



Department of Energy

Washington, DC 20585

MAY 17 1989

John J. Linehan, Director
Repository Licensing and Quality
Assurance Project Directorate
Division of High Level Waste
Management
Office of Nuclear Material
Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Mr. Linehan:

Enclosed are three DOE memoranda concerning Corrective Action Reports (CAR's) and Deficiency Reports (DR's) issued as a result of surveillances performed at DOE Headquarters and the Yucca Mountain Project (YMP) in March, 1989. The memos pertaining to DOE/HQ contain responses for the following CAR's and DR's: CAR-89-001, DR-89-001, DR-89-002, DR-89-003, and DR-89-004. The memo pertaining to YMP contains responses for CAR-89-002, DR-89-005, and DR-89-006. Responses from DOE HQ were provided by the Office of Systems Integration and Regulations (RW-30) and the Office of Facilities Siting and Development (RW-20).

The Office of Quality Assurance (OQA) has evaluated the responses and determined that each response has adequately addressed the remedial actions, root cause/extent and measures to prevent recurrence (where applicable) necessary to correct the conditions noted in the CAR's and DR's. The results of these evaluations have been documented on the enclosed copies of the CAR's and DR's.

Should you have any questions on this matter, please call me on 586-1462 or Dwight Shelor in OQA on 586-5851.

Sincerely,

Gordon Appel, Chief
Licensing Branch
Office of Civilian Radioactive
Waste Management

cc: J. Kennedy, NRC
S. Zimmerman, State of Nevada
R. Loux, State of Nevada
M. Baughman, Lincoln County, NV
S. Bradhurst, Nye County, NV
D. Bechtel, Clark County, NV

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WM-11

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WM-11
102A
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memorandum

DATE: APR 27 1989

REPLY TO
ATTN OF: RW-3SUBJECT: Responses to Corrective Action Report CAR-89-002 and Deficiency Reports
DR-89-005 and 006

TO: Project Manager, Yucca Mountain Project Office

The Office of Quality Assurance has evaluated the responses to CAR-89-002, DR-89-005, and DR-89-006 submitted by memorandum, dated April 14, 1989.

Based on this evaluation, it has been determined that the responses adequately address the remedial actions, root cause/extent and measures to prevent recurrence (where applicable) necessary to correct the conditions noted in the corrective action report and deficiency reports. The results of this evaluation have been documented on the attached copies of the corrective action report and deficiency reports.

In accordance with QAAP 16.1, Para. 6.5.6, it is requested that upon completion of the required corrective action, your office document the actual corrective action completion date and corresponding management signatures on the attached copies of the corrective action report and deficiency reports and return them to the Office of Quality Assurance as notification of completion.

Please contact me if you have any questions.



Dwight E. Shelor, Acting Director
Office of Quality Assurance

Attachment

cc:
S. Rousso, RW-1
F. Peters, RW-2
J. Blaylock, YMP
S. Kale, RW-20
G. Faust, Weston

5/17/89

[x] SIGNIFICANT (1)
 [] REPETITIVE (2)

**OFFICE OF CIVILIAN
 RADIOACTIVE WASTE MANAGEMENT
 U.S. DEPARTMENT OF ENERGY
 WASHINGTON, D.C.**

SHEET 1 OF 7
 (3) WBS NO. 1.0.0
 (4) CAR NO. 89-002
 (5) REVISION NO. 0

CORRECTIVE ACTION REPORT

DR. NO. (6) OCRWM-HQ-SR-89-005		RESPONSIBLE ORGANIZATION (7) YMP		STOP WORK ORDER NO. (8) N/A	
DESCRIPTION OF CONDITION (9) See page 2 thru 7					
RECOMMENDED ACTION (10) See page 2 thru 7					
(11) RESPONSE DUE 4/15/89		(12) Signature <i>[Signature]</i> 3/11/89 Date		(13) DIRECTOR, OCRWM <i>[Signature]</i> 3/17/89 Date	
REMEDIAL ACTION (14) See page 8 thru 9					
ROOT CAUSE/EXTENT (15) See page 10					
MEASURES TO PREVENT RECURRENCE (16) See page 10					
PLANNED COMPLETION DATE (17) See Blocks 14 and 16		RESponsible Manager (18) <i>[Signature]</i> 4/10/89 Date		PROJECT MANAGER/ASSOCIATE DIR. (19) <i>[Signature]</i> 4/10/89 Date	
RESPONSE (20) <input checked="" type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT		DIRECTOR, OQA (21) <i>[Signature]</i> 4/29/89 Date		DIRECTOR/OCRWM (22) <i>[Signature]</i> 4/25/89 Date	
COMPLETION DATE (23)		RESPONSIBLE MANAGER (24) _____ Signature Date		PROJECT MANAGER/ASSOCIATE DIR. (25) _____ Signature Date	
OQA VERIFICATION (26) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		DIRECTOR, OQA (27) _____ Signature Date		DIRECTOR, OCRWM (28) _____ Signature Date	

*DOCUMENT JUSTIFICATION FOR REJECTION ON CONTINUATION SHEET

102.7

REV. 1/89

ENCLOSURE 1

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WBS NO. 1.0.0

CORRECTIVE ACTION REPORT (continuation sheet)

CAR NO. 89-002

REVISION NO. 0

DATE _____

YMP CORRECTIVE ACTION REPORT

DESCRIPTION OF CONDITION (9):

1. Requirements

- o NQA-1 Basic Requirement 3, Design Control
- o NQA-1, Supplement 3S-1, Supplementary Requirements for Design Control
- o NNWSI/88-3, NNWSI Project Systems Engineering Management Plan; para. 4.2.1, "Define Reference Yucca Mountain MGDS Description", para 4.2.2, "Define Yucca Mountain Site-Specific Requirements", para. 4.2.3, "Develop Yucca Mountain MGDS", Para. 4.2.4, "Evaluate and Optimize".

2. Significant Deficiencies

NQA-1, Supplement 3S-1 establishes, in part, QA requirements for the identification, documentation, selection, review and approval of design inputs such as design bases, performance requirements, regulatory requirements and codes and standards.

NNWSI/88-3 defines

1. The sequence of technical activities needed to establish and manage the technical element of the NNWSI Project Baseline.
2. The approach for the integration of all technical activities to ensure adherence to the approved project baseline.
3. The implementation of systems engineering methodology for the NNWSI Project.
4. The systems engineering documentation to be used by the YMPO to support and document technical decisions and to provide a traceable record for use in mined geologic disposal system acquisition and licensing.

Contrary to the above noted requirements:

1. There was no YMP QA procedure to control the preparation of technical documents (reference DR No 89-005). nor documented direction identifying the applicable design inputs, required

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systems studies, or required analyses to be used in establishing the site specific MGDS requirements, allocate functions to MGDS subsystems and define MGDS performance criteria. In addition, there is insufficient documentary evidence to substantiate: (a) the technical basis and technical process used for the development, and subsequent changes, of the ESF Subsystems Design Requirements Document (SDRD), Benchmark 4, and (b) compliance to these activities with the YMP Program QA requirements.

