

## YUCCA MOUNTAIN PROJECT OFFICE

## QUALITY ASSURANCE SURVEILLANCE REPORT

OF

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

SURVEILLANCE NUMBER YMP-SR-90-033

CONDUCTED JULY 16 THROUGH JULY 20, 1990

## ACTIVITIES SURVEILLED:

QUALITY ASSURANCE REVIEW OF THE IMPLEMENTATION OF  
THE TECHNICAL AND MANAGEMENT SUPPORT SERVICES CONTRACTORS  
YUCCA MOUNTAIN PROJECT PROCEDURES PERTAINING TO  
ORGANIZATIONS; QUALITY ASSURANCE PROGRAM;  
INSTRUCTIONS, PROCEDURES, AND DRAWINGS;  
AND DOCUMENT CONTROL

Prepared by:

Donald J. Harris  
Donald J. Harris  
Surveillance Team Leader  
Quality Assurance Engineer

Date:

August 9, 1990

Prepared by:

for Donald G. Horton  
Donald G. Horton, Director  
Quality Assurance  
Yucca Mountain Project Office

Date:

8-9-90

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PDR WASTE PDC  
WM-11

ENCLOSURE 1

#### EXECUTIVE SUMMARY

Surveillance Number YMP-SR-90-033 consisted of an implementation evaluation of 10 Technical and Management Support Services (T&MSS) standard practice procedures associated with Criteria 1, 2, 5, and 6. This evaluation resulted in four Standard Deficiency Reports being issued against the following: SP 1.1, Standard Practice and Organization Procedures; SP 1.2, Quality Assurance Program Description (QAPD); SP 1.30, Work Instructions; and SP 1.34, Document Control Procedure. Two observations were issued against SP 1.1, one against SP 1.2, and three against SP 1.7, Forms Control. Additionally, 15 concerns were corrected and the necessary documentation provided prior to completion of the surveillance with regard to the following: SP 1.1 (1); SP 1.30 (1); SP 1.34 (3); SP 1.32, Management Assessment (7); and SP 1.31, Qualification, Indoctrination, and Training procedure (3).

The T&MSS staff that interfaced with the surveillance team was knowledgeable and responsive in resolving those findings identified, when possible, during the course of the surveillance.

## 1.0 INTRODUCTION

This report contains the results of the Yucca Mountain Project Office (Project Office) Quality Assurance (QA) Surveillance No. YMP-SR-90-033 of the Technical and Management Support Services (T&MSS) organization, which consists of Science Applications International Corporation (SAIC), Harza Engineering Company, and Westinghouse Electric Corporation. The surveillance was conducted in Las Vegas, Nevada, on July 16 through July 23, 1990.

## 2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to determine the adequacy of the implementation of specific T&MSS Standard Practice procedures (SP) which address the following criteria:

- I--Organization
- II--Quality Assurance Program
- V--Instructions, Procedures, and Drawings
- VI--Document Control

Additionally, the following T&MSS procedure activities were surveilled:

<u>Procedures</u>	<u>Title</u>
SP 1.1, Revision 1	Preparation, Review, and Approval of T&MSS Standard Practice and Organization Procedures.
SP 1.2, Revision 2	Preparation, Review, and Approval of T&MSS Quality Assurance Program Description (QAPD).
SP 1.7, Revision 0	Forms Control.
SP 1.9, Revision 0	Review and Implementation of U.S. Department of Energy (DOE) Orders, Notices, and Other Directives.
SP 1.21, Revision 0	Verification of Education and Experience.
SP 1.22, Revision 0	Stop Work Orders.
SP 1.30, Revision 0	Preparation, Review, and Approval of T&MSS Work Instruction (WI).
SP 1.31, Revision 1	Qualification, Indoctrination, and Training of T&MSS Personnel.
SP 1.32, Revision 0	Management Assessment.
SP 1.34, Revision 0	Document Control.

