.		X	
Klemens, Robert H.	SAIC	QA Engineer	X	X	X
Kratzinger, Frank J.	SAIC	QA Engineer	X	X	X
Kunich, Angela K.	YMP	Mail & CF Supv.		X	
Lewis, Christopher	Harza	Staff Member		X	
Lezcano, Terri	SAIC	Trn. Records Spec.		X	
Little, Leo E.	YMP	Director E&D			X
Luthiger, Peter J.	SAIC	Technician		X	
Madsen, James L.	MACTEC	Project Mgmt. Spec.		X	
Matthusen, August C.	SAIC	Staff Member		X	
Maxwell, Frank R.	YMP	Gen. Engineer		X	
McAlister, Diane N.	SAIC	CM Specialist	X	X	
McFall, Kenneth T.	SAIC	QA Engineer	X	X	X
Milsap, Brenda	SAIC	LRC Staff		X	
Mogar, Deborah L.	SAIC	QA Specialist	X	X	X
Mudra, Paul J.	SAIC	Engineer		X	
Murthy, Ram B.	YMP	Gen. Engineer	X		X
Newberry, Claudia M.	YMP	Gen. Engineer		X	
Noland, Terry W.	W	QA Engineer		X	
Paige, Russell A.	Harza	Senior Geologist		X	
Pendleton, Martha W.	SAIC	Integrator		X	
Peters, Forrest D.	SAIC	Senior Geologist		X	
Phillips, Garth	YMP	Gen. Engineer		X	
Polivka, Leo A.	SAIC	Engineer	X		
Prater, Cynthia H.	SAIC	Office Assistant		X	
Prowell, Grover	SAIC	Staff Member		X	
Randolph, Stuart L.	SAIC	Procedures Coordin.		X	
Rehop, Carol	YMP	Admin. Officer		X	
Royer, Dennis C.	YMP	Gen. Engineer		X	
Rusk, James H.	MACTEC	Manager QA		X	
Samuolis, Peter R.	SAIC	Engineer		X	

CORRECTIVE ACTION REVIEW I-01
PERSONNEL CONTACTED

NAME	ORGANIZATION	TITLE	PRE-REVIEW	CONTACTED DURING REVIEW	POST REVIEW
Sellards, Cindy	SAIC	CRF Supervisor		X	
Shaler, John E.	SAIC	APM Tech. Support	X		X
Smith, Steve C.	SAIC	Engineer		X	
Spangler, Elaine L.	SAIC	Tech. Doc. Coordin.		X	
Statler, Jan	SAIC	Manager Records		X	
Steele, Thomas G.	SAIC	CM Specialist		X	
Therien, John E.	SAIC	QA Integrator			X
Thompson, Catherine M.	SAIC	QA Engineer	X	X	X
Thompson, Mary J.	SAIC	CM Analyst	X	X	
Thomure, Dawn A.	REECo	Chief Clerk, DOE LRC		X	
Villanueva, Bill	DOE/HQ	Observer		X	
Voltura, Nancy A.	YMP	Project Office QA		X	
Waddell, John D.	SAIC	Manager, Sys. Engrg.	X	X	
Warren, Charles C.	MACTEC	QA Engineer	X	X	X
Watson, Thomas L.	Harza	Engineer		X	
Wilmot, Edwin L.	YMP	Deputy Project Mgr.	X	X	X
Wilson, Winfred A.	YMP	Site Manager	X		X
Woolfolk, Steve W.	SAIC	Mgr. Rad Program		X	
Wright, Samantha B.	SAIC	Clerk, Config. Cont.		X	

ENCLOSURE 2

ORIGINAL
THIS IS A RED STAMP

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization

1 Date 04/20/90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01

3a Identified By: A. Arceo, D. Mogar

4 SDR No. 516 Rev. 0

5 Organization: T&MSS

6 Person(s) Contacted: T. Lezcano

7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)

Checklist Item 2-11

QMP-02-09, Rev. 0, Para. 5.4.1.3 states "Formal classrooom training requires an approved lesson plan which specifies, as a minimum, training objectives,

9 Deficiency

Contrary to the above requirement, there was no approved lesson plan for the training class given on AP-5.1Q, conducted 03/21/90.

10 Recommended Action(s): ☒ Remedial ☐ Investigative ☒ Corrective

Identify the remedial action to be taken to correct the deficiency noted in Block 9. Identify the cause of the condition and the planned action to

Aprvl.

11 QAE/Lead Auditor/Date: Amelia L. Arceo 4/26/90

12 Division Manager/Date: N/A

13 Project Quality Mgr./Date: [signature] 5/3/90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

YMPO STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
2/89

SDR No. 516 Page 2 of 2

8 Requirement (continued)

scope, and method of implementation.