2. The technical review plan for the YMP review of the YMP ongoing review of the YMP ESF subsystems design requirements document (Benchmark 4) does not adequately identify the technical review criteria and technical input documents necessary to assure consideration of all technical references, repository interfaces with the ESF, and required level of detail in the document; e.g. the scope of the review did not include a review for conformance with the SCP, SCP CDR, and other applicable design input documents necessary to establish the design requirements for ESF Title II design. In addition, there is insufficient documentary evidence to substantiate: (1) the technical process and technical basis used for the YMP technical review(s), and subsequent approval(s)/acceptance(s) of other YMP technical baseline documents, and (2) compliance of these activities with the program QA requirements.
3. The existing established MGDS baseline document hierarchy is not consistent with the document hierarchy in OGR/B-7, "Systems Engineering Management Plan", Revision 1 or the NNWSI/88-3, NNWSI Project Systems Engineering Management Plan, Revision 0, in that the YMP MGDS site specific description and requirements documents have not yet been approved and issued. It is a stated purpose of the site specific description document to provide a complete definition of all MGDS subsystems, major components of those subsystems, and identify the interface between the subsystems. It is a stated purpose of the site specific requirements document to provide a detailed definition of all functions that the MGDS must perform, establish performance criteria for each of the functional requirements, and identify all regulations, codes and standards applicable to the Project and their assignment to subsystems of the MGDS. In addition, design requirements and maintenance, operations, and test requirements will be defined. These documents were to serve as a basis for definition of, in part, the YMP ESF subsystems design requirements. There was no documentary evidence found to establish the basis for the deviation from

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the existing established document hierarchy.

4. The Project organizational responsibilities with respect to development of the ESF design requirements, test requirements, and associated design and testing interfaces, are not adequately identified and documented in the existing work breakdown structure dictionary, to establish the responsible ESF design organization or control the design interfaces. The following excerpts from the February 17, 1989, YMP letters to the Project Participants on "work breakdown structure dictionary" with respect to responsibilities for the preparation, review and approval of the Subsystem Design Requirements Document, and associated design inputs; and interface control requirements are cited as an example:

Sandia National Laboratories

- o Review and verification (where required) of all Exploratory Shaft Facility (ESF) design inputs and interface information (e.g., Subsystems Design Review Document (SDRD) and reference information base (RIB)), as well as QALAs, and Quality Assurance Grading Reports. Note that this can be accomplished by assuring that the appropriate participant performs the verification activity.
- o Development, review and approval of interface control requirements as they relate to performance assessment, repository design and other SNL responsibilities related to the design, acceptance, operation, and decommissioning of the ESF.
- o Participation in all participant design, construction, test and operations, and review of activities, as necessary, to assure that performance assessment concerns are adequately addressed.
- o Responsible for assuring that design inputs from all Project Participants are incorporated in the ESF SDRD.

Science Applications International Corporation

- o Development of a format and content of the exploratory shaft SDRD, obtaining specific data from appropriate participants, and the Office of Civilian Radioactive Waste Management.
- o Provide for documentation of the traceability of all requirements to appropriate source documents.

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Holmes and Narver, Inc.

- o Review and verification (where required) of Exploratory Shaft Facility (ESF) designs, including QALAs, grading, and design inputs developed by H&N.
- o Lead responsibility for the documentation of physical interface control requirements as they relate to performance assessment, repository, waste package, ESF tests and all other activities within the controlled area of the Yucca Mountain Site.
- o Assist SNL with the task of providing for the project participant participation in all design, construction, test and operations, review activities, as necessary, to assure that performance assessment, repository, waste package, ESF test and all other activities within the controlled area of the Yucca Mountain Site are adequately addressed.

Fenix and Scisson, Inc.

- o Review and verification (where required) of Exploratory Shaft Facility (ESF) designs, including QALAs, grading, and design inputs developed by H&N.
- o Assistance to Holmes and Narver, Inc., with the documentation of the physical interface control requirements as they relate to performance assessment, repository, waste package, ESF tests and all other activities within the controlled area of the Yucca Mountain Site.
- o Assist SNL with the task of providing for the Yucca Mountain Project participant participation in all design, construction, test and operations, review activities, as necessary, to assure that performance assessment, repository, waste package, ESF test and all other activities within the controlled area of the Yucca Mountain Site are adequately addressed.

Reynolds Electrical and Engineering Co. Inc.

- o Assist Holmes and Narver, Inc. and Fenix and Scisson, Inc. with the documentation of the physical interface control requirements as they relate to performance assessment, repository, waste package, Exploratory Shaft Facility (ESF) tests and all other activities within the controlled area of the Yucca Mountain Site.

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- o Assist SNL with the task of providing for the project participant participation in all design, construction, test and operations, review activities within the controlled area of the Yucca Mountain Site are adequately addressed.

Los Alamos National Laboratory

- o Review and verification (where required) of test related Exploratory Shaft Facility (ESF) design inputs, QALAs, and grading. Note that this can be accomplished by assuring that the appropriate participant performs the verification activity.
- o Development, review and approval of interface control requirements as they relate to ESF test design, data collection, and test analysis. Note that the documentation can be accomplished by the appropriate architectural engineer.
- o Participation in all participant design, construction, test and operations, and review of activities, as necessary to assure that test design, data collection, and test analysis concerns are adequately addressed.

Based on the conditions noted above, (1) the technical adequacy of and (2) compliance with Project quality assurance requirements of, the Program technical baseline documents required to support initiation of the ESF Title II design phase are indeterminate.

RECOMMENDED ACTIONS TO CORRECT CONDITION (10):

- 1) Identify, document, and perform a technical review of the technical basis used to develop the MGDS requirements and description, ESF subsystem functional allocations, and ESF subsystems performance criteria, as part of finalizing, approving, and issuing the YMP MGDS requirements/description document and ESF subsystems requirements document revision(s) to be used as the basis for ESF Title II design.
- 2) Revise the NNWSI SEMP to reflect the technical process and technical document hierarchy to be followed and implemented by the Project for initiation of the ESF Title II design phase.
- 3) Revise the work breakdown structure dictionary to clearly identify and establish the Project organizational responsibilities and interfaces with respect to ESF Title II design.

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- 4) It is recommended by the Office of Quality Assurance that the recommended actions noted above be completed, (1) prior to initiation of any EST Title II design activities by the Project or (2) that a "hold" point be established on the issuance of any ESF Title II design documents required for Quality Level 1 or 2 items or activities, until the actions noted in item 1 above are complete and a review of their conformance with any rebaselined requirements is performed.

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Remedial Action (14)

A. The technique the project will use to maintain control of the design activities during the period between initial release of the SDRD and the verification of the design inputs will include the following:

o A procedure for hold points will be prepared, hold points will be established during the design to assure that the release of a design package can not occur prior to the verification of all related design inputs. Planned completion - April 28, 1989.

B. The Technical Assessment Review review criteria for the SDRD will be revised to include a reference to Letter; Guidance for ACD Requirements Documents; from Carl P. Gertz, (YMPO) to Lawrence D. Ramspott (LLNL), et.al., dated July 18, 1988 (Attachment 2) Planned completion - April 14, 1989.