### 3.0 SURVEILLANCE PERSONNEL

Donald J. Harris, QA Engineer, Harza Engineering, Las Vegas, Nevada  
Kenneth T. McFall, QA Scientist, SAIC, Las Vegas, Nevada  
Terry W. Noland, Principal Engineer, Westinghouse, Las Vegas, Nevada

### 4.0 SUMMARY OF SURVEILLANCE RESULTS

The surveillance team, recognizing the relative short-term existence of the T&MSS program and procedure system, generated numerous comments on the SPs during the preparation of the surveillance checklist. These comments were provided to the QA Manager for his consideration and action.

- SP 1.1 The evaluation covered the process for identifying required procedures, drafting of procedures, review and comment, resolution of comments, procedure approval, training, and associated quality-record documentation of the process. The evaluation reflected compliance with the procedure, except as noted by SDR No. 563, and an instance of on-the-spot correction during the surveillance of the Plans and Procedures Division (PPD) listing of T&MSS procedures, which failed to contain the required information.
- SP 1.2 The evaluation covered the preparation, review, and approval of the T&MSS QAPD. The evaluation reflected compliance to the procedure, except as noted by the SDR No. 564. In addition, one observation was noted, the PPD and Training Department responsibilities as delineated in the SPs were not clearly stated in the T&MSS QAPD.
- SP 1.7 The evaluation covered the initiation of new and revised forms, logging of requests, assignment of form numbers, form approval, controlled distribution, and the forms master list. The evaluation reflected compliance to the procedure. There are two observations against SP 1.7. No. YMP-SR-90-033-05 concerns insufficient procedural text directions in the area of Controlled Document Issuance Authorization (CDIA), direction for the insertion of an actual effective/revision date on the form and requiring forms control to send the CDIA and form to the Document Control Center (DDC). No. YMP-SR-90-033-06 is a result of the procedure, in that the SP forms index contained three forms with an effective date of MM/YY in lieu of a July 1990 effective date.
- SP 1.9 The areas examined in this procedure were limited to the existence of an up-to-date T&MSS Organizational Chart and the location of the QA Organization in relation to the reporting hierarchy. The proper organizational chart was supplied and it illustrated the role of the QA organization as being independent of the areas it would examine.

- SP 1.21 Examination of this procedure covered the areas of documenting the verification of an employee's education and work experience. After some difficulties in verifying the existence of the originals of Forms T-AD-036 and T-AD-037, the Personnel Department was convinced that it was in the best interest of SAIC to honor the "release" forms signed by T&MSS personnel, that were for the review of training records presented by the surveilling team. All areas of this procedure that were examined were deemed to be in compliance with the procedure.
- SP 1.22 The only area of this procedure that was examined was the existence of the Stop Work Order form and the Stop Work Order Log. There have been no Stop Work Orders issued since the effective date of the procedure, so the forms and Log have not been put into use, but the Stop Work Order forms and forms for the Stop Work Order Log are in place and ready for use.
- SP 1.30 The evaluation was an in-depth review of the process to develop and implement WIs consisting of Index of Work Instructions with unique identification numbers, Procedure Control sections, Required Reviewer identification, Comment Resolutions, Procedure Approval, Training, Table of Contents, Forms, Exhibits, Controlled Document Issuance, and the identified Quality Records Required entries. The evaluation reflected compliance with the procedure, except as noted on SDR No. 565. One deficiency, resolved during the surveillance, the T&MSS-181 forms for one reviewer, was missing from the QA Records Package on two procedures, WI-AQ-013 and WI-MET-005.
- SP 1.31 This procedure was examined in depth. The final result of the investigation indicates compliance with the procedure, but there were instances of on-the-spot corrections of deficiencies made prior to the closing meeting. The areas of note were:
- o Documentation indicating attendance at the Yucca Mountain Project Orientation course was missing from five sets of training documents.
  - o The Lesson Plans examined were all missing the Assistant Project Manager's and Department Manager's approval signature.
  - o Two of the Lesson Plans examined did not contain course number and revision.

These deficiencies were corrected either on-the-spot or prior to the end of the surveillance. This area will be re-evaluated during the next scheduled surveillance.