10 Recommended Actions (continued)

prevent recurrence.

ORIGINAL
THIS IS A RED STAMP

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization

1 Date 04/20/90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01

3a Identified By: A. Arceo/D. Mogar

4 SDR No. 517 Rev. 0

5 Organization: T&MSS

6 Person(s) Contacted: T. Lezcano

7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)

Checklist Item 2-12
YMP/88-9, Rev. 3, Sect. III, Para. 5.1.5. and 5.1.6.4 states, "After initial personnel qualification evaluation, the job proficiency of personnel who

9 Deficiency

Contrary to the above requirements, a matrix of T&MSS employees dated 04/13/90 was reviewed and there were several cases of overdue proficiency evaluations. The following is a list of examples of personnel who perform

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective

Identify the remedial action to be taken to correct the deficiency noted in Block 9. Investigate the program, process, activities, or documentation to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Amelia L. Arceo 5/3/90	N/A	5-3-90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

8 Requirement (continued)

perform activities affecting quality shall be evaluated and documented at least annually," and QMP 02-01, Rev. 1, Para. 5.2.1 states "No more than 13 months shall elapse between proficiency evaluations."

9 Deficiency (continued)

quality activities who have an overdue proficiency evaluation:

Richard Bahorich
Nita Brogan
Kim Church
James Clark
Thomas Higgins
Bruce Hurley
Kent Johnsen
Deborah Mogar
Keith Schwartztrauber
Cathie Thompson

10 Recommended Actions (continued)

determine the extent and depth of similar deficient conditions listed as examples on the SDR. Identify the cause of the condition and the planned action to prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01 | 3a Identified By: C. C. Warren | 4 SDR No. 518 Rev. 0

5 Organization: Project Office | 6 Person(s) Contacted: M. Diaz | 7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
QMP-02-02, Rev. 1 states the following in Para. 5.4.1:

Lead Auditors and Auditors shall maintain their proficiency through

9 Deficiency
Contrary to the above requirements, there was no evidence of Extension of Certification for the following Lead Auditors at the time they performed as Audit Team Leaders:

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective

Identify the remedial action to correct the deficiencies noted in Block 9. Identify the cause of the condition and the planned action to prevent

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
C.C. Warren 4-25-90	N/A	5-3-90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

8 Requirement (continued)

performance of the following activities: Participation in at least one QA audit per year (LAs shall participate in at least one QA audit a year either as a LA or Auditor); review and study of codes, standards, procedures, instructions, and other documents related to QA program and program auditing; and participation in training programs, as directed by the PQAD Manager. The activities performed by LAs and Auditors to maintain their proficiency shall be listed on Figure 2 by the PQAD Manager for each LA and Auditor, and shall be used as the basis for demonstrating adequate maintenance of proficiency. Based upon the results of annual assessments of documented evidence the PQAD Manager may extend the certification, require retraining, or require requalification. Figure 2 shall identify the activity performed, the date(s) the activity was performed, and the type of proficiency maintenance activity (i.e., audits performed, reviews/studies conducted, or participation in training programs) for each activity performed. The PQAD Manager's dated signature on Figure 1 shall indicate that the results of the evaluation are satisfactory and the certification is extended for a period of one year from the date of the evaluation.

9 Deficiency (continued)

	Cert. Expired	Audit	Audit Start Date
W. Camp	8-1-89	89-05	9-25-89
H. Caldwell	5-19-89	89-04	8-14-89
F. Ruth	11-2-88	89-02	4-24-89

10 Recommended Actions (continued)

recurrence.

Investigate Status of Certification for all Lead Auditors and Auditors who have participated or are currently participating in Audits.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01

3a Identified By: A. Arceo/ D. Mogar

4 SDR No. 519 Rev. 0

5 Organization: MACTEC

6 Person(s) Contacted: S. Claxton

7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
Checklist Item 2-10
QMP-02-01, Rev. 1, Para. 5.3.1 states, "Prior to performing activities that affect quality, all new WMPO staff personnel are required to receive

9 Deficiency
A list of required training classes was compared against actual training attendance lists, and the required reading assignment lists were reviewed for three MACTEC personnel. Contrary to the above requirement, these three

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective
Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities, or documentation to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Amelia D. Arceo 5/3/90	N/A	5-3-90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

8 Requirement (continued)

indoctrination into the Project scope, purpose, and objectives. Basic Project indoctrination shall consist of required reading assignments and an NNWSI Project Orientation Course."