C. The SEMP will be modified to reflect the techniques to be used for control of the ESF requirements in the absence of a complete set of requirements documents (Attachment 4). Planned completion - May 15, 1989.

The interface control as described in the NWSI SEMP will be maintained (reference Section 4.4.2.3 paragraph 5).

D. The WBS Dictionary will be revised to include additional responsibilities, and interpretations as defined in letters previously sent to the participants (Attachment 5). Planned completion - May 15, 1989.

In addition, the WBS Dictionary, the ESF Design Control Procedure AP5.18Q, ESF Technical Element and Interface Control Procedure AP5.6Q and Interface Control Procedure AP5.19Q (in prep) will be evaluated to assure inclusion of the following:

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- o Data provided to the A/E's by other participants will be included in baselined documents (ICD's). Planned completion - June 15, 1989.
- o ICD's will be included by reference in the SDRD. Planned completion - June 15, 1989.
- o The data preparer will be responsible for it's verification. Planned completion - June 15, 1989.
- o The AE will include in the released design package the record of the verification of all design inputs, or a reference thereto. Planned completion - June 15, 1989.
- o Responsibilities of participants are adequately addressed and controlled. Planned completion - June 15, 1989.

E. Techniques for assurance that design inputs have been verified prior to release of a design package for construction include the following.

- o Inclusion of design hold points with respect to verification of SDRD inputs in accordance with an approved procedure. Planned completion - April 29, 1989.
- o Requirements that design verification activities by the A/E's include documentation of the verification of design inputs. Planned completion - June 15, 1989.
- o Acceptance of the design packages by the Project Office prior to release for construction to assure compliance with all applicable procedures in accordance with an approved procedure. Planned completion - See ESF design schedules.

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Root Cause (15)

Programmatic changes resulted in delays to the preparation of requirements documents, which required changes to the techniques for design control, and the project controls were not modified to allow for this in a timely manner. Note that the change to the project controls will be accomplished by means of an addendum to the SEMP, which will include a sunset provision for deletion when the project requirements documents are all in place.

Extent (15)

The extent to which these concerns could affect the project work is limited to the SDRD. No deficiencies have been found to exist in the SDRD which could be attributed to the concerns expressed in this CAR.

Measures to Prevent Reoccurrence (16)

APQ's will be reviewed to insure that responsibilities and interfaces are clearly addressed and controlled. Also, see response to DR's 89-005 and 89-006. Planned completion - May 30, 1989.

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DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-005

REVISION NO. 0

DATE _____

REQUIREMENTS (7):

- (1) NOA-1, Supplement 3S-1, Para 2 - "Applicable design inputs, such as design bases, performance requirements, regulatory requirements, codes and standards shall be identified and documented, and their selection reviewed and approved by the responsible design organization. Changes from approved design inputs, including the reason for the changes, shall be identified.
- (2) NOA-1, Basis Requirement 5 - Activities affecting quality shall be prescribed by and performed in accordance with documented instructions, procedures and drawings of a type appropriate to the circumstances. These documents shall include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished.

DESCRIPTION OF CONDITION (8)

Contrary to the above requirements, there are no YMP QA program procedures in-place to control the preparation of the YMP Technical Baseline Documents which establish design inputs for the MGDS. In addition, there are no YMP QA program procedures in-place to identify and control the development, review and approval of the technical basis documents (i.e. systems studies, function modeling and analysis and performance assessments) to be used to establish design inputs.

RECOMMENDED ACTIONS TO CORRECT CONDITION (9):

1. Identify, develop and issue the YMP QA program procedures necessary to control the preparation, review, approval, and subsequent changes, of the YMP Technical Baseline documents which serve as design inputs for the MGDS and their Technical basis documents.
2. Identify those YMP technical baseline documents which serve as design input to the MGDS and review for adequacy based on the requirements of the procedures identified in (1) above.

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WBS NO. I.O.O

DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-005

REVISION NO. 0

DATE

DR NO. 89-005: Significant Deficiencies

The major concern appears to be the lack of a procedure to control preparation of technical documents, particularly technical baseline documents which establish design inputs.

Remedial Action (18)

The project recognizes the need to provide documented instructions for the preparation of documents such as these, and the OCFWM and the project did prepare letters of direction for the preparation of these documents.

Letters of direction are considered to be sufficient where there is a limited number of documents involved.

The letters include:

a. Letter; Advanced Conceptual Design Plan; from Ralph Stein (OCFWM) to J. Antonnen (BWIP) et.al. dated January 21, 1987. (Attachment 1)

b. Letter; Guidance for ACD Requirements Documents; from Carl P. Gertz, (YMPO) to Lawrence D. Ramspott (LLNL), et.al., dated July 18, 1988. (Attachment 2)

c. Letter; System Requirements Document Technical Assessment Review Notice; from Carl P. Gertz (YMPO) to Charles E. Brooks (OCFWM), et. al., dated January 19, 1989. (Attachment 3)

It is also recognized that there is a need to provide generic guidance with respect to the activities of technical document preparation, and procedure will be prepared to provide that guidance.

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WBS NO. I.O.O

DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-006

REVISION NO. 0

DATE _____

The major concern appears to be the lack of objective evidence of Project Office training on the Project SEMP and the baseline control procedures.

Remedial Action (18)

The project recognizes the need for training and accessible objective evidence with respect to the training which has been provided to the staff members.

In order to provide this evidence, the Project Office has provided a centralized record system which will include records of the training for all personnel. In addition, there will be computerized report which lists the classroom training, as well as the "read and understand" training for each member of the staff.

Training with regard to the specific topics mentioned has been accomplished for many of the members of the staff. All appropriate staff will be trained to the listed procedures.

However, it should be recognized that until the privacy act concerns are resolved, records will not be made available for QA activities.

Extent(19)

At the local management area, the records for training exist, and are used to assure that personal have been trained as required.

At the project level, however, training records which would allow the project manager to determine the extent of the training and thus provide a check were unavailable.

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DR. NO. 89-005

REVISION NO. 0

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Extent (15)

The document effected by this concern is the
ESFSDRD.

No deficiencies in the document were found to exist
as a result of the projects techniques for
establishing the document requirements.

