

YUCCA MOUNTAIN PROJECT OFFICE
QUALITY ASSURANCE SURVEILLANCE REPORT
OF
TECHNICAL AND MANAGEMENT SUPPORT SERVICES
SURVEILLANCE NUMBER YMP-SR-90-036

CONDUCTED AUGUST 27 THROUGH 31, 1990

ACTIVITIES SURVEILLED:
PROCUREMENT DOCUMENT CONTROL, CONTROL OF PURCHASED
ITEMS AND SERVICES, NONCONFORMING CONDITIONS, AND
QUALITY ASSURANCE RECORDS

Prepared by: Richard L. Weeks Date: 9/10/90
Richard L. Weeks
Surveillance Team Leader
Quality Assurance Engineer
Yucca Mountain Project Office

Approved by: James Blayford Jr. Date: 9/10/90
Donald G. Horton, Director
Quality Assurance
Yucca Mountain Project Office

9009210208 900917
PDR WASTE PDC
WM-11

ENCLOSURE /

1.0 INTRODUCTION

This report contains the results of a surveillance conducted by the Yucca Mountain Project Office (Project Office) Quality Assurance (QA) Division of the Technical and Management Support Services (T&MSS) implementing procedures.

2.0 PURPOSE AND SCOPE

The purpose of this surveillance was to review the adequacy of implementation of selected T&MSS procedures. The following Standard Practice Procedures (SPs) and Operating Procedures (OPs) were reviewed during the surveillance:

- SP 1.23, Revision 0, Nonconformance Reporting
- SP 1.28, Revision 0, Control of Purchased Items and Services
- SP 1.36, Revision 0, Records Management
- OP 1.4, Revision 1, QA Review of Procurement Documents
- OP 1.7, Revision 2, Development and Maintenance of Qualified Suppliers List

Checklists were developed for the following procedures; however, the checklists were not completed due to lack of implementation in the respective areas.

- SP 1.12, Revision 0, Possession, Procurement, Shipment and Receipt of Radioactive Material

- SP 1.25, Revision 1, Acceptance of Items and Services

3.0 SURVEILLANCE PERSONNEL

- A. I. Arceo, QA Engineer, Science Applications International Corporation (SAIC), Las Vegas, Nevada
- R. L. Weeks, QA Engineer (Lead), SAIC, Las Vegas, Nevada

4.0 SUMMARY OF SURVEILLANCE REPORT

A number of deficient conditions were identified in the area of procurement and some minor deficiencies were identified in the area of nonconformances; however, all were corrected during the course of the surveillance. Identified and corrected deficiencies in the areas of procurement and nonconformances are listed below.

Three deficiency reports will be issued in the area of Records Management, two Standard Deficiency Reports (SDRs) will be issued by the Project Office, and one Quality Finding Report (QFR) will be issued by T&MSS.

T&MSS is issuing a deficiency report for a condition identified by the Project Office, due to the restriction placed on the Project Office that prohibits auditing to the Records Management Plan (RMP). T&MSS has committed to the requirements stated in the RMP and the Records Management Policies and Requirements (RMFR) (DOE/RW-0194, Revision 1) in their Quality Assurance Program Description (QAPD) (see T&MSS QAPD, Section 17.5.1). The deficiency identified was against the RMFR.

Additional findings that resulted from Surveillance YMP-SR-90-037 have been included in SDR No. 580, because the findings recognized identical procedural violations.

The following deficient conditions were identified and corrected during the course of the surveillance:

Procurement

1. Item Identified: Purchase Requisition PR 5557079, Purchase Order PO 14-910065-65, ACE Glass, Attachment 4--Acceptance methods requirements and post-receipt testing did not identify acceptance criteria nor reference a procedure where the acceptance criteria are identified.

Resolution: G.H. Prowell added Work Instruction WI-AQ-006 to Attachment 4 on 8/29/90; K. Wolverton countersigned the addition on 8/29/90. QA copy updated.

