



## Department of Energy

Nevada Operations Office

P. O. Box 98518

Las Vegas, NV 89193-8518

WBS #1.2.9.3

QA

OCT 03 1989

Thomas O. Hunter  
Technical Project Officer for Yucca Mountain Project  
Sandia National Laboratories  
P.O. Box 5800  
Organization 6310  
Albuquerque, NM 87185

ISSUANCE OF STANDARD DEFICIENCY REPORTS (SDRs) 430 THROUGH 441, 444, AND 445, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) QUALITY ASSURANCE (QA) AUDIT 89-03 OF SANDIA NATIONAL LABORATORIES (SNL) (NN1-1989-0112)

Enclosed are SDRs 430 through 441, 444, and 445, generated as a result of Project Office QA Audit 89-03 of SNL.

Please identify the corrective actions to be taken and implemented to correct the deficiencies by completing blocks 14 through 18, as appropriate, on each SDR.

Responses to the SDRs are due within 20 working days of the date of this letter. Any extension to these due dates must be requested in writing with appropriate justification prior to the due date. Please send the original of your responses to Juanita J. Brogan, Science Applications International Corporation, 101 Convention Center Drive, Las Vegas, Nevada 89109, and a copy to Ralph W. Gray, U.S. Department of Energy, P.O. Box 98518, Las Vegas, Nevada 89193.

Your cooperation and timely response is appreciated. If you have any questions, please contact James Blaylock of my staff at (702) 794-7913 or FTS 544-7913, or Stephen R. Dana of Science Applications International Corporation at (702) 794-7176 or FTS 544-7176.

  
Edwin L. Wilmot, Acting Director  
Quality Assurance Division  
Yucca Mountain Project Office

YMP:JB-6068

Enclosure:  
SDR 430 thru 441, 444,  
and 445, Revision 0

8910130186 891003  
PDR WASTE  
WM-11 PDC

FULL TEXT ASCII SCAN  
ADD: JEKennedy

NM-11  
102.7  
NH03

**YMPO STANDARD DEFICIENCY REPORT**

N-QA-038  
4/89

Completed by Originating QA Organization	1 Date 9/13/89		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 2
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By J. FRIEND		4 SDR No. 430 Rev. 0
	5 Organization SNL		6 Person(s) Contacted D. BROCKMAN		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 4-4) SNL-NWRT-QAPP Rev. E, Sect. 4, para. 4.2, states in part, "SNL will forward to the T&MSS Project QA Department (QA Verification Division Manager) a copy of procurement documents, and changes thereto, as issued, when				
Completed by Organization in Block 5	9 Deficiency SNL has not forwarded any copies of 1989 purchase order documents, Example: Geomatrix - P.O. 75-4350, JFT AGAPITO - P.O. 420096				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1. Transmit P.O.'s and changes to the Project Office when issued and any P.O.s and changes not previously transmitted.				
	11 QAE/Lead Auditor/Date <i>S. Deen 9/22/89</i>	12 Division Manager/Date <i>R. [unclear] 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blayford for 9/22/89</i>	
Completed by Orig. QA Org.	14 Remedial/Investigative Action(s)				
	15 Effective Date _____				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence				
17 Effective Date _____					
18 Signature/Date					
19 Response Accepted		QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
20 Corrective Action Verif. Satisfactory		QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
21 Remarks					
22 QA CLOSURE		QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date	

**ENCLOSURE**

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8 Requirement ( continued )

purchases involve QA Level I items or services."

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	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By J.C. FRIEND		4 SDR No. 431 Rev. 0
	5 Organization SNL		6 Person(s) Contacted R. SANDOVAL, M. TANG		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 2-10) SNL-NWRT-QAPP Rev. E, Sect. 2.0 para. 2.9.2 states, "Minimum education and experience shall be established and documented in position descriptions for each position involved in the performance of activities that				
<b>Completed by Organization in Block 5</b>	9 Deficiency SNL Procedure DOP 2-6, Rev. C, does not adequately establish minimum education requirements and does not establish minimum experience. Thus, a determination cannot be made on whether SNL Certification of Personnel Qualifications are				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1) Revise the procedure to include minimum requirements. 2) Evaluate Qualifications to new requirements.				
	11 QAE/Lead Auditor/Date <i>S. Hsu 9/22/89</i>		12 Division Manager/Date <i>H. K. H. 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blaylock 9/22/89</i>
<b>Completed by Org. QA Org.</b>	14 Remedial/Investigative Action(s)				
	15 Effective Date _____				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence				
17 Effective Date _____					
18 Signature/Date					
19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date		
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date		
21 Remarks					
22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date		

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8 Requirement ( continued )  
affect quality."

9 Deficiency ( continued )  
correct.

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Completed by Originating QA Organization	1 Date 9/13/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By S. HANS		4 SDR No. 432 Rev. 0
	5 Organization SNL		6 Person(s) Contacted R. BAEHR		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 10-1) SNL QAP-10-1 Rev. B para. 3.1.1 states in part, "The QA Coordinator will establish a schedule of surveillances of project activities based on the schedule of performance of those activities..."				
Completed by Organization In Block 5	9 Deficiency Contrary to the above, the QA Coordinator's current basis for scheduling Audits and Surveillances is : (1) procedure requirements, i.e., QAP, DOP, etc., (2) requests from PI, TPO, TL, or QA Coordinators, and (3) followup				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Develop appropriate basis for scheduling surveillance. 2. Perform training as required.				
	11 QAE/Lead Auditor/Date <i>S. Dana 9/22/89</i>		12 Division Manager/Date <i>R. Baeher 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blaylock 9/22/89</i>
Completed by Orig. QA Org.	14 Remedial/Investigative Action(s)				
	15 Effective Date _____				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence				
17 Effective Date _____					
18 Signature/Date					
19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date		
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date		
21 Remarks					
22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date		

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9 Deficiency ( continued )

audits. Additionally the QA Coordinator does not have access to schedules of project activities in order to surveill activities in a timely manner.