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WBS NO. 1.0.0 (1)
DR. NO. 89-006 (2)
REVISION NO. 0 (3)

DEFICIENCY REPORT

AUDIT/SURVEILLANCE (4) OCRWM-HQ-SR-89-002		RESPONSIBLE ORGANIZATION (5) YMP		REFERENCE DOCUMENTS (6) NQA-1 (1986)	
REQUIREMENTS (7) See page 2					
DESCRIPTION OF CONDITION (8) See page 2					
RECOMMENDED ACTIONS TO CORRECT CONDITION (9) See page 2					
ORIGINATOR (10) <u>[Signature]</u> Signature			Date <u>3/15/89</u>		BRANCH/DIVISION/OFFICE (11) OCRWM-HQ Office of Quality Assurance
YES [] NO [X] [] [X] SIGNIFICANT (12) [] [X] REPETITIVE (13)			CAR NO. (14) N/A		
(15) RESPONSE DUE <u>4/15/89</u>		(16) OQA <u>[Signature]</u> Signature		(17) DIRECTOR, OQA <u>[Signature]</u> Signature	
		Date <u>3/15/89</u>		Date <u>3/16/89</u>	
REMEDIAL ACTIONS (18) See page 3					
EXTENT (19) See page 3					
PLANNED COMPLETION (20) May 15, 1989	RESPONSIBLE MANAGER (21) <u>[Signature]</u> Signature		Date <u>4/10/89</u>		PROJECT MANAGER/ASSOCIATE DIR. (22) <u>[Signature]</u> Signature
					Date <u>4/10/89</u>
RESPONSE (23) [] ACCEPT *[] REJECT	OQA SIGNATURE (24) Signature		Date		DIRECTOR, OQA (25) Signature Date
COMPLETION DATE (26)	RESPONSIBLE MANAGER (27) Signature		Date		PROJECT MANAGER/ASSOCIATE DIR. (28) Signature Date
OQA VERIFICATION (29) [] SATISFACTORY * [] UNSATISFACTORY	OQA (30) Signature		Date		DIRECTOR, OQA (31) Signature Date

*DOCUMENT JUSTIFICATION FOR REJECTION ON CONTINUATION SHEET

REV. 1/89

ENCLOSURE 3

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WASHINGTON, D.C.

SHEET 2 OF 2
WBS NO. 1.0.0

CORRECTIVE ACTION REPORT (continuation sheet)

CAR NO. 89-006

REVISION NO. 0

DATE _____

Requirements (7):

1. NOA-1. Basic Requirement 2 - "The program shall provide for indoctrination and training, as necessary, of personnel performing activities affecting quality to assure that suitable proficiency is achieved and maintained."

Description of Condition (8):

Contrary to the above requirement, no objective evidence was available to substantiate indoctrination and training of applicable personnel involved in the development and implementation of the MGDS technical baseline documents and the YMP technical baseline control system, on the following plans and procedures:

- 1) NNWSI/88-3 - Project Systems Engineering Management Plan.
- 2) Project Technical Baseline Control System Procedures.

Recommended Actions to Correct Condition (9):

Provide the necessary indoctrination and training to appropriate personnel on NNWSI/88-3 and associated YMP Technical Baseline Control System procedures.

memorandum

DATE: APR 27 1989

REPLY TO:
ATTN OF: RW-3

SUBJECT: Response to Deficiency Report DR-89-001

TO: Associate Director for Systems Integration and Regulations, RW-30

The Office of Quality Assurance has evaluated the subject response to DR-89-001 submitted by memorandum dated April 5, 1989.

Based on this evaluation, it has been determined that the subject response adequately addresses the remedial action and extent necessary to correct the condition noted in the subject deficiency report. The results of this evaluation have been documented on the attached copy of the deficiency report.

In accordance with QAAP 16.1, Para. 6.5.6, it is requested that upon completion of the required corrective action, your office document the actual corrective action completion date and corresponding management signatures on the attached copy of the deficiency report and return the deficiency report to the Office of Quality Assurance as notification of completion.

Please contact me if you have any questions.



Dwight E. Shelor, Acting Director
Office of Quality Assurance

Attachment

cc:
S. Rousso, RW-1
F. Peters, RW-2
K. Klein, RW-30
B. Lemeshevsky, RW-321
G. Faust, Weston

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WBS NO 1.0.0 (1)
DR NO 89-001 (2)
REVISION NO 0 (3)

EFFICIENCY REPORT

AUDIT/SURVEILLANCE (4) OCRWM-HQ-SR-89-002		RESPONSIBLE ORGANIZATION (5) OCRWM-HQ	REFERENCE DOCUMENTS (6) NQA-1 (1986) and OGR/B-1, Rev. 7.1
REQUIREMENTS (7) See page 2			
DESCRIPTION OF CONDITION (8) See page 2			
RECOMMENDED ACTIONS TO CORRECT CONDITION (9) See page 2 and 3			
ORIGINATOR (10) <u>[Signature]</u> <u>3/15/89</u> Signature Date		BRANCH/DIVISION/OFFICE (11) OCRWM-HQ Office of Quality Assurance CAR NO (14) N/A	
YES NO [] [X] SIGNIFICANT (12) [] [X] REPETITIVE (13)			
(15) RESPONSE DUE <u>4/15/89</u>	(16) OOA <u>[Signature]</u> <u>3/15/89</u> Signature Date	(17) DIRECTOR, OOA <u>[Signature]</u> <u>3/16/89</u> Signature Date	
REMEDIAL ACTIONS (18) See Continuation Sheets 2 & 3			
EXTENT (19) See Continuation Sheet 4			
PLANNED COMPLETION (20) See Continuation Sheet 4	RESPONSIBLE MANAGER (21) <u>[Signature]</u> <u>4/5/89</u> Signature Date	PROJECT MANAGER/ASSOCIATE DIR. (22) <u>[Signature]</u> <u>4/5/89</u> Signature Date	
RESPONSE (23) [] ACCEPT [] REJECT	OOA SIGNATURE (24) _____ Signature Date	DIRECTOR, OOA (25) _____ Signature Date	
COMPLETION DATE (26)	RESPONSIBLE MANAGER (27) _____ Signature Date	PROJECT MANAGER/ASSOCIATE DIR. (28) _____ Signature Date	
OOA VERIFICATION (29) [] SATISFACTORY [] UNSATISFACTORY	OOA (30) _____ Signature Date	DIRECTOR, OOA (31) _____ Signature Date	

*DOCUMENT JUSTIFICATION FOR REJECTION ON CONTINUATION SHEET

REV 1/89

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SHEET 2 OF 3
WBS NO 1.0.0

DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-001

REVISION NO. 0

DATE _____

Requirements (7):

1. NOA-1. Basic Requirement 6 - "The preparation, issue, and change of documents that specify quality requirements or prescribe activities affecting quality shall be controlled to assure that correct documents are being employed. Such documents, including changes thereto, shall be reviewed for adequacy and approved for release by authorized personnel.
2. NOA-1. Basic Requirement 5 - Activities affecting quality shall be prescribed by and performed in accordance with documented instructions, procedures and drawings of a type appropriate to the circumstances. These documents shall include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished.
3. OGR/B-1 - Program Baseline Procedure Notebook

DESCRIPTION OF CONDITION (8):

Contrary to the above requirements, the following deficiencies were noted:

- a) OGR/B-1 has not been updated to reflect the current OCRWM-HQ reorganization, which resulted in reassignment of the responsibilities noted therein.
- b) The current organization responsibility assignments for the review and approval of changes to technical baseline documents are inconsistent with the assigned responsibilities for initial technical baseline document preparation, review, and approval.
- c) The distribution list of controlled documents has not been maintained current.
- d) A formalized QA records management system has not been established at OCRWM-HQ for the collection and maintenance of the QA records initiated during the OGR/B-1 implementation process, prior to forwarding the complete QA records package for a change to the OCRWM-HQ QA records file.