2. Item Identified: PR 5581268, PO 14-910055-65, Amersham--PR identified Attachment 2 and Attachment 3 for QA requirements; however, attachments were not appropriately labeled as 2 or 3.

Resolution: K. Wolverton identified the attachments to make them traceable to the PO. This was completed on 8/29/90.

3. Item Identified: PR 5431265 was crossed out and replaced by PR 5581271, but was not initialed and dated.

Resolution: S. Woolfolk initialed and dated the document on 8/28/90.

4. Item Identified: PR 5557082, PO 14-910072, Esterline Angus--Blocks were not filled-in.

Resolution: "N/A" designations were added by K. Wolverton on 8/29/90.

- *5. Item Identified: Billing address not on PR.

- *6. Item Identified: Requestor did not sign the PO.

*7. Item Identified: Cost Account Manager (CAM) not defined.

8. Item Identified: PO 14-910068-65 was not logged-in.

Resolution: K. Wolverton added PO 14-910068-65 to PR 5581031 on 8/29/90 (corrected on the spot).

* Note: Identified items 5, 6, and 7 have been corrected by the approval of SP 1.28, Revision 1 (9/7/90).

Nonconformance Reporting

1. Item Identified: There were empty blanks on Nonconformance Report (NCR) form T&MSS-61-19 for NCRs 90-002/0 and 90-003/0.

Resolution: Appropriate information written into blanks or designated "N/A."

2. Item Identified: The revision number was not indicated in Block 5 for NCRs 90-002/0 and 90-003/0.

Resolution: Revision numbers were added to the original document.

5.0 PERSONNEL CONTACTED

K. O. Gilkerson, QA Specialist, SAIC/T&MSS
J. B. Harper, QA Manager, SAIC/T&MSS
K. A. Hodges, QA Specialist, SAIC/T&MSS
K. B. Johnson, QA Specialist, SAIC/T&MSS
J. F. Ryan, Procurement, SAIC/T&MSS
A. D. Tacelli, Supervisor, Local Records Center (LRC), SAIC/T&MSS
C. T. Taylor, QA Specialist, SAIC/T&MSS
J. D. Verden, Manager, Documents and Records Control Division, SAIC/T&MSS
K. A. Walker, Accounts Payable Supervisor, SAIC/T&MSS
K. M. Wolverton, QA Specialist, Harza/T&MSS

6.0 SYNOPSIS OF DEFICIENCY DOCUMENTS

SDR No. 580 Plans and Procedures Division (PPD) did not submit completed QA records to the T&MSS Local Records Center (LRC) within the required 10 days.

SDR No. 581 The T&MSS LRC accepted and processed records that did not comply with procedural requirements.

QFR 90-007 SP 1.36 did not capture all of the requirements in the RMPR procedure, which is identified as a commitment in the T&MSS QAPD.

7.0 REQUIRED ACTIONS

T&MSS is requested to provide responses and effective dates for completion of corrective action to SDR Nos. 580 and 581 within 20 working days of the date of transmittal of the SDRs.

The response and corrective action to address QFR 90-007 will be completed in accordance with T&MSS procedures.

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization	1 Date 8/31/90		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-90-036 & YMP-SR-90-037		3a Identified By R. L. Weeks		4 SDR No. 580 Rev. 0	
	5 Organization T&MSS		6 Person(s) Contacted Elaine L. Spangler		7 Response Due Date is 20 Working Days from Date of Transmittal	
	8 Requirement (Audit Checklist Reference, if Applicable) SP 1.1, Revision 1, Section 7.0 states in part, " PPD submits the following to the LRC as QA records.					
Completed by Originating QA Organization	9 Deficiency Contrary to the above requirements, completed record packages have not been submitted to the LRC for the following issued procedures within the required 10 days from closeout of the record packages:					
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Compile all QA records that have been generated as part of the identified deficient records and submit them to the LRC immediately.					
	11 QAE/Lead Auditor/Date <i>Richard H. Weeks</i> 9/7/90		12 Division Manager/Date N/A		13 Project Quality Mgr./Date <i>Cathy H. [unclear]</i> 9/7/90	
Completed by Organization in Block 5	14 Remedial/Investigative Action(s)					
	15 Effective Date _____					
	16 Cause of the Condition & Corrective Action to Prevent Recurrence					
Comp. by Orig. QA Org.	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		
Comp. by Orig. QA Org.	21 Remarks					
	22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date		

