

YUCCA MOUNTAIN PROJECT OFFICE
QUALITY ASSURANCE SURVEILLANCE REPORT
OF
LAWRENCE LIVERMORE NATIONAL LABORATORY
SURVEILLANCE REPORT NUMBER YMP-SR-90-035
CONDUCTED ON AUGUST 06 - AUGUST 09, 1990

ACTIVITY SURVEILLED:

QUALITY ASSURANCE PROGRAM, PROCEDURES AND INSTRUCTIONS
DOCUMENT CONTROL, CORRECTIVE ACTION,
AND QUALITY ASSURANCE RECORDS

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ENCLOSURE I

1.0 INTRODUCTION

This report contains the results of a Yucca Mountain Project Office (Project Office) Quality Assurance (QA) surveillance of the Lawrence Livermore National Laboratory (LLNL) in Livermore, California, to verify compliance and implementation of their approved implementing procedures.

2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to evaluate the effectiveness of implementation of selected QA Procedures. The scope of the surveillance covered those procedures and activities associated with the QA Program; Instructions, Procedures, and Plans; Document Control; Corrective Action; and QA Records. During the surveillance, implementation of the following procedures were verified for compliance:

1. 033-YMP-QP 2.3, Rev 0, "Management Assessments"
2. 033-YMP-QP 2.9, Rev 0, "Indoctrination and Training"
3. 033-YMP-QP 2.10, Rev 1, "Qualification of Personnel"
4. 033-YMP-QP 2.1, Rev 1, "Preparation, Approval and Review
Quality Procedures and Requirements"
5. 033-YMP-QP 5.0, Rev 1, "Technical Implementing Procedures"
6. 033-YMP-QP 6.0, Rev 1, "Document Control"
7. 033-YMP-QP 16.0, Rev 1, "Corrective Action"
8. 033-YMP-QP 17.0, Rev 1, "Quality Assurance Records"

In addition to the above, the surveillance was to include the verification of implementation of corrective action and closure of three (3) Standard Deficiency Reports (SDRs), 536, 537, and 540, which had been identified by LLNL as ready for closure.

3.0 SURVEILLANCE PERSONNEL

This surveillance was performed by the following personnel:

R.L. Maudlin, Surveillance Lead, Project Office QA
R.B. Constable Team Member, Project Office QA
K.T. McFall, Team Member, Project Office QA
J.W. Gilray, Observer, USNRC

4.0 SUMMARY OF SURVEILLANCE RESULTS

During the course of the surveillance, the surveillance team reviewed such objective evidence as: Management Assessment Reports; Indoctrination, Training and Personnel Qualification Records; Selected Technical Procedures; Issuance of Controlled Manuals; Document Control Logs; and Selected Records Packages, Nonconformance Reports, Corrective Action Reports, and Trend Analysis Reports.

The results of the surveillance revealed that implementation is effective in those areas covered by the scope of this surveillance to the extent of the present level of activity except for the control and storage of Training and Qualification Records. Also, in attempting to close the SDRs referenced in the scope of the surveillance, it was found that the corrective actions as identified in the SDRs were not completed to the extent that verification and closure could be accomplished. This was discussed with LLNL management and an agreement was reached that LLNL would request an extension to the due date for corrective action.

5.0 PERSONNEL CONTACTED

- L. Jardine, Technical Project Officer, LLNL
- D. Short, QA Manager, LLNL
- R. Hamati, QA Staff, KEL/LLNL
- L. Ballou, Deputy Project Leader, LLNL
- D. Good, Training Coordinator, LLNL
- J. Blink, Assistant Project Leader, LLNL
- B. Bryan, Project Administrator, LLNL
- B. Alegre, QA Records, LLNL
- R. Schwartz, Associate Energy Program Leader, LLNL
- K. Mahoney, Document Control, LLNL
- P. Van Lehn, Calibration, LLNL
- G. Rainwater, Clerk, LLNL

6.0 SYNOPSIS OF DEFICIENCY DOCUMENTS/OBSERVATIONS

SDR 567 Training and Qualification records not sent to Local Record Center (LRC) within 10 days and records not being maintained in two-hour fire rated cabinets.

7.0 RECOMMENDATIONS

The SDR identified during this surveillance was considered to be of a nature that only requires remedial corrective action. It is recommended that LLNL management review the status of records being maintained by the sources to determine adequate storage which complies with the LLNL QA Program requirements. It is further recommended that LLNL provide

measures which assure that implementation of corrective actions to SDRs and observations are completed on the date committed to in the response to the SDRs.

8.0 REQUIRED ACTIONS

LLNL is requested to provide a response to SDR 567 within 20-working days of the transmittal of the Standard Deficiency Report. In addition, LLNL is requested to provide a request for extension of the due date for implementation of corrective action in regards to SDRs 536, 537, and 540.

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization	1 Date 8/10/90		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 2	
	3 Discovered During YMP-SR-90-035		3a Identified By K. McFall		4 SDR No. 567 Rev. 0	
	5 Organization LLNL		6 Person(s) Contacted D. Good, B. Bryan		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. 5.5.4.1 states in part, "Completed, individual records shall be forwarded to the LRC no later than 10 working days after the date of completion or receipt..."					
Completed by Organization in Block 5	9 Deficiency 1. Contrary to the requirement in Block 8 above, Training and Qualification Records were not transmitted to the LRC within 10 working days.					
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective Identify the required actions to be taken to correct the deficiencies noted in Block 9.					
	11 QAE/Lead Auditor/Date <i>Kenneth McFall</i> 8-14-90		12 Division Manager/Date N/A		13 Project Quality Mgr./Date <i>Steven Hampton</i> 8-14-90	
	14 Remedial/Investigative Action(s)					
Completed by Org. QA Org.	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
CONTINUATION SHEET

N-QA-038
2/89

SDR No. 567

Page 2 of 2

8 Requirement (continued)

2. LLNL QAPP, 033-YMP-R 17, Rev. 0, Para. 10.2.2, Alternate Storage Facilities, states in part, "The following are acceptable alternatives to the criteria for a single storage facility:
 - o Two-hour fire rated vault that meets National Fire Protection Association (NFPA) 232-1975.
 - o Two-hour fire rated Class B file containers that meet the requirements of NFPA 232-1975.
 - o Two-hour fire rated file room that meets the requirements of NFPA 232-1975..."

9 Deficiency (continued)

2. Contrary to the requirements in Block 8 above, storage of completed Training records are not being maintained in accordance with either single or alternate single storage requirements. The records are being stored in the Training Office in a one-hour rated file cabinet.