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DR. NO. 89-001

REVISION NO. 0

DATE _____

Recommended Actions to Correct Condition (9):

Revise the OGR/B-1 Program Baseline Procedure Notebook to address the above noted conditions, and reissue as an Implementing Line Procedure in accordance with the OCRWM Quality Assurance Program Description document, rev. 1. The revision of OGR/B-1 must be coordinated with the development of the OCRWM QA program procedures for "Preparation of Technical Baseline Documents" (ref. Dr. No. 89-002), to coordinate organizational responsibilities.

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DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-001

REVISION NO. 0

DATE APR 05 1989

REMEDIAL ACTIONS (18)

Item 3a (Refers to item number in DR 89-001 in section entitled "Description of Condition (8)")

o PE-CCP

Agree. The Program Elements Change Control Procedure (PE-CCP) has been under development since last fall. This document will replace OGR/B-1 and reflects the current OCRWM organization. A draft of the PE-CCP has been issued to the Board members for comment. Comments have been incorporated into a final version which is being transmitted to the Board members for their evaluation. The PE-CCP will be issued shortly. QAAP 5.2 on Implementing Line Procedures as described in QAPD 2.1.4. is still in the draft stage of development. The PE-CCP will be issued upon completion of its final evaluation.

Item 3b

Partial agreement.

o Organizational Responsibility -

Current organizational responsibilities are defined in the PE-CCP. Issuance of the PE-CCP will resolve organizational responsibilities.

o PE-CCB Chairmanship -

10CFR50 Appendix B (III. Design Control) allows the applicant to designate "another responsible organization" for approval of design changes. Therefore no change in PE-CCB Chairmanship is required.

Item 3c

o Document Distribution -

Agree. RW-30 is developing a revised distribution list for controlled documents related to the PE-CCB.

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DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-001

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Item 3d

o PE-CCB Records Management

Agree.

This area has been included in the new PE-CCP to ensure that PE-CCB documentation and records will be appropriately maintained until PE-CCB disposition of a change and then turned over to Records Management. Existing change records held by WESTON during the OGR/B-1 period have recently been sent to Records Management. RW-10 has the long-term records management responsibility for OCRWM QA records in accordance with RW-0194. Issuance of the PE-CCP will resolve PE-CCB responsibilities for records management.

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DR. NO. 89-001

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EXTENT (19)

Items 3a and 3b

All proposed changes subsequent to the OCRWM reorganization have been handled in accordance with the interim draft PE-CCB procedures which were based on the OGR/B-1 forms as described in the September 12, 1988, memorandum from the PE-CCB Chairman to the PE-CCB Board members. As a result, there have been no detrimental effects incurred as a result of this deficiency.

Item 3c

Since no PE-CCB controlled documents have been released since the time of the reorganization, no adverse effects have been incurred.

Item 3d

A survey will be performed by OSIR to determine if there are any remaining WESTON CCB records from the OGR/B-1 period that have not been turned over to OCRWM Records Management files.

PLANNED COMPLETION (20)

Item 3a (Issue PE-CCP)	May 8, 1989
Item 3b (Issue PE-CCP)	May 8, 1989
Item 3c (Revise Document Distribution List)	April 24, 1989
Item 3d (Conduct Survey)	April 24, 1989

memorandum

DATE: APR 27 1989

REPLY TO:
ATTN OF: RW-3SUBJECT: Response to Corrective Action Report CAR-89-001 and Deficiency Reports
89-002, 003, and 004

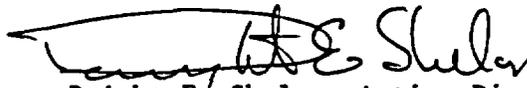
TO: Associate Director for Facilities Siting and Development, RW-20

The Office of Quality Assurance has evaluated the responses to CAR-89-001, DR-89-002, DR-89-003, and DR-89-004 submitted by memorandum dated April 4, 1989.

Based on this evaluation, it has been determined that the responses adequately address the remedial actions, root cause/extent and measures to prevent recurrence (where applicable) necessary to correct the conditions noted in the corrective action report and deficiency reports. The results of this evaluation have been documented on the attached copies of the corrective action report and deficiency reports.

In accordance with QAAP 16.1, Para. 6.5.6, it is requested that upon completion of the required corrective action, your office document the actual corrective action completion date and corresponding management signatures on the attached copies of the corrective action report and deficiency reports and return them to the Office of Quality Assurance as notification of completion.

Please contact me if you have any questions.



Dwight E. Shelor, Acting Director
Office of Quality Assurance

Attachment

cc:

S. Rousso, RW-1
F. Peters, RW-2
J. Saltzman, RW-20
M. Frei, RW-22
G. Faust, Weston

SIGNIFICANT (1)
 REPETITIVE (2)

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SHEET 1 OF 5
(3) WBS NO. 1.0.0
(4) CAR NO. 89-001
(5) REVISION NO. 0

CORRECTIVE ACTION REPORT

DR. NO. (6) OCRWM-HQ-DR-89-002		RESPONSIBLE ORGANIZATION (7) OCRWM-HQ		STOP WORK ORDER NO. (8) n/a	
DESCRIPTION OF CONDITION (9) See page 2 thru 5					
RECOMMENDED ACTION (10) See page 2 thru 5					
(11) RESPONSE DUE 4/15/89		(12) DQA <i>[Signature]</i> Signature		(13) DIRECTOR, OCRWM <i>[Signature]</i> Signature	
		3/16/89 Date		3/12/89 Date	
REMEDIAL ACTION (14) See pages 6, 7 and 9 of 10					
ROOT CAUSE/EXTENT (15) See pages 7, 8 and 9 of 10					
MEASURES TO PREVENT RECURRENCE (16) See pages 7 and 9 of 10					
PLANNED COMPLETION DATE (17) See page 10 of 10		RESPONSIBLE MANAGER (18) Signature _____ Date _____		PROJECT MANAGER/ASSOCIATE DIR. (18) <i>[Signature]</i> 4/4/89 Signature _____ Date _____	
RESPONSE (20) <input checked="" type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT		DIRECTOR, DQA (21) <i>[Signature]</i> 4/29/89 Signature _____ Date _____		DIRECTOR, OCRWM (21) <i>[Signature]</i> 4/25/89 Signature _____ Date _____	
COMPLETION DATE (23)		RESPONSIBLE MANAGER (24) Signature _____ Date _____		PROJECT MANAGER/ASSOCIATE DIR. (25) Signature _____ Date _____	
OQA VERIFICATION (26) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		DIRECTOR, OQA (27) Signature _____ Date _____		DIRECTOR, OCRWM (28) Signature _____ Date _____	

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CORRECTIVE ACTION REPORT (continuation sheet)

CAR NO. 89-001

REVISION NO. 0

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OCRWM-HQ CORRECTIVE ACTION REPORT

DESCRIPTION OF CONDITION (9):

1. Requirements

- o NQA-1 Basic Requirement 3, Design Control
- o NQA-1, Supplement 3S-1, Supplementary Requirements for Design Control
- o DOE/RW-0215 OCRWM Quality Assurance Program Description
- o OGR/B-7, OGR Systems Engineering Management Plan; para. 4.2.2 "Develop Reference Generic MGDS Description (Step 1)", para. 4.2.3 "Allocate Functions to MGDS Subsystems (Step 2)", para. 4.2.4 "Define MGDS Performance Criteria (Step 3)".