MEORATION COPY
**YMPO STANDARD DEFICIENCY REPORT
CONTINUATION SHEET**

**NQA-038
2/89**

SDR No. 580

Page 2 of 2

8 Requirement (continued)

New Procedures/Revisions - Signed procedure, review sheets (T&MSS-181), revised Table of Contents, revised index; plus new or revised forms and revised forms index (if applicable)...."

SP 1.36, Revision 0, Section 4.6, 2. states, " Submit record packages within 10 working days after the closeout of the record package."

QMP-17-01, Revision 1, Paragraph 5.5.4.3 states in part " Upon completion of the transmittal form, the completed record package, along with the transmittal form and the table of contents, shall be transmitted to the LRC within 10 working days after the closeout of the record package."

9 Deficiency (continued)

T&MSS Procedure: SP 1.22, Revision 0

YMP Administrative Procedures:

AP 5.3Q, Revision 1

AP 5.9Q, Revision 0

AP 5.9Q, Revision 1

10 Recommended Actions (continued)

Determine if other document packages violate the identified requirements and take corrective action.

Completed by Originating QA Organization	1 Date 8/31/90		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-90-036		3a Identified By R. L. Weeks		4 SDR No. 581 Rev. 0			
	5 Organization T&MSS		6 Person(s) Contacted Lena Tacelli		7 Response Due Date Is 20 Working Days from Date of Transmittal			
	8 Requirement (Audit Checklist Reference, if Applicable) SP 1.36, Revision 0, Section 4.8, Para. 4 states in part, " Review record(s) and verify that requirements previously stated in Section 4.1 of this procedure have been adhered to...."							
	9 Deficiency Contrary to the above requirements, the following submitted record packages were accepted by the LRC even though they did not comply with procedural requirements. Listed below are examples of non-compliance							
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Review document packages and make necessary corrections as-soon-as-possible.							
Aprvl.	11 QAE/Lead Auditor/Date <i>Richard L. Weeks 9/6/90</i>		12 Division Manager/Date <i>D/A</i>		13 Project Quality Mgr./Date <i>[Signature] 9/6/90</i>			
	14 Remedial/Investigative Action(s)					15 Effective Date _____		
	16 Cause of the Condition & Corrective Action to Prevent Recurrence					17 Effective Date _____		
Completed by Organization In Block 5	18 Signature/Date							
Comp. by Org. 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 SHEETN-QA-038
2/89

SDR No. 581

Page 2 of 2

8 Requirement (continued)

SP 1.36, Revision 0, Section 4.1, Para. 1 states, " Clearly mark DRAFT on the first page of Draft documents."

SP 1.36, Revision 0, Section 4.1, Para. 7b states, " Individual page counts for those records or groups of records,"

SP 1.36, Revision 0, Section 4.1, Para. 13 states, " Fill in all blocks on QA records including signature, or enter "NA"."

SP 1.36, Revision 0, Section 4.2, Para. 1 states in part "...and initialing and dating the correction...."

9 Deficiency (continued)

with procedural requirements:

WI-MET-005 and WI-AQ-013:

1. Draft copies not stamped "DRAFT".
2. Individual record page counts not correct.
3. Blocks not filled in on Review Form (T&MSS-181)

NNA. 900628.0367, WI's for Meteorology and Air Quality, WI-MET-001 and 002 and WI-AQ-001 through WI-AQ-005:

1. Review Form (T&MSS-181) submitted with empty blanks.
2. Draft copies not stamped "DRAFT".
3. Cross-outs not initialed and dated on Review Form for WI-AQ-004, Revision 0.

10 Recommended Actions (continued)