9 Deficiency (continued)

people had not completed all training classes and/or reading assignments as follows:

C. Warren - Missing 4 training classes (AP5.2Q, 5.3Q, 5.18Q, and 5.19Q)
J. Caldwell - Missing 3 training classes (AP5.2Q, 5.3Q, and 5.19Q)
B. Gates - Missing 2 training classes, (AP3.3Q and 3.6Q)
11 reading assignments and
NNWSI Project Orientation course

10 Recommended Actions (continued)

determine the extent and depth of similar deficient conditions listed as examples on the SDR. Identify the cause of the condition and the planned action to prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01

3a Identified By: A.Arceo/D.Mogar

4 SDR No. 520 Rev. 0

5 Organization: Project Office

6 Person(s) Contacted: N. Voltura

7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
Checklist Item 2-3
YMP/88-9, Rev. 3, Sec. II, Para. 1.2 states, "The QAPP of each participating organization and NTS support contractor shall be submitted to the WMPO for

9 Deficiency
Contrary to the above requirement, there is no documentation to show that QAPP compliance matrices have been completed by FSN, REECo, LANL, and the Project Office.

10 Recommended Action(s): ☒ Remedial ☐ Investigative ☒ Corrective
Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Identify the cause of the condition and the planned action to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Daniel I. Arceo 4/20/90	N/A	5/3/90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

8 Requirement (continued)

review prior to implementation and shall include a checklist based on this NNWSI QAP which identifies how and where each requirement of this document is addressed."

10 Recommended Actions (continued)

prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During	3a Identified By	4 SDR No.
CA Review	T.J. Higgins	521 Rev. 0

5 Organization	6 Person(s) Contacted	7 Response Due Date is 20 Working Days from Date of Transmittal
Project Office	D.Dobson/T.Grant	

8 Requirement (Audit Checklist Reference, If Applicable)
YMP Administrative Procedure AP-1.10Q, "Preparation, Review, and Approval of Study Plans," Section 5.2.6, requires that documentation of the qualifications of reviewers will be completed internally by participant organizations prior

9 Deficiency
Contrary to the above requirement, some reviewers of Study Plans have not completed and documented the reading of the cited procedure (i.e., AP-1.10Q) as required, nor has their management documented the evaluation of the

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective
Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities, or documentation to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
[signature] 5/3/90	N/A	[signature] 5-3-90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

6 Persons contacted (continued)

8 Requirement (continued)

to the initiation of the review.

9 Deficiency (continued)

reviewer's competence to perform a review of the specific Study Plan as required. Fcr example:

Study Plan 8.3.1.2.2.3	REVIEWER	READING	EVALUATION
Review period completion requested 9/12/88	E. Hardin	*	4/13/89
	D. Givings	10/10/89	10/10/89
	K. Kersch	3/31/89	3/31/89

*Completed as required.

10 Recommended Actions (continued)

determine the extent and depth of similar deficient conditions listed as examples on the SDR. Identify the cause of the condition and the planned action to prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01 | 3a Identified By: Kenneth McFall | 4 SDR No. 522 Rev. 0

5 Organization: Project Office | 6 Person(s) Contacted: Nita Brogan/Kristi Hodges | 7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, If Applicable)
QMP-15-01, Rev. 1, Paras. 5.9.1 and 5.9.2 require the PQM to review, and sign and date, if approved, participant NCRs with dispositions of use-as-is or repair which participants are required to forward to the Project Office.

9 Deficiency
Contrary to the above requirements, there is no documented evidence that participant NCRs (approximately 90) are consistently being reviewed and signed and dated if approved by the PQM.

10 Recommended Action(s): ☒ Remedial ☐ Investigative ☒ Corrective
Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Identify the cause of the condition and the planned action to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
5/3/90	N/A	5-3-90

Completed by Organization In Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

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6 Persons contacted (continued)

10 Recommended Actions (continued)

prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01
3a Identified By: A.Arceo/D.Mogar
4 SDR No. 524 Rev. 0

5 Organization: MACTEC
6 Person(s) Contacted: S. Claxton
7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)

1. AP-1.7Q, Rev. 2, Para. 5.1.3 states, "A list of records (including record packages) to be generated...shall be provided to the LRC....This list is a QA record and must be authenticated."

9 Deficiency

1. Contrary to the above requirement, personnel not on the signature authorization list are authenticating records.

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective

Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities, or documentation to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Amelia D. Arceo 5/3/90	N/A	5-3-90

Completed by Organization In Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

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8 Requirement (continued)

2. AP-1.7Q, Rev. 2, Para. 5.10.1 states, "Measures shall be established to preclude the entry of unauthorized personnel in the storage areas of the LRC and CRF...."