2. Significant Deficiencies

NQA-1, Supplement 3S-1 establishes, in part, QA requirements for the identification, documentation, selection, review and approval of design inputs such as design bases, performance requirements, regulatory requirements and codes and standards.

The OCRWM QAPD provides the description for OCRWM control of design activities thru use of the Programs Systems Engineering Management Plan(s).

OGR/B-7 defines:

1. The sequence of activities needed to identify a clear, concise and approved MGDS technical baseline for use in integrating MGDS subsystems and in exercising OGR technical management functions.
2. The approach for the integration of all technical disciplines involved in the MGDS development process.
3. The review of MGDS design, siting, and development against the technical baseline as the basis for OGR technical-management direction and control.

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4. The systems-engineering documentation to be used by OGR to support and document technical decisions and to provide a traceable record to support MGDS licensing by the NRC.

Contrary to the above noted requirements:

1. There was no OCRWM-HQ QA procedure to control the preparation of technical documents (reference DR No 89-002), nor documented direction identifying the applicable design inputs, required systems studies, or required analyses to be used in establishing the MGDS requirements, allocate functions to MGDS subsystems and define MGDS performance criteria. In addition, there is insufficient documentary evidence to substantiate: (a) the technical basis and technical process used for the development, and subsequent changes, of the OGR/B-2, "Generic Requirements for a Mined Geologic Disposal System" document, Revision 3, and (b) compliance of these activities with the OCRWM-HQ Program QA requirements.
2. The technical review plans for the OCRWM-HQ 10CFR60 and non-10CFR60 technical flowdown review did not include nor did they require the development and documentation of the technical review criteria or the basis to be used for determining ESF requirement applicability. The technical review plan for the OCRWM-HQ review of the YMP-ESF subsystem design requirements document (Benchmark 4) only included within the scope of the review compliance with 10CFR60 and other non-10CFR60 requirements. The scope of the review did not include a review for conformance with the SCP, SCP CDR, and other applicable design input documents necessary to establish the design requirements for ESF Title II design. In addition, there is insufficient documentary evidence to substantiate: (1) the technical process and technical basis used for the OCRWM-HQ technical review(s), and subsequent approval(s)/acceptance(s) of the lower tier YMP technical baseline documents, and (2) compliance of these activities with the program QA requirements.
3. The existing established MGDS baseline document hierarchy is not consistent with the document hierarchy in OGR/B-7, "Systems Engineering Management Plan", Revision 1 of the

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CAR NO. 89-001

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DATE _____

NNWSI/88-3, NNWSI Project Systems Engineering Management Plan, Revision 0, in the YMP MGDS site specific description and requirements documents have not yet been approved and issued. It is a stated purpose of the site specific description document to provide a complete definition of all MGDS subsystems major components of those subsystems, and identify the interface between the subsystems. It is a stated purpose of the site specific requirements document to provide a detailed definition of all functions that the MGDS must perform, establish performance criteria for each of the functional requirements, and identify all regulations, codes and standards applicable to the project and their assignment to subsystems of the MGDS. In addition, design requirements and maintenance, operations, and test requirements will be defined. These documents were to serve as a basis for definition of, in part, the YMP ESF subsystems design requirements. There is insufficient documentary evidence to establish the basis used by EQ for review and approval of the YMP ESF Subsystem Design Requirements document (SDRD).

Based on the above noted conditions, (1) the technical adequacy of, and (2) the compliance with the program QA requirements of, the Program technical baseline documents required to support initiation of the ESF Title II design phase are indeterminate.

RECOMMENDED ACTIONS TO CORRECT CONDITION (10)

- o Identify, document and perform a technical review of the technical basis used to develop the MGDS description, subsystem functional allocations and subsystem performance criteria included in the OGR/B-2, "Generic Requirements for a MGDS" document, including the criteria used for determining the 10CFR60 requirements' applicability to the ESF subsystem.
- o Identify, document and perform a technical review of the alternate technical process and technical basis used by YMP to develop the NNWSI ESF SDRD (draft benchmark 4), in lieu of the technical process/basis currently identified in the OGR and NNWSI SEMP(s).
- o Modify the existing OCRWM-HQ technical review procedure to require the technical review plans to include the identification and documentation of all the technical review criteria and referenced technical input documents necessary to assure the technical

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CAR NO. 89-001

REVISION NO. 0

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adequacy and technical interfaces of the technical documents being reviewed. Use this modified procedure to perform the ongoing review of the NNWSI ESF SDRD.

- o Revise the OGR systems engineering management plan, OGR/B-7, to identify the technical process, technical basis and technical baseline document hierarchy to be used to initiate and perform ESF Title II design and to reflect the current OCRWM organizational positions and responsibilities.
- o Develop plans and schedules for the activities necessary to implement the OCRWM-HQ MGDS Systems Engineering Management Plan during the EST Title II design phase.

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CORRECTIVE ACTION REPORT (continuation sheet)

CAR NO. 89-001

REVISION NO. 1

DATE 4/4/89

CORRECTIVE ACTION REPORT 89-001

REMEDIAL ACTION (14)

Condition No. 1

Accepted. A QAAP was not prepared which describes the process for preparing technical documents. Instructions for preparing OGR/B-2, including instructions for identifying sources of input, are contained in OGR/B-7, "System Engineering Management Plan (SEMP) for the Office of Geologic Repositories" and in DOE/RW-0043, "Program Management System (PMS) Manual." While a 500 page draft report entitled, "General Requirements for a Mined Geologic Disposal System, Supporting Documentation/Rationale"; was prepared to support the initial baselined version of OGR/B-2 this document was not an approved document issued for use.

We have reviewed the conditions described in CAR 89-001 in terms of their impact on the ability of DOE to proceed with Title II ESF design. We conclude that any impact of the first numbered condition on Title II ESF design at this time is minimal and subject to monitoring and correction in the future. Management directives will be issued by OFSD to assure that the proper monitoring and correction takes place. The first condition described in CAR 89-001 pertained to Title I design. Independently of the surveillance that resulted in CAR 89-001, a Design Acceptability Analysis was conducted (see YMP/89-3 "Review Record Memorandum Exploratory Shaft Facility (ESF) Title I Design Acceptability Analysis and Comparative Evaluation of Alternative ESF Locations") which was an assessment of the adequacy of ESF Title I Design as a basis for planning of ESF-related site characterization activities. The Title II design which will be conducted as a QA level 1 activity under YMP/88-9, Rev. 2, and the OCRWM QAR and QAPD will use as input YMP/89-3, the Title I design, the documents such as the amended GR, Appendix E, and the new SDRD process reflecting changes from the Title I SDRD, the Design Acceptability Analysis, and the surveillances conducted that resulted in this CAR all documented through a formal change control process.

Furthermore, the key functions of OGR/B-2 are intended to be included by the end of the year in a comprehensive Waste Management Systems Requirements Document which will specify the development of system element design requirements and specifications.

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CORRECTIVE ACTION REPORT (continuation sheet)

CAR NO. 89-001

REVISION NO. 0

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ROOT CAUSE (15)

Condition No. 1

The technical review procedures that were in place at the time OGR/B-2 was issued and revised were not components of a formal, structured QA program that fully met NQA-1 and Subpart G of 10 CFR Part 60.

