



## Department of Energy

Nevada Operations Office  
P. O. Box 98518  
Las Vegas, NV 89193-8518

WBS #1.2.9.3  
"QA"

JUN 07 1989

Richard L. Bullock  
Technical Project Officer for Yucca Mountain Project  
Fenix and Scisson of Nevada  
101 Convention Center Drive  
Phase II, Suite P-250  
M/S 403  
Las Vegas, NV 89109

ACCEPTANCE OF RESPONSES TO STANDARD DEFICIENCY REPORTS (SDRs) 313 AND 314, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) QUALITY ASSURANCE (QA) AUDIT 89-01 OF FENIX & SCISSON OF NEVADA (FSN)

The Project Office QA staff has evaluated and accepted your responses to SDRs 313 and 314, Revision 0, generated as a result of Project Office QA Audit 89-01 of FSN. The SDRs will be closed after verification of satisfactory completion of the specified corrective actions. Copies of the SDRs are enclosed for your information.

Verification of completion of your corrective action will be performed after the effective dates that were provided. Any extension to these due dates must be requested in writing with appropriate justification prior to the due date. Please send copies of the extension request to Nita J. Brogan, Science Applications International Corporation (SAIC), 101 Convention Center Drive, Las Vegas, Nevada 89109, and Ralph W. Gray, U.S. Department of Energy, P.O. Box 98518, Las Vegas, Nevada 89193.

If you have any questions, please contact Wendell B. Mansel of my staff at 794-7945 or John C. Friend of SAIC at 794-7164.

Edwin L. Wilmot  
Acting QA Division Director  
Yucca Mountain Project Office

YMP:WBM-4222

Enclosure:  
SDRs 313 and 314

8906120308 890607  
PDR WASTE  
WM-11 PDC

FULL TEXT ASCII SCAN

102.7  
Wm-1  
NHO2

## YMPO STANDARD DEFICIENCY REPORT

N-QA-038  
12/88

|   |  |                       |  |                     |   |  |
|---|--|-----------------------|--|---------------------|---|--|
| <b>Completed by Originating QA Organization</b>   | 1 Date 4/13/89   |                       | 2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 |                     | Page 1 of 2   |  |
|   | 3 Discovered During Audit 89-1   |                       | 3a Identified By J. E. Clark   |                     | 3b Branch Chief Concurrence Date                                |  |
|   | 4 SDR No. 313  |                       | Rev. 0   |                     |   |  |
|   | 5 Organization Fenix & Scisson   |                       | 6 Persons(s) Contacted J. E. Ferguson, Y. Hendricks  |                     | 7 Response Due Date is 20 Working Days from Date of Transmittal |  |
| <b>Completed by Organization in Block 5</b>   | 8 Requirement (Audit Checklist Reference, if Applicable)<br>Checklist Item 17-1, F&S Procedures PP-50-01, Rev. 3, states in part "Upon receipt, the F&S Records Center Coordinator performs the following receipt/control tasks: a. Identifies the document as a required record per the       |                       |  |                     |   |  |
|   | 9 Deficiency<br>Contrary to the above requirement, F&S is logging the receipt of transmittals rather than document type as required by procedure.  |                       |  |                     |   |  |
|   | 10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective<br>1. Initiate logging activities per procedure requirements.<br>2. Investigate to determine impact on retrievability. |                       |  |                     |   |  |
|   | 11 QAE/Lead Auditor Date <i>[Signature]</i> 4/18/89  |                       | 12 Branch Manager Date <i>[Signature]</i> 4/18/89  |                     | 13 Project Quality Mgr. Date <i>[Signature]</i> 4/18/89         |  |
| <b>Completed by Org. QA Org.</b>  | 14 Remedial/Investigative Actions(s)<br>See Attached   |                       |  |                     | 15 Effective Date 5-10-89                                       |  |
|   | 16 Cause of the Condition & Corrective Action to Prevent Recurrence<br>See Attached  |                       |  |                     | 17 Effective Date 5-10-89                                       |  |
|   | 18 Signature/Date<br><i>[Signature]</i> 5/16/89  |                       |  |                     |   |  |
|   | 19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response <input type="checkbox"/> Reject   |                       | QAE/Lead Auditor/Date <i>[Signature]</i> 5/26/89   |                     | Branch Manager/Date <i>[Signature]</i> 5/26/89                  |  |
| 20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject           |  | QAE/Lead Auditor/Date |  | Branch Manager/Date |   |  |
| 21 Verification <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |  | QAE/Lead Auditor/Date |  | Branch Manager/Date |   |  |
| 22 Remarks  |  |                       |  |                     |   |  |
| 23 QA CLOSURE   |  | QAE/Lead Auditor/Date |  | Branch Manager/Date |   |  |
| PQM/Date  |  |                       |  |                     |   |  |

ENCLOSURE

**YMPO STANDARD DEFICIENCY REPORT  
CONTINUATION SHEET**

**N-QA-038  
12/88**

**SDR No. 313**

**Rev. 0**

**Page 2 of 2**

6 Persons contacted ( continued )

8 Requirement ( continued )

document type list and logs in receipt..."

