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Mr. Dwight E. Shelor, Acting Associate Director  
for Systems Integration and Compliance  
Office of Civilian Radioactive Waste Management  
U.S. Department of Energy, RW 30  
Washington, D.C. 20585

Dear Mr. Shelor,

SUBJECT: SURVEILLANCE OBSERVATION OF THE U.S. DEPARTMENT OF ENERGY/OFFICE OF  
CIVILIAN RADIOACTIVE WASTE MANAGEMENT QUALITY ASSURANCE PROGRAM

The purpose of this letter is to transmit the U.S. Nuclear Regulatory Commission (NRC) Surveillance Observation Report 91-S2 for the U.S. Department of Energy/Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance (QA) Surveillance No. HQ-SR-91-002 of the OCRWM Headquarters (HQ) Office conducted at Washington, D.C. on February 4-6, 1991. The NRC staff participated as an observer on the OCRWM surveillance of the HQ QA Program.

The NRC staff observed and evaluated the surveillance to gain confidence that OCRWM is effectively implementing the requirements of their QA program pertaining to Appendix B to 10 CFR Part 50 Criteria 3 and 6, and the applicable line procedure pertaining to the revision, replacement, identification, distribution, and control of program-level type documents. The NRC staff's evaluation is based on direct observations of the surveillance team members, discussions with the surveillance team and OCRWM staff, and review of the applicable QA documentation relating to the scope of the surveillance.

The scope of the surveillance was limited to the review and verification of the procedural implementation of the program-level document change control process. No assessment of the technical adequacy and qualification of these documents were performed during this surveillance. The NRC observer found the surveillance of the OCRWM QA program to be useful and effective. The surveillance team members were familiar with the OCRWM QA Plan and the implementing line procedure. Their checklist for this surveillance was well prepared and utilized in determining the status and adequacy of the QA program program under Appendix B Criteria 3 and 6.

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The NRC staff is in agreement with the surveillance team's preliminary conclusion that the procedural implementation of the OCRWM QA program under Appendix B Criteria 3 and 6 is adequate.

If you have any questions concerning this report, please contact William Belke of my staff at (301) 492-0445.

Sincerely,

### ORIGINAL SIGNED BY

John J. Linehan, Acting Director  
Repository Licensing and Quality  
Assurance Project Directorate  
Division of High-Level Waste Management  
Office of Nuclear Material Safety  
and Safeguards

Enclosure: As Stated

cc: R. Loux, State of Nevada  
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## SURVEILLANCE OBSERVATION REPORT NO.91-S2

### 1. INTRODUCTION

The U.S. Department of Energy (DOE) is responsible for obtaining a license for operating a geologic repository for the safe disposal of high-level nuclear waste. DOE is required by the Code of Federal Regulations (CFR) Title 10, Part 60, Subpart G, to implement a 10 CFR Part 50 Appendix B - type quality assurance (QA) program, as applicable, for all systems, structures, and components important to safety and barriers important to waste isolation. The QA requirements are transmitted down to the DOE Office of Civilian Radioactive Waste Management (OCRWM) and various DOE participating contractors to achieve the level of quality needed for the storage of high-level nuclear waste.

### 2. PURPOSE

From February 4-6, 1991, OCRWM conducted a surveillance to evaluate the procedural implementation of OCRWM procedure, "DOE/RW-0223", Program Change Control Procedure (PCCP). This procedure governs the initial issue of program-level type documents, their revision, replacement, identification, distribution, and control. The NRC staff observed this surveillance to gain confidence that OCRWM is properly implementing QA program requirements in the area of procedural implementation under 10 CFR Part 50, Appendix B Criteria 3 and 6.

### 3. SCOPE

The surveillance team selected a number of Document Change Proposals (DCP's) from the DCP Log that listed 36 items either completed or in process of completion. The selected DCP's were reviewed for verification of procedural implementation. The scope of this surveillance did not include any review of technical adequacy of the selected DCP's. However, if technical aspects surfaced during the surveillance, technical specialists would be available to provide the necessary technical expertise.

### 4. SURVEILLANCE PARTICIPANTS

#### DOE

Don Miller, Team Leader, CER  
Victor Montenyohl, Team Member, Weston

#### NRC

William Belke, Observer

## 5. SURVEILLANCE SUMMARY RESULTS

The surveillance team conducted a detailed examination and review of the OCRWM records to assess compliance with procedural requirements. Responsible OCRWM and contractor personnel were interviewed in depth to assess their knowledge of the document change control process. Also, training records were examined to verify appropriate training was assigned and completed by responsible personnel involved in the document change control process.

The surveillance team identified two recommendations and one potential Corrective Action Request (CAR). The first recommendation concerned the amount of detail required for the DCP Impact Analysis portion of the DCP package. The surveillance team recommended that the Impact Analysis should contain, where appropriate, more in-depth detailed documentation to address the impact of the analysis and be readily understood by all interested personnel. It was also recommended that the individual(s) performing the actual Impact Analysis be clearly identified. The second recommendation pertained to the training forms associated with the DCP procedure. It appeared that from the interviews of the various personnel involved in the DCP process, and the completeness of the DCP documentation and accuracy of the tracking system, that personnel were familiar with its implementation. However, a sample of the personnel training records indicated that certain personnel had not formally initialed the reading and understanding of the PCCP. The potential CAR will be considered for the PCCP not clearly defining which documents are to be controlled by the PCCP.

## 6. OCRWM/CONTRACTOR PERSONNEL CONTACTED

D. E. Shelor, Acting Associate Director for Systems and Compliance  
D. G. Horton, Acting QA Director  
H. J. Hale, Acting Director for Systems Engineering and Program Integration  
S. Peterson, Physical Scientist  
S. Grodin, Weston

## 7. NRC CONCLUSIONS

The NRC observer found the surveillance of the OCRWM document issuance and change control process useful and effective. The surveillance team was well qualified in the QA discipline and familiar with the requirements of the PCCP. The surveillance team was also thorough and professional in interviewing the OCRWM and contractor personnel and in conducting the surveillance. The surveillance checklists were well prepared and utilized in determining the effectiveness of implementation of the document change process.

The NRC staff believes that the procedure in place for controlling the document issuance and change control process is adequate. The NRC staff is in agreement with the surveillance team's preliminary evaluation that there were no deficiencies identified which would make the document issuance and change control process unacceptable. Consequently, the NRC staff agrees with the surveillance team's conclusion that the implementation of the document issuance and change control process is adequate.