There were also some requirements calling for forms or items of information that could not be surveilled due to provisions of the Privacy Act. These areas concerned the annual Proficiency Evaluations, which are not classified as training records.

SP 1.32 This procedure concerns Management Assessment. The Management Assessments performed were evaluated as conforming to the requirements of the procedure, but several deficiencies were noted that required extensive supplemental work before the end of the surveillance to be in compliance. The deficiencies that required supplemental work were:

- o There was no documentation of the purpose and scope of the assessment provided for the Spooner Management Assessment.
- o The name of the Team Leader for the Spooner Management Assessment was not provided.
- o The requirements of Section 5, Paragraph 5.0, were missing from the Spooner Management Assessment Plan.
- o The Project Manager's and QA Manager's documentation of review and approval were missing from the Spooner Management Assessment Plan.
- o There was no evidence of notification of affected managers and staff by memorandum for the Spooner Management Assessment.
- o The documentation of the Project Manager's review and approval was missing from the Ruhlman Management Assessment Plan.
- o There was no evidence of concurrence from the team members prior to submittal to the Project Manager for the Ruhlman Management Assessment. (The Management Assessment was not signed by W. Ruhlman)

SP 1.34 The evaluation was an in-depth review of the document control process requirements as administered by the Document Custodian and the Document Control Center. The evaluation reflected compliance to the procedure, except as noted by SDR No. 566 and three deficiencies that were corrected during the surveillance. The corrected deficiencies were as follows:

- o The SP table of content contained eight incorrect effective dates and one incorrect procedure revision.
- o The OP table of content contained one incorrect effective date and one incorrect procedure revision.
- o An incorrect revision of Form CDIA-Y-AD-077 was used.

The above deficiencies were all corrected and the necessary documentation provided prior to end of the surveillance.

## 6.0 PERSONNEL CONTACTED

The following T&MSS participant personnel were contacted during the course of this surveillance:

Henry H. Caldwell, Programs and Operations, Staff  
J. Roger Gonzales, Resource Management, Deputy Assistant Project Manager  
James B. Harper, Quality Assurance, Manager  
Judith A. Hedden, Personnel Department, Manager  
Kent B. Johnson, Quality Assurance, Staff  
Robin C. Lee, Plans and Procedures, Staff  
Teri Lyn L. Pane, Records Management Department, Staff  
Grover H. Prowell, Environmental Field Programs, Staff  
Elaine L. Spangler, Plans and Procedures Division, Staff  
Jan K. Statler, Records Management Department, Manager  
Wanda F. Thomas, Administrative Services Department, Manager  
Andrew A. Tompkins, Radiological Field Programs, Staff  
Diana K. Terwilliger, Personnel Department, Staff

## 7.0 SYNOPSIS OF STANDARD DEFICIENCY REPORTS AND OBSERVATIONS

### 7.1 Standard Deficiency Reports

The following SDRs were generated:

- No. 563 No objective evidence was available indicating that the immediate manager concurred with procedure drafts prior to submittal for review. SP 1.1 references SP 1.7, "Forms Control," which was not effective concurrent with SP 1.1. SP 1.1 requires training prior to the effective date of the procedure, and submittal of the procedure to DCC for distribution. The Training and Document Control procedures were not referenced in the Procedure Reference section. The author rather than the PPD, provided the effective date.
- No. 564 The T&MSS QAPD policy was not signed by the QA Manager, and the QAPD does not contain a glossary; both are required by SP 1.2.

- No. 565 The CDIA's were signed by the author six days after the effective date of three WIs. WI-AQ-002 was approved on June 18, 1990, as a result of QFR-003, but the effective date was June 6, 1990. In variance from SP 1.30, a WI was submitted to the Local Records Center after comment incorporation, along with forms T&MSS-340 and -340A. The SP, however, requires the submission of original draft procedures. In addition, the forms submitted are not identified in the procedure as QA records. Two exhibits in WI-MET-005 and WI-AQ-013 are identified as QA Records, but do not comply with SP 1.7. The WI Table of Contents was not issued on the correct form and contains issue dates in lieu of effective dates.
- No. 566 Incorrect revision of a Document Acknowledgement Transmittal Record form Y-AD-075 was used.