9 Deficiency (continued)

2. Contrary to the above requirement, the LRC authorization list has not been signed and dated.

10 Recommended Actions (continued)

determine the extent and depth of similar deficient conditions identified in item 1 of the deficiency. Identify the cause of the conditon and the planned action to prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During: CA Review I-01 | 3a Identified By: A.Arceo/D.Mogar | 4 SDR No. 525 Rev. 0

5 Organization: Project Office | 6 Person(s) Contacted: D.Thomure/A.Kunich | 7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
Checklist Items 17-1, 17-4, and 17-18
1. AP-1.7Q, Rev. 2, Para. 5.10.1 states, "Measures shall be established to preclude the entry of unauthorized personnel in the storage areas of the

9 Deficiency
Contrary to the above requirements:

1. The LRC Access Authorization List has not been authenticated.

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective
Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities, or documentation to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Amelia P. Arceo 5/3/90	N/A	5-3-90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

6 Persons contacted (continued)

8 Requirement (continued)

LRC and CRF...."

2. AP-1.7Q, Rev. 2, Para. 5.1.2 states, "A list of the records (including record packages) to be generated...shall be provided to the LRC... This list is a QA record and must be authenticated."

9 Deficiency (continued)

2. The Record Type List has not been authenticated.

10 Recommended Actions (continued)

determine the extent and depth of similar deficient conditions identifed in item 2 of the deficiency. Identify the cause of the condition and the planned action to prevent recurrence.

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1 Date 4-20-90 | 2 Severity Level ☐ 1 ☒ 2 ☐ 3 | Page 1 of 2

3 Discovered During	3a Identified By	4 SDR No.
CA Review I-01	A. Arceo	526 Rev. 0

5 Organization	6 Person(s) Contacted	7 Response Due Date is 20 Working Days from Date of Transmittal
T&MSS	C. Sellards	

8 Requirement (Audit Checklist Reference, if Applicable)

1. YMP/88-9, Rev. 4, Sec. XVII, Para. 11.1 states, "Storage systems shall provide for retrieval of information... Final reports shall contain a listing by unique number or other designation, that enables prompt

9 Deficiency

Contrary to the above requirements, the references on the following published reports were not cross-referenced into the RIS database.

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☒ Corrective

Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Investigate the program, process, activities or documentation to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Cinda D. Arceo 4/27/90	N/A	5-3-90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

8 Requirement (continued)

retrieval of all documents... This listing shall include, as a minimum, all referenced documents...."

2. AP-1.7Q, Rev. 2, Para. 5.8.1.5 states, "The CRF shall....index appropriate record information into the RIS database....cross-reference cited references to published reports to the report..."

9 Deficiency (continued)

1. SAND88-0882, "Mineralogic & Chemical Data Supporting Heat Capacity for Tuffaceous Rocks," by James R. Connolly and Francis B. Nimick (SNL).

2. UCID-21743, "On the Movement of a Liquid Front in an Unsaturated, Fractured Porous Medium," Part II. ...

10 Recommended Actions (continued)

determine the extent and depth of similar deficient conditions listed as examples on the SDR. Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned action to prevent recurrence.

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3 Discovered During: CA Review I-01
3a Identified By: A.Arceo/D.Mogar
4 SDR No. 527 Rev. 0

5 Organization: T&MSS
6 Person(s) Contacted: L. Gron
7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
Checklist Item 17-7
BTP-RMD-001, Rev. 0, Para. 5.1.2 states, "The Transmittal form(s) received with the records shall be reviewed to ensure that all records listed on the

9 Deficiency
Five record packages were reviewed and the following discrepancy was found:

Audit Record Package S89-2 Table of Contents listed 35 pages of correspondence

10 Recommended Action(s): ☒ Remedial ☐ Investigative ☒ Corrective
Identify the remedial action to be taken to correct the deficiencies noted in Block 9. Identify the cause of the condition and the planned action to

Aprvl.

11 QAE/Lead Auditor/Date	12 Division Manager/Date	13 Project Quality Mgr./Date
Amelia D. Arceo 4/26/90	N/A	5/3/90

Completed by Organization in Block 5

14 Remedial/Investigative Action(s)

15 Effective Date _____

16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date _____

18 Signature/Date

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

21 Remarks

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date

8 Requirement (continued)

transmittal form(s) are the actual records received.

9 Deficiency (continued)

and 11 pages of observer inquiries. However, the actual page count was 22 pages of correspondence and 10 pages of observer inquiries.

10 Recommended Actions (continued)

prevent recurrence.