MEASURES TO PREVENT RECURRENCE (16)

Condition No. 1

QAAP 3.1, "Technical Document Review", as an important component of the OCRWM QA program including issuance of the OCRWM QAR (RW 0214) and OCRWM QAPD (RW 0215) has been issued with an effective date of March 27, 1989 and QAAP 3.5, "Preparation of Technical Documents" is scheduled to be issued on June 28, 1989. Supplemental reading materials and classroom instruction on QAAP 3.1 have been completed. Special emphasis has been placed on verification of input sources to requirement documents. Implementation of QAAP 3.1 and QAAP 3.5 will preclude recurrence of this deficiency.

REMEDIAL ACTION (14)

Deficiency No. 2

Accepted. The procedure in effect at the time these reviews took place was QIP 3.2, "Technical Reviews." The reviews met the requirements for "technical reviews," as expressed in Paragraph 3.4 of the QAR, and were conducted in accordance with QIP 3.2. Scope memoranda produced for the OGR/B-2 Appendix E review contained about 400 pages of supplemental instructions, review checklists and other technical and quality assurance material pertaining to the results of the review including nine categories of non-10 CFR 60 requirements considered during one review. A report resulting from this review contains about 200 pages of matrices, checklists, supplemental review instruction and other technical and quality assurance material pertaining to the results of the review.

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A scope memo of February 13, 1989, stated that in addition to 10 CFR 60 and non-10 CFR 60 requirements, the YMPO SDRD review also included recommendations of the Design Acceptability Analysis (DAA), and an overall assessment of the SDRD used for ESF Title I Design to determine its adequacy and what elements should be added before the start of ESF Title II Design.

Comments contained in the report clearly indicate that the scope of the review went well beyond 10 CFR 60 and non-10 CFR 60 flowdown requirements. Over 100 pages of comments were generated. The comments identified apparent conflicts with OGR/B-2 requirements, Yucca Mountain organizational responsibilities, SCP data, Mission Plan requirements, and OGR SEMP requirements. The SCP and SCP-CDR are not design requirements documents per se for the ESF, and surrogates for these documents (e.g. DAA) were used in the reviews instead.

The review was of a document created by the Yucca Mountain Project Office. OCRWM reviewed the document to fulfill its technical oversight responsibility. The primary responsibility for verification of technical adequacy rests with the Project Office. OCRWM is also responsible for checking technical adequacy and verifying adherence to requirements. Nevertheless, despite the broad scope of these review documents and procedures and the exacting thoroughness of the reviews carried out pursuant to them, they were not part of a comprehensive, formal, structured QA program. However, as stated above with respect to Condition No. 1, we conclude that any impact of the second numbered condition on Title II ESF design at this time is minimal and subject to monitoring and correction in the future. OFSD will issue management directives to assure that the proper monitoring and correction takes place.

ROOT CAUSE (15)

Condition No. 2

The technical review procedures that were in place at the time of the OCRWM-HQ technical flowdown reviews were not components of a formal, structured QA program that fully met NQA-1 and Subpart G of 10 CFR Part 60.

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MEASURES TO PREVENT RECURRENCE (16)

Condition No. 2

QAAP 3.1, "Technical Document Review", as an important component of the OCRWM QA program including issuance of the OCRWM QAR (RW-0214) and OCRWM QAPD (RW-0215) has been issued with an effective date of March 27, 1989. Supplemental reading materials and classroom instruction on QAAP 3.1 have been completed. Special emphasis has been placed on verification of input sources to requirement documents. Implementation of QAAP 3.1 will preclude recurrence of this deficiency.

REMEDIAL ACTION (14)

Condition No. 3

Accepted. Due to the absence of a Yucca Mountain Repository System Requirements Document (SR), the ESF SDRD was developed to include both high-level (SR) and lower-level (SDRD) subsystem requirements. This was done with the prior consent of OCRWM; however, as stated above, it was done without first revising the document hierarchy prescribed in OGR/B-7. To correct this condition, the SR and other subtier requirements documents need to be issued.

ROOT CAUSE (15)

Condition No. 3

The fact that a formal, structured QA program that fully met NQA-1 and Subpart G of 10 CFR Part 60 was not in place during the development of the YMPO SDRD covered by CAR 89-001 resulted in the failure to identify the need to have the SR in place.

MEASURES TO PREVENT RECURRENCE (16)

Condition No. 3

The SR and other subtier requirements will be in place in FY'89. Formal readiness reviews performed in accordance with QAAP 2.6, effective March 27, 1989, should preclude oversights such as described above.

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CAR NO. 89-001

REVISION NO. 0

DATE 4/4/89

PLANNED COMPLETION (17)

All conditions

QAAP 3.1 issued effective March 27, 1989, and QAAP 3.5 is scheduled to be issued on June 28, 1989. Classroom instruction on QAAP 2.6 is scheduled for completion on March 28, 1989, and classroom instruction is scheduled for completion on QAAP 3.5 on June 30, 1989. The Waste Management Systems Requirements Document is scheduled for completion by fall 1989 with subsequent system element design requirements and specifications following thereafter.

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SHEET 1 OF 3
WBS NO 1.0.0 (1)
DR NO 89-002 (2)
REVISION NO 0 (3)

DEFICIENCY REPORT

AUDIT/SURVEILLANCE (4) OCRWM-HQ-SR-89-002	RESPONSIBLE ORGANIZATION (5) OCRWM-HQ	REFERENCE DOCUMENTS (6) NOA-1 (1986) and OGR/B-7
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REQUIREMENTS (7) Rev. 1

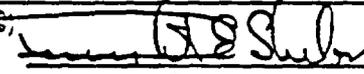
See page 2

DESCRIPTION OF CONDITION (8)

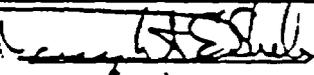
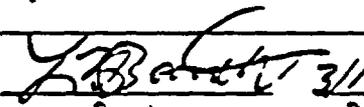
See page 2

RECOMMENDED ACTIONS TO CORRECT CONDITION (9)

See page 2 and 3

ORIGINATOR (16)  Signature	Date <u>3/15/89</u>	BRANCH/DIVISION/OFFICE (11) OCRWM-HQ Office of Quality Assurance
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YES NO <input checked="" type="checkbox"/> <input type="checkbox"/> SIGNIFICANT (12) <input type="checkbox"/> <input checked="" type="checkbox"/> REPETITIVE (13)	CAR NO. (14) OCRWM-HQ-CAR-89-001
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(15) RESPONSE DUE <u>4/15/89</u>	(16) OQA  Signature	Date <u>3/15/89</u>	(17) DIRECTOR, OQA  Signature	Date <u>3/11/89</u>
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REMEDIAL ACTIONS (18)
See REMEDIAL ACTION (18) to CAR No. 89-001, Condition 1, Sheet 7 of 10