## 7.2 Observations

The following Observations were issued:

- No. YMP-SR-90-033-01 The T&MSS QAPD does not appear to address support organizations that have defined responsibilities in the SPs.
- No. YMP-SR-90-033-02 SP 1.1 does not provide directions or disposition of T&MSS -340 and -340A forms.
- No. YMP-SR-90-033-03 Two T&MSS forms have the same title.
- No. YMP-SR-90-033-04 The SP does not identify on which form written concurrence of comment resolution is required. The T&MSS-340 form has comment resolution sign-off blocks, but is not designated as a QA record. Form T&MSS-181 has no provision for final concurrence signature and is identified as a QA record.
- No. YMP-SR-90-033-05 SP 1.7 does not require (1) the initiation of a CDIA, (2) the mm/yy indicator to be removed and an effective date entered or (3) Forms Control to send CDIA's with forms to the DCC.
- No. YMP-SR-90-033-06 Forms were issued with an effective date indicator of mm/yy, and the SP forms index reflected mm/yy effective dates.



## 8.0 RECOMMENDATIONS

It is recommended that the T&MSS QAPD be aligned with the source document revisions that are utilized as the basis for the QAPD. The QAPD should become effective concurrently with the source documents to maintain alignment with the upper-tier documents. When the T&MSS QAPD is revised due to a change in the source documents, or because of a commitment to the U.S. Department of Energy (DOE) or the U.S. Nuclear Regulatory Commission (NRC) (as the result of a deficiency), the T&MSS procedures (lower-tier) requiring revision should be revised concurrently with the upper-tier source documents and become effective simultaneously.

During procedure development the following should be identified in Section 3.0, "References": (1) the source documents (upper-tier) utilized to develop the procedure, and (2) the interfacing documents referenced in the text of the procedure directing activities. From these references, a matrix should be developed that cross-references any given document and would provide a listing of those procedures required to be evaluated for potential change, when a change occurs to a source document or interfacing document. Interfacing procedures, that are referenced in a procedure that directs activities, should be required to become effective concurrently with the procedure being issued or revised.

To preclude revision or alteration of commitments to the Project Office or a regulatory authority that are contained in a procedure, a requirement should exist that such commitments be identified to preclude revisions or alterations of the commitment.

The Procedure Annual Review process should be abandoned in favor of a T&MSS policy that requires evaluation of the entire procedure when a procedure is revised. This would preclude an accumulation of annual reviews due at the same time.

All T&MSS personnel should be formally train to sensitize them to their responsibilities for procedure compliance and the mechanism by which procedures are changed.

A provision should exist for a procedure Change Request form to request changes by the procedure user or interfacing organizations. The request would be evaluated by the responsible Assistant Project Manager for (1) immediate change (impacting) and (2) next revision (interpretation/clarification). These change requests would be tracked until incorporated or resolved.

#### 9.0 REQUIRED ACTION

Responses to the SDRs and observations are due within 20 working days of the date of the transmittal of this report. Any extensions to this due date must be requested in writing with appropriate justification prior to the due date. Please send the original of your response to Nita J. Brogan, Science Applications International Corporation, Las Vegas, Nevada.

YMPO STANDARD DEFICIENCY REPORT

Completed by Originating QA Organization	1 Date 7-23-90		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2		
	3 Discovered During YMP-SR-90-033		3a Identified By J. D. Harris		4 SDR No. 563 Rev. 0		
	5 Organization T&MSS		6 Person(s) Contacted J. Harper		7 Response Due Date is 20 Working Days from Date of Transmittal		
	8 Requirement (Audit Checklist Reference, if Applicable) 1) SP 1.1, Rev. 1, Preparation, Review & Approval of T&MSS STD Practice and Organizational Procedure, Para. 5.1.1-10 Author- Have immediate manager concur with draft prior to submitting for review.						
Completed by Organization in Block 5	9 Deficiency 1) Forms T&MSS-181 Review Form or T&MSS Review and Comment Forms have no provisions to obtain objective evidence that the immediate manager concurred with procedure drafts prior to submittal for review.						
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 9 and the cause of the condition and the planned action to prevent						
	11 QAE/Lead Auditor/Date <i>J. Harris 8/3/90</i>		12 Division Manager/Date N/A		13 Project Quality Mgr./Date <i>John Harper 8/3/90</i>		
Completed by Org. QA Org.	14 Remedial/Investigative Action(s)						
	15 Effective Date _____						
	16 Cause of the Condition & Corrective Action to Prevent Recurrence						
17 Effective Date _____							
18 Signature/Date							
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  
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SDR No. 563