10 Recommended Actions ( continued )

3. Train personnel in more stringent receipt control measures.

**RESPONSE TO SDR NO. 313, SECTION 14 AND 16.**

**Item 14. Remedial/Investigative actions(s)**

Logging in the receipt of documents by record center personnel is performed for all documents received. "Procedures" however, were being logged-in and tracked per the receiving transmittal, as the receiving transmittal listed and identified each procedure received. After processing, "Procedures" are sent via another transmittal to SAIC for further processing and microfilming. Thus there is a transmittal identifying what came into the records center and a transmittal identifying what was sent out. What was not occurring was the logging-in of the receipt of each "Procedure" item identified on the receiving transmittal.

Reviewing "Procedure" transmittals received against transmittals sent to SAIC showed no irregularities or potential retrieval problem. All procedures received have been submitted to SAIC.

**Item 16, Cause of the Condition & Corrective Action to Prevent Reoccurrence**

Due to an apparent lack of the effectiveness in procedure training, personnel failed to follow the procedure. Logging-in "Procedure" transmittals saved time during the receipt process. This activity has been discontinued and each procedure item received is now being logged-in. In addition, to prevent reoccurrence, receipt/control personnel have been retrained in stringent receipt control processes and in the importance of following procedures. Documentation is on file supporting this activity. Follow-up checks by supervision and FSN Auditing personnel will ensure compliance.

**ORIGINAL**  
THIS IS A RED STAMP

## YMPO STANDARD DEFICIENCY REPORT

N-QA-038  
12/88

Completed by Originating QA Organization

|   |  |  |                                  |   |
|---|--|--|----------------------------------|---|
| 1 Date 4/11/89  |  | 2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |                                  | Page 1 of 1   |
| 3 Discovered During Audit 89-1  |  | 3a Identified By<br>J. E. Clark  | 3b Branch Chief Concurrence Date | 4 SDR No.<br>314 Rev. 0   |
| 5 Organization<br>Fenix & Scisson   |  | 6 Persons(s) Contacted<br>J. May, J. Rue   |                                  | 7 Response Due Date is<br>20 Working Days from<br>Date of Transmittal |
| 8 Requirement (Audit Checklist Reference, If Applicable)<br>Checklist Item 6-4, NNWSI 88-9, Rev. 2, Sec. 6, Par. 2.1, states, "Changes to documents shall be reviewed and approved by the same organization that performed the original review and approval..." |  |  |                                  |   |
| 9 Deficiency<br>Evidence was discovered that indicated issuance of DC-14, Rev. 7 was made before a documented review by all reviewers of the previous revision. The above requirement was therefore violated.   |  |  |                                  |   |
| 10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective<br>1. Assure that personnel are trained to prevent this condition from recurring.                  |  |  |                                  |   |

Apv.

|  |  |  |
|--|--|--|
| 11 QAE/Lead Auditor Date<br><i>[Signature]</i> 4/18/89 | 12 Branch Manager Date<br><i>[Signature]</i> 18 Apr 89 | 13 Project Quality Mgr. Date<br><i>[Signature]</i> 4/18/89 |
|--|--|--|

Completed by Organization in Block 5

|   |  |                             |
|---|--|-----------------------------|
| 14 Remedial/Investigative Actions(s)<br>See Attached                                |  | 15 Effective Date<br>5-4-89 |
| 16 Cause of the Condition & Corrective Action to Prevent Recurrence<br>See Attached |  | 17 Effective Date<br>5-9-89 |
| 18 Signature/Date<br><i>[Signature]</i> 5/16/89                                     |  |                             |

Comp. by Org. QA Org.

|                      |  |   |   |
|----------------------|--|---|---|
| 19 Response          | <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response | QAE/Lead Auditor/Date<br><i>[Signature]</i> 5/26/89 | Branch Manager/Date<br><i>[Signature]</i> 5/26/89 |
| 20 Amended Response  | <input type="checkbox"/> Accept <input type="checkbox"/> Reject                      | QAE/Lead Auditor/Date                               | Branch Manager/Date                               |
| 21 Verifi-<br>cation | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory        | QAE/Lead Auditor/Date                               | Branch Manager/Date                               |
| 22 Remarks           |  |   |   |
| 23 QA CLOSURE        | QAE/Lead Auditor/Date  | Branch Manager/Date                                 | PQM/Date  |

ENCLOSURE

**ATTACHMENT TO SDR #314**

**BLOCK 14**

Further internal FSN investigation has revealed that the unique set of circumstances that caused this deficiency is an isolated case and is not indicative of a program deficiency. The missing comment sheet was obtained for record purposes. The only comment submitted was "minor" and had been accepted and incorporated in response to a previous QA comment.

**BLOCK 16**

Personnel responsible for coordinating procedural reviews have been made aware of the requirement that..."changes to documents shall be reviewed and approved by the same organization that performed the original review and approval..."(See Memo FS-YMP-0388)

Richard L. Bullock

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JUN 07 1989

cc w/encl:

Ralph Stein, HQ (RW-30) FORS

Dwight Shelor, HQ (RW-3) FORS

M. J. Regenda, FSN, Las Vegas, NV

J. C. Friend, SAIC, Las Vegas, NV

N. J. Brogan, SAIC, Las Vegas, NV

L. G. Scherr, SAIC, Las Vegas, NV

S. W. Zimmerman, NWFO, Carson City, NV

J. E. Kennedy, NRC, Washington, DC

cc w/o encl:

H. H. Caldwell, SAIC, Las Vegas, NV

T. W. Noland, W, Las Vegas, NV

J. W. Gilray, NRC, Las Vegas, NV