EXTENT (19)
See ROOT CAUSE (19) to CAR No. 89-001, Condition 1, Sheet 7 of 10

PLANNED COMPLETION (20) See CAR 89-001, Condition 1, Sheets 7&10 of 10	RESPONSIBLE MANAGER (21) Signature _____ Date _____	PROJECT MANAGER/ASSOCIATE DIR (22)  Signature _____ Date <u>4/4/89</u>
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RESPONSE (23) <input type="checkbox"/> ACCEPT <input checked="" type="checkbox"/> REJECT	OQA SIGNATURE (24) Signature _____ Date _____	DIRECTOR, OQA (25) Signature _____ Date _____
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COMPLETION DATE (26)	RESPONSIBLE MANAGER (27) Signature _____ Date _____	PROJECT MANAGER/ASSOCIATE DIR (28) Signature _____ Date _____
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OQA VERIFICATION (29) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	OQA (30) Signature _____ Date _____	DIRECTOR, OQA (31) Signature _____ Date _____
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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

SHEET 1 OF 2
 WBS NO 1.0.0 (1)
 DR NO 89-003 (2)
 REVISION NO 0 (3)

DEFICIENCY REPORT

AUDIT/SURVEILLANCE (4) OCRWM-HQ-SR-89-002		RESPONSIBLE ORGANIZATION (5) OCRWM-HQ		REFERENCE DOCUMENTS (6) NQA-1 (1986)	
REQUIREMENTS (7) See page 2					
DESCRIPTION OF CONDITION (8) See page 2					
RECOMMENDED ACTIONS TO CORRECT CONDITION (9) See page 2					
ORIGINATOR (10) <i>[Signature]</i> Signature			Date <u>3/15/89</u>		BRANCH/DIVISION/OFFICE (11) OCRWM-HQ Office of Quality Assurance CAR NO. (14) N/A
YES NO [] [X] SIGNIFICANT (12) [] [X] REPETITIVE (13)					
(15) RESPONSE DUE <u>4/15/89</u>	(16) OOA <i>[Signature]</i> Signature	Date <u>3/15/89</u>	(17) DIRECTOR, OOA <i>[Signature]</i> Signature	Date <u>3/16/89</u>	
REMEDIAL ACTIONS (18) See page 3 of 3					
EXTENT (19) See page 3 of 3					
PLANNED COMPLETION (20) See page 3 of 3		RESPONSIBLE MANAGER (21) Signature _____ Date _____		PROJECT MANAGER/ASSOCIATE DIR. (22) <i>[Signature]</i> Signature _____ Date <u>4/4/89</u>	
RESPONSE [] ACCEPT (23) [] REJECT		OOA SIGNATURE (24) Signature _____ Date _____		DIRECTOR, OOA (25) Signature _____ Date _____	
COMPLETION DATE (26)		RESPONSIBLE MANAGER (27) Signature _____ Date _____		PROJECT MANAGER/ASSOCIATE DIR. (28) Signature _____ Date _____	
OOA VERIFICATION (29) [] SATISFACTORY [] UNSATISFACTORY		OOA (30) Signature _____ Date _____		DIRECTOR, OOA (31) Signature _____ Date _____	

OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
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SHEET 3 OF 3
WBS NO 1.0.0

DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-003

REVISION NO. 0

DATE 4/4/89

REMEDIAL ACTIONS (18)

Agree. QAAP 17.1, "QA Records Management," is being developed to provide necessary controls over the collection, retention and maintenance of QA records.

EXTENT (19)

A survey needs to be conducted by RW-10 pursuant to their responsibilities under RW-0194, Records Management Policies and Requirements to determine whether there are any records that have not been entered into the OCRWM records management system. A plan then needs to be developed to identify and capture any missing records. This plan will then become part of the overall plan for implementing QAAP 17.1 and will be included in classroom instruction on QAAP 17.1.

PLANNED COMPLETION (20)

QAAP 17.1 "QA Records Management," is scheduled for issuance by June 28, 1989. By this date a survey will be completed to identify the extent of the problem, if any, and a plan developed to identify and capture missing records, if any.

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SHEET 1 OF 2
 WBS NO 1.0.0 (1)
 DR NO 89-004 (2)
 REVISION NO 0 (3)

DEFICIENCY REPORT

AUDIT/SURVEILLANCE (4) OCRWM-HQ-SR-89-002		RESPONSIBLE ORGANIZATION (5) OCRWM-HQ		REFERENCE DOCUMENTS (6) NOA-1 (1986)	
REQUIREMENTS (7) See page 2					
DESCRIPTION OF CONDITION (8) See page 2					
RECOMMENDED ACTIONS TO CORRECT CONDITION (9) See page 2					
ORIGINATOR (10) <u>[Signature]</u> Signature			Date <u>3/15/85</u> Date		BRANCH/DIVISION/OFFICE (11) OCRWM-HQ Office of Quality Assurance
YES NO [] [X] SIGNIFICANT (12) [] [X] REPETITIVE (13)			CAR NO. (14) N/A		
(15) RESPONSE DUE <u>4/15/85</u>		(16) OOA <u>[Signature]</u> Signature		(17) DIRECTOR, OOA <u>[Signature]</u> Signature	
		Date <u>3/15/85</u> Date		Date <u>3/16/89</u> Date	
REMEDIAL ACTIONS (18) See page 3 of 3					
EXTENT (19) See page 3 of 3					
PLANNED COMPLETION (20) See page 3 of 3		RESPONSIBLE MANAGER (21) Signature _____ Date _____		PROJECT MANAGER/ASSOCIATE DIR. (22) <u>[Signature]</u> Signature _____ Date <u>4/4/89</u> Date	
RESPONSE (23) [] ACCEPT *[] REJECT		OOA SIGNATURE (24) Signature _____ Date _____		DIRECTOR, OOA (25) Signature _____ Date _____	
COMPLETION DATE (26)		RESPONSIBLE MANAGER (27) Signature _____ Date _____		PROJECT MANAGER/ASSOCIATE DIR. (28) Signature _____ Date _____	
OOA VERIFICATION (29) [] SATISFACTORY * [] UNSATISFACTORY		OOA (30) Signature _____ Date _____		DIRECTOR, OOA (31) Signature _____ Date _____	

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SHEET 3 OF 3
WBS NO 1.0.0

DEFICIENCY REPORT (continuation sheet)

DR. NO. 89-004

REVISION NO. 0

DATE 4/4/89

REMEDIAL ACTIONS (18)

Agree. OSIR and OFSD will assist the OCRWM training officer in the design and conduct of appropriate indoctrination and training related to the PE-CCP, OGR /B-7 and QAAP 6.1 for applicable OCRWM personnel.

EXTENT (19)

The failure to provide indoctrination and training to applicable personnel probably applies with respect to most personnel in OFSD, OSIR, and its supporting contractor. QAAP 2.1, "Indoctrination Training," has been issued and has an effective date of March 27, 1989. It requires that supervisors establish required reading and classroom instruction, for each of their employees, on a Training Matrix. This exercise should correct the problem.

PLANNED COMPLETION (20)

Classroom instruction on OGR/B-7 is scheduled for completion by July 28, 1989. Classroom instruction on QAAP 6.1 will also be completed by July 28, 1989. Work on Training Matrices will be completed by May 26, 1989.