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8 Requirement ( continued )

2) SP 1.1, Para. 5.1.1-8, Author-Add copies of referenced forms for review purposes, but do not include as numbered pages of procedure. (forms are controlled and issued as a separate section in the appropriate manual)

3) SP 1.1, Rev. 1, Para. 3.1 Reference, in part references SP 1.7 "Forms Control" to be prepared.

4) SP 1.1, Rev. 1, Para 5.1.4-2, PPD- add "effective date" to procedure and other documents as necessary.

9 Deficiency ( continued )

2) SP 1.1 references SP 1.7 Forms Control in Para. 3.0, References and Definitions, SP 1.1 was effective 4-25-90. SP 1.7 was not available or effective until 6-8-90.

3) Contrary to Para. 3.0, References and Definitions, SP 1.1, Para. 5.1.3-5 requires training prior to the effective date of the procedure, however, Para. 3.0 fails to reference a training procedure. Para. 5.1.4-5 requires sending a procedure to DCC for release (issue), however, SP 1.34 is not referenced in Para. 3.0, reference section.

4) Contrary to SP 1.1, Para. 5.1.4-2, the Author provided the effective date in the procedure block in lieu of PPD on SP 1.31, Rev. 1. (effective 7-27-90)

10 Recommended Actions ( continued )

recurrence.

YMPO STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization	1 Date 07/20/90		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 2		
	3 Discovered During YMPO-SR-90-033		3a Identified By T.W. Noland		4 SDR No. 564 Rev. 0		
	5 Organization T&MSS		6 Person(s) Contacted J.B. Harper		7 Response Due Date is 20 Working Days from Date of Transmittal		
	8 Requirement (Audit Checklist Reference, if Applicable) T&MSS Standard Practice Procedure SP 1.2, Rev. 2, Sect. 5.1, No. 7, states in part, "Document the T&MSS Quality Assurance Policy, Program and other applicable information in the QAPD using a format that includes the						
Completed by Organization in Block 5	9 Deficiency 1. The T&MSS Quality Assurance Program Description Policy, Rev. 0 does not include the signature of the QA Manager.						
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective Identify the remedial action to be taken to correct the deficiencies identified in Block 9.						
	11 QAE/Lead Auditor/Date <i>T.W. Noland</i>		12 Division Manager/Date <i>N/A</i>		13 Project Quality Mgr./Date <i>John Harper 8/3/90</i>		
	14 Remedial/Investigative Action(s)				15 Effective Date _____		
Completed by Org. QA Org.	16 Cause of the Condition & Corrective Action to Prevent Recurrence 17 Effective Date _____						
	18 Signature/Date						
	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 )

following requirements as a minimum:...

- o Statement of Policy--Delineates the T&MSS quality assurance policy and basis for programmatic requirements and is signed by the Project Manager and QA Manager....
- o Glossary--Contains definitions of selected quality affecting terms and words used in the T&MSS Quality Assurance Program which are not contained in the YMP Glossary...."

