INTERIM CHANGE NOTICE

N-QA-023
4/90

CONTROLLED COPY NO. 223 THIS IS A RED STAMP

ICN Number:	Effective Date:	Page # of
1	10/19/90	1 of 7

Applies to:

Number QMP-16-03 Rev. 1 Title Standard Deficiency Reporting System

REQUIRED CHANGE(S): (Minor ☐ Yes ☒ No)

PARAGRAPH	CHANGE TO
Entire procedure	Change Project Office QA, Project Office organization, and Project Office personnel to Project Office QA staff.
Entire procedure	Change Project Office PQM, Project Quality Manager (PQM), PQM, and QA Division Manager to DOE Director, QA/designee.
Para. 2.0	Change the third sentence to read: The deficiencies may be identified by Yucca Mountain Project Office (Project Office) staff personnel during the performance . . .
Para. 4.2	Add the following: The Project Office QA Staff is also responsible for tracking all SDRs initiated via a Standard Deficiency Report Log, assuring commited corrective actions have been properly implemented and reporting the status of SDRs.
Para. 4.4	Delete entirely.
Para. 5.1.1.1.2	Change Branch Chief to Division Director and delete "or Department Manager" in the last sentence.
Para. 5.1.1.1.4	Change Branch Chief to Division Director and delete "or Department Manager."
Para. 5.1.1.2	Change QA Administrative Assistant to Project Office QA Staff.
Para. 5.2.1.1	Delete "responsible QA Manager," from the fourth sentence.
Para. 5.2.2	Delete the phrase "obtained from the Project Office QA Administrative Assistant" from the first sentence.

APPROVALS

Division Director	Director, QA	Project Manager
Date N/A	Date 10/18/90	Date 10/19/90

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REQUIRED CHANGE (S): (Minor ☐ Yes ☒ No)

PARAGRAPH	CHANGE TO
Para. 5.2.2 (con't)	Combine the second and the last sentences to read "Once the draft SDR is finalized, the responsible Quality Assurance Engineer (QAE) or Lead Auditor signs and dates the SDR in block 11 and obtains the approval of the DOE QA Director/designee."
Para. 5.2.3	Change the first sentence to read "If the DOE QA Director/designee does not approve . . ."
Para. 5.3.1	Delete the second paragraph entirely.
Para. 5.3.2	Change QA Verification Department to Project Office QA Staff.
Para. 5.3.2.1	Change QA Verification Department to Project Office QA Staff.
Para. 5.4.2	Delete the words "the respective QA Division Manager and" from the second sentence.
Para. 5.4.5.2	Change to read "Block 8 shall cite the QARD as the violated requirement."
Para. 5.5.1.1	Delete "the respective QA Division Manager and" from the second sentence.
Para. 5.5.2.1	Delete "the responsible QA Division Manager and."
Para. 5.6	Delete "the appropriate QA Division Manager;" change signatures to signature in the first sentence. Change the second sentence to read "A notation of closure shall be made on the SDR log."
Para. 5.8.1	Change QA Verification Department Manager to Project Office QA Staff in the second sentance.
Figure 1 (Instructions)	Change Branch Chief/Department Manager to DOE Division Director in Block 1. (See revised Deficiency Evaluation Report (DER) Format Sheet and Completion Instructions. on page 4 of 7).

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REQUIRED CHANGE (S): (Minor ☐ Yes ☒ No)

PARAGRAPH	CHANGE TO
Figure 2 (Instructions)	Delete "from the QA Administrative Assistant" from the instructions for Block 4. Delete Block 12 from the instructions and renumber accordingly. Delete "and responsible Division Manager" from Block 18. (See revised Yucca Mountain Project Office Standard Deficiency Report Format Sheet and Completion Instructions on page 5 of 7.)
Figure 4 (Instructions)	Delete "from QA Administrative Assistant" from the instructions for Block 1. Change Branch Manager to DOE Director, Quality Assurance Department in Block 10. (See revised Revised Yucca Mountain Project Office Observation Form and Completion Instructions on page 6 of 7).
Figure 5 (Instructions)	Delete the block for the Signature/Date of the QA Division Manager. (See revised SDR Severity Level Checklist on page 7 of 7).

REQUIRED CHANGE (S): (Minor ☐ Yes ☒ No)

PARAGRAPH

CHANGE TO

YUCCA MOUNTAIN PROJECT
Deficiency Evaluation Report N-QA-013 9/90

1
To _____

Initiator _____ Date _____

DOE Division Director _____ Date _____

2
Requirement

3
Deficiency

4
Evaluated By _____ Date _____

Surveillance Report No. _____

5
Approved By _____ Date _____
DOE Director, Quality Assurance

SDR No. Issued _____

6
Disapproved By _____ Date _____
DOE Director, Quality Assurance

Reason

_____

_____

_____

_____

_____

_____

_____

_____

Figure 1. Revised Deficiency Evaluation Report (DER) Format Sheet.