9 Deficiency ( continued )

2. The T&MSS Quality Assurance Program Description, Rev. 0 does not contain a glossary section.

YMPO STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization	1 Date 7-23-90		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During YMP-SR-90-033		3a Identified By D. J. Harris		4 SDR No. 565 Rev. 0
	5 Organization T&MSS		6 Person(s) Contacted J. Statler		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) 1) SP 1.30, Rev. 0, Preparation, Review, & Approval of T&MSS Work Instructions, Para. 5.4-1-Author-Contact DCC to obtain a release date, add "effective date" to Instructions				
Completed by Originating QA Organization	9 Deficiency 1) Contrary to Para. 5.4-1 the CDIA for WI-AQ-001, Rev. 0, WI-AQ-002, Rev.0, and WI-AQ-003, Rev. 0, Document Control, was signed by the document custodian on 6-12-90 and transmitted to Document Control for issuance. The effective				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action(s) to be taken to correct the deficiency noted in Block 9 and identify the cause of the condition and the planned action to				
	11 QAE/Lead Auditor/Date <i>D. J. Harris 8-3-90</i>		12 Division Manager/Date <i>NA</i>		13 Project Quality Mgr./Date <i>[Signature] 8/3/90</i>
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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SDR No. 565

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8 Requirement ( continued )

2) SP 1.3, Para. 5.4-5, Author-Send instructions review information package including draft WI (final version submitted for Review and Comment). Completed forms T&MSS-181, T&MSS-340 and -340A to LRC

3) SP 1.30, Para. 5.1-8, In part states "...Add copies of referenced forms for review purposes, but do not include as numbered pages of WI.

4) SP 1.30, Para. 5.4-2, Author, states "Prepare revised Table of Contents, Index and index of forms if need. Example of Table of Contents is reflected in SP 1.30 Exhibit 2.

9 Deficiency ( continued )

date of these procedures was 6/6/90, prior to the controlled document issuance authorization. WI-AQ-002 was issued without an approval date & signatures, this was documented on T&MSS QFR-003 on 6-18-90. Subsequently as a part of the corrective action the APM and QA Manager signed and dated the procedure's first page on 6-25-90 as Revision 0. The Table of Contents and procedure reflected Rev. 0 with an effective date of 6-6-90. The WI can not be effective prior to the approval date.

2) Contrary to Para. 5.4-5, the draft WI being sent to LRC is the draft after comments were incorporated in lieu of the original draft. Submittal of forms T&MSS-340/340A to the LRC conflicts with Para. 7.0 Records, which does not require the forms as QA Records.

3) WI-Met-005 and WI-AQ-013 Revisions 0, Records Section; both identify two exhibits (forms) 1 and 7 as QA Records requiring completion via the WI's. These WI became effective on 7-18-90 and the QA forms do not comply with SP 1.7 which was effective on 6-8-90.

4) Contrary to SP 1.30, Para.5.4-2 and Exhibit 2, the Table of Contents was not issued on T&MSS-61-4A form and in lieu of an effective date the WI's Table of Contents contains an issue date.

10 Recommended Actions ( continued )

prevent recurrence.



YMPO STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization	1 Date 7-23-90		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During YMP-SR-90-033		3a Identified By D. J. Harris		4 SDR No. 566 Rev. 0
	5 Organization T&MSS		6 Person(s) Contacted J. Statler		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) SP 1.34, Rev. 0, Document Control, Para. 5.2.2-4 Document Control-Prepare the Document and Transmittal/Acknowledgement Record (DTAR) Y-AD-075, using the				
Completed by Organization in Block 5	9 Deficiency The DTAR form Y-AD-075 Rev. 9/88 was used to transmit WI-AQ-001, AQ-002 and AQ-003 to controlled document holders in lieu of form Y-AD-075 Rev. 5/90				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Identify the remedial action to be taken to correct the deficiency in Block 9 and identify the cause of the condition and the planned action				
	11 QAE/Lead Auditor/Date <i>D. J. Harris 8-3-90</i>		12 Division Manager/Date <i>N/A</i>		13 Project Quality Mgr./Date <i>Colin Hays 8/3/90</i>
	14 Remedial/Investigative Action(s)				15 Effective Date _____
Completed by Orig. QA Org.	16 Cause of the Condition & Corrective Action to Prevent Recurrence				
					17 Effective Date _____
	18 Signature/Date				
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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SDR No. 566

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8 Requirement ( continued )

Controlled Document Information System (CDIS).

9 Deficiency ( continued )

(effective date) on June 12, 1990.

10 Recommended Actions ( continued )

to prevent recurrence.

YUCCA MOUNTAIN PROJECT OFFICE  
1 YMPO OBSERVATION NO. YMP-SR-90-033-01

N-QA-012  
4/89

Completed by Originating Organization	2 Noted During: YMP-SR-90-033		3 Identified By: D. J. Harris		4 Date: 7-17-90	
	5 Organization: T&MSS		6 Person(s) Contacted: J. Harper, QA Manager		7 Response Due Date is 20 Days from Date of Transmittal	
	8 Discussion:  The T&MSS Standard Practices (SP) Procedures system has defined responsibilities within their text for the Program and Procedures department and the Technical Support Organization in the area of training. These responsibilities are not addressed in the T&MSS QAPD.					
9 QAE/Lead Auditor <i>D. J. Harris</i>		Date 8-3-90	10 Branch Manager <i>Arthur Harper</i>		Date 8/3/90	
Completed by Respondee	11 Response:					
	12 Signature: _____ Date: _____					
Completed by QA Org.	13 Response Receipt Acceptable <input type="checkbox"/>					
	Initiator	Date	QA/Lead Auditor	Date		
14 Remarks:						
<table border="1" style="margin-left: auto;"> <tr> <td>Page <u>1</u> of <u>1</u></td> </tr> </table>						Page <u>1</u> of <u>1</u>
Page <u>1</u> of <u>1</u>						

**YUCCA MOUNTAIN PROJECT OFFICE**  
**1 YMPO OBSERVATION NO. YMP-SR-90-033-02**

N-QA-012  
4/89

<b>Completed by Originating Organization</b>	2 Noted During: YMP-SR-90-033	3 Identified By: D. J. Harris	4 Date: 7-19-90
	5 Organization: T&MSS	6 Person(s) Contacted: J. Harper, QA Manager	7 Response Due Date is 20 Days from Date of Transmittal
	8 Discussion:  The author of SP 1.31 and SP 1.10 sent T&MSS-340/340A forms utilized during the review/comment and resolution to Document Control with the approved procedure and Controlled Document Issuance Authorization. SP 1.1 does not provide direction or disposition for T&MSS-340/340A forms . They are not identified as a QA Record in the SP.		
	9 QAE/Lead Auditor <i>D. J. Harris</i>	Date 8-1-90	10 Branch Manager/ <i>John Harper</i>
	Date 8/3/90		
<b>Completed by Respondee</b>	11 Response:		
	12 Signature:		Date:
<b>Completed by QA Org.</b>	13 Response Receipt Acceptable <input type="checkbox"/>		
	Initiator	Date	QA/Lead Auditor
	Date		
14 Remarks:			
			Page <u>1</u> of <u>1</u>

YUCCA MOUNTAIN PROJECT OFFICE  
1 YMPO OBSERVATION NO. YMP-SR-90-033-03

N-QA-012  
4/89

Completed by Originating Organization	2 Noted During: YMP-SR-90-033		3 Identified By: D. J. Harris		4 Date: 7-19-90	
	5 Organization: T&MSS		6 Person(s) Contacted: J. Harper, QA Manager		7 Response Due Date is 20 Days from Date of Transmittal	
	8 Discussion: Procedure OP 1.4 Rev. 0, QA Review of Procurement Documents, references T&MSS/002/4 and T&MSS/008/3 forms. Both of these forms have the same title.					
Completed by Respondee	9 QAE/Lead Auditor <i>D. J. Harris</i>		Date 8-1-90		10 Branch Manager <i>[Signature]</i>	
					Date 8/3/90	
Completed by QA Org.	11 Response:					
	12 Signature: _____ Date: _____					
Completed by QA Org.	13 Response Receipt Acceptable <input type="checkbox"/>					
	Initiator _____		Date _____		QA/Lead Auditor _____	
14 Remarks:						
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**YUCCA MOUNTAIN PROJECT OFFICE**  
**1 YMPO OBSERVATION NO. YMP-SR-90-033-04**