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REQUIRED CHANGE (S): (Minor ☐ Yes ☒ No)

PARAGRAPH

CHANGE TO

YMPO STANDARD DEFICIENCY REPORT N-QA-038 9/90

Completed by Originating QA Organization

1 Date | 2 Severity Level ☐ 1 ☐ 2 ☐ 3 | Page of

3 Discovered During | 3a Identified By | 4 SDR No. _____ Rev. _____

5 Organization | 6 Person(s) Contacted | 7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)

9 Deficiency

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

Aprvl.

11 QAE/Lead Auditor/Date | 12 DOE Director, Quality Assurance/Date

Completed by Organization in Block 5

13 Remedial/Investigative Action(s) 14 Effective Date _____

15 Cause of the Condition & Corrective Action to Prevent Recurrence 16 Effective Date _____

17 Signature/Date

Comp. by Orig. QA Org.

18 Response Accepted	QAE/Lead Auditor/Date	DOE Director, Quality Assurance/Date
19 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	DOE Director, Quality Assurance/Date

20 Remarks

21 QA CLOSURE	QAE/Lead Auditor/Date	DOE Director, Quality Assurance/Date

Figure 2. Revised Yucca Mountain Project Office Standard Deficiency Report Format Sheet.

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REQUIRED CHANGE (S): (Minor ☐ Yes ☒ No)

PARAGRAPH	CHANGE TO

YUCCA MOUNTAIN PROJECT OFFICE — N-QA-012 8/90

[1] YMPO OBSERVATION NO. _____

Completed by Originating Organization

[2] Noted During:	[3] Identified By:	[4] Date:
[5] Organization:	[6] Person(s) Contacted:	[7] Response Due Date is 20 Days from Date of Transmittal

[8] Discussion:

[9] QAE/Lead Auditor — Date	[10] DOE Director, Quality Assurance — Date

Completed by Responsee

[11] Response:

[12] Signature: Date:

Completed by QA Org.

[13] Response Receipt Acceptable ☐ Initiator — Date	QA/Lead Auditor — Date

[14] Remarks:

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Figure 4. Revised Yucca Mountain Project Office Observation Form.

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REQUIRED CHANGE (S): (Minor ☐ Yes ☑ No)

PARAGRAPH

CHANGE TO

SDR SEVERITY LEVEL CHECKLIST N-QA-037 8/90

I. ASSIGN A SEVERITY LEVEL OF 1 IF ONE OR MORE OF THE FOLLOWING IS TRUE.

		Yes	No
1.	Did the deficiency result in significant damage to natural barriers, structures, systems, or components that will require extensive evaluation, extensive redesign, or extensive repair in order to assure public health and safety?	—	—
2.	Does the deficiency involve loss of essential data or information needed for licensing?	—	—
3.	Does the deficiency constitute a significant deficiency in design, construction, testing, or performance assessment that were detected subsequent to formal quality verification and acceptance?	—	—
4.	Does the deficiency constitute a significant deficiency in design as approved for construction such that the design deviates extensively from design criteria and bases?	—	—
5.	Does the deficiency constitute a significant deviation from performance objectives or specifications that will require extensive evaluation, extensive redesign, or extensive repair to establish the adequacy of a natural barrier, structure, system, or component to meet design criteria and bases?	—	—
6.	Does the deficiency constitute a significant error detected in a computer program after it has been released for use?	—	—
7.	Does the deficiency constitute a significant breakdown in a participant's QA program and/or repetitive, programmatic and hardware deficiencies for which previous corrective action has not been reasonably prompt or effective?	—	—

II. ASSIGN A SEVERITY LEVEL OF 2 IF THE ANSWERS TO ALL QUESTIONS IN PART I ARE NO AND ONE OR MORE OF THE FOLLOWING IS TRUE:

		Yes	No
1.	Could failure to correct deficiency have a potentially adverse impact on the health or safety of operations personnel?	—	—
2.	Does the deficiency constitute operating outside the scope of the quality program or approved quality procedures where both remedial and corrective actions are required?	—	—
3.	Does the deficiency constitute a repetitive hardware deficiency for which no previous corrective action measures exist?	—	—

III. ASSIGN A SEVERITY LEVEL OF 3 IF THE ANSWERS TO ALL QUESTIONS TO PARTS I AND II ARE NO.

QAE/Lead Auditor	DOE Director, Quality Assurance
Signature/Date	Signature/Date

Figure 5. Revised SDR Severity Level Checklist.