N-QA-012  
4/89

Completed by Originating Organization	2 Noted During: YMP-SR-90-033		3 Identified By: D. J. Harris		4 Date: 7-17-90	
	5 Organization: T&MSS		6 Person(s) Contacted: J. Harper, QA Manager		7 Response Due Date is 20 Days from Date of Transmittal	
	8 Discussion: SP 1.1, Para. 5.1.3, Resolution of Comments. Para. 5.1.3-2 requires author to obtain written concurrence of the reviewer, however, Para. 5.1.3-2 does not define on which form, T&MSS-181 or T&MSS-340. The T&MSS-340 form provides a "Comment Resolution Complete" by the reviewer, Responsible Manager and QA Specialist, but is not a QA Record. T&MSS-181 form has three blocks to check as appropriate depending on the review results. If the "Approval But With Comment" or "Do Not Approve" blocks are checked and signed by the reviewer, there is no provision on the form for the reviewer to sign indicating the					
Completed by Respondee	9 QAE/Lead Auditor <i>D. J. Harris</i>		Date 8-3-90		10 Branch Manager <i>Colin Harper</i>	
					Date 8-3-90	
	11 Response:					
Completed by QA Org.	12 Signature: _____ Date: _____					
	13 Response Receipt Acceptable <input type="checkbox"/>					
	Initiator _____		Date _____		QA/Lead Auditor _____	
14 Remarks:						
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8 Discussion: ( continued )  
comments were satisfactorily resolved.

YUCCA MOUNTAIN PROJECT OFFICE  
1 YMPO OBSERVATION NO. YMP-SR-90-033-05

N-QA-012  
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Completed by Originating Organization	2 Noted During: YMP-SR-90-033		3 Identified By: D. J. Harris		4 Date: 7-16-90	
	5 Organization: T&MSS		6 Person(s) Contacted: J. Statler		7 Response Due Date is 20 Days from Date of Transmittal	
	8 Discussion: SP 1.7, Rev. 0, Forms Control, appears not to provide sufficient direction within the procedure text. 1) It does not require the initiation of a Controlled Document Issuance for a Controlled Form. 2) SP 1.7, Para. 5.1 or 5.2 does not require the MM/YY indicator to be removed and an effective date entered prior to processing to DCC. 3) Does not require Forms Control to send the CDIA along with the form to DCC.					
Completed by Respondee	9 QAE/Lead Auditor <i>D. J. Harris</i>		Date 8-1-90		10 Branch Manager <i>Catherine [unclear]</i>	
					Date 8/3/90	
Completed by QA Org.	11 Response:					
	12 Signature: _____ Date: _____					
Completed by QA Org.	13 Response Receipt Acceptable <input type="checkbox"/>					
	Initiator _____ Date _____		QA/Lead Auditor _____ Date _____			
14 Remarks:						
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**YUCCA MOUNTAIN PROJECT OFFICE**  
**1 YMPO OBSERVATION NO. YMP-SR-90-033-06**

N-QA-012  
4/89

<b>Completed by Originating Organization</b>	2 Noted During: YMP-SR-90-033	3 Identified By: D. J. Harris	4 Date: 7-23-90
	5 Organization: T&MSS	6 Person(s) Contacted: J. Statler/T. Pane	7 Response Due Date is 20 Days from Date of Transmittal
	8 Discussion:  T&MSS/027/4, 049/1 and 051/1 Forms were issued with a form effective date designator MM/YY in lieu of an actual effective date (month/year). The SP, Index of Forms, Rev.6 was subsequently issued by DCC with an effective date indicator (MM/YY) in lieu of actual month/year.		
<b>Completed by Respondee</b>	9 QAE/Lead Auditor <i>D. J. Harris</i>	Date 8-1-90	10 Branch Manager <i>John Statler</i>
	Date 8/3/90		
<b>Completed by QA Org.</b>	11 Response:		
	12 Signature: _____ Date: _____		
<b>Completed by QA Org.</b>	13 Response Receipt Acceptable <input type="checkbox"/>		
	Initiator _____ Date _____	QA/Lead Auditor _____	Date _____
14 Remarks:			