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Completed by Originating QA Organization	1 Date 9/13/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By S. HANS		4 SDR No. 433 Rev. 0	
	5 Organization SNL		6 Person(s) Contacted R. RICHARDS		7 Response Due Date is 20 Working Days from Date of Transmittal	
	8 Requirement (Audit Checklist Reference, if Applicable) (CL#15-10) A. QAP 16-2, Rev. A, para. 5.1.4 states in part, "Review the DR to ensure that the condition does not warrant a CAR..."					
	9 Deficiency 15 of 39 DRs reviewed by the auditor disclosed that the determination as to whether the DR should be elevated to a CAR was made prior to obtaining enough information to make a proper decision. Therefore, it is probable that some of					
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Review identified DRs to determine significance. 2. Determine if evaluation for significance is performed at appropriate step					
	Completed by Organization in Block 5	11 QAE/Lead Auditor/Date <i>S. HANS 9/22/89</i>		12 Division Manager/Date <i>Robert Keegan 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blaylock 9/22/89</i>
		14 Remedial/Investigative Action(s)				15 Effective Date _____
		16 Cause of the Condition & Corrective Action to Prevent Recurrence				17 Effective Date _____
		18 Signature/Date				
Comp. by Orig. QA Org.	19 Response Accepted		QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
	20 Corrective Action Verf. 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	

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8 Requirement ( continued )

B. QAP 16-2, Rev. A, para. 5.3.2 states in part, "QA Coordinators periodically review completed DRs and their disposition to assure proper implementation of this QAP."

9 Deficiency ( continued )

the 15 DRs were not elevated to CARs because of the improper review. The 15 DRs are noted below:

DR 89-01,02,03,04,06,11,12,13,15,24,29,33,34,35,38.

10 Recommended Actions ( continued )

in DR process.

3. Make changes to procedures as necessary.
4. Perform training as required.

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Completed by Originating QA Organization	1 Date 9/13/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By J. FRIEND		4 SDR No. 434 Rev. 0
	5 Organization SNL		6 Person(s) Contacted T. BLEJWAS, JAMES VOIGT		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 5-2) SNL-NWRT-QAPP, Rev. E, Sect. 5.0, para. 5.1 states in part, "Each instruction or procedure shall identify QA records which are generated during implementation of the procedure."				
Completed by Organization in Block 5	9 Deficiency A partial review of SNL Procedures disclosed that several procedures did not contain adequate QA Record sections. The following are examples: o DOP 5-1, Rev. C - did not identify ICNs as a record.				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Review procedures and revise records sections as necessary. 2. Check to assure any documents not previously identified as records are				
	11 QAE/Lead Auditor/Date <i>S. Jones 9/22/89</i>		12 Division Manager/Date <i>Robert L. ... 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blaylock 9/22/89</i>
	14 Remedial/Investigative Action(s)  15 Effective Date _____				
Comp. by Org. QA Org.	16 Cause of the Condition & Corrective Action to Prevent Recurrence  17 Effective Date _____				
	18 Signature/Date				
	19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date		
21 Remarks					
22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date		

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9 Deficiency ( continued )

- o DOP 11-1, Rev. E - did not identify EPs, ETPs and revisions as a record.
- o DOP 5-2, Rev. F - did not identify revisions to TPs as a record.
- o DOP 2-2, Rev. D - did not identify SP revisions as a record.
- o DOP 2-3, Rev. O - did not identify revision documentation as a record.
- o DOP 3-7, Rev. B - did not identify a computer disc as QA records.

10 Recommended Actions ( continued )

available.

3. Check to assure that future procedures contain QAPP requirements.

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	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By M. DIAZ		4 SDR No. 435 Rev. 0
	5 Organization SNL		6 Person(s) Contacted A. STEVENS/J. PHILLIPS		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL#12-3) SNL DOP 12-1, Rev.C, para. 4.3.2 states in part, " Calibration certifications shall contain as a minimum: o Identification of the calibration procedure, including revision used.				
<b>Completed by Organization in Block 5</b>	9 Deficiency Contrary to the above requirements, calibration certifications of equipment or devices used on work performed by SNL 7111 Division do not contain the cited requirements in Block 8. Additionally, these records are QA records as stated				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Perform the required review of those calibration certifications in Block 8 to ensure that they contain appropriate procedure requirements.				
	11 QAE/Lead Auditor/Date <i>S. Davis 9/22/89</i>		12 Division Manager/Date <i>K. Kelly 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blunfort 9/22/89</i>
<b>Comp. by Orig. QA Org.</b>	14 Remedial/Investigative Action(s)				15 Effective Date _____
	16 Cause of the Condition & Corrective Action to Prevent Recurrence				17 Effective Date _____
	18 Signature/Date				
19 Response Accepted		QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
20 Corrective Action Verf. 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	

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8 Requirement ( continued )

- o Calibration data - standards value versus device readings.
- o A quantitative statement of the accuracy of the device.
- o The printed name and signature of the person who performed the calibration."

Para. 6.0 states in part, "Calibration records resulting from this procedure include the calibration certifications. These records are QA records and will be filed in the SNL NWRT Records Management System under the appropriate file codes."

9 Deficiency ( continued )

by SNL personnel. However, they have been neither filed in the SNL NWRT Records Management System nor authenticated as required (Ref. DOP 17-1, Rev. C)

10 Recommended Actions ( continued )

2. Investigate to determine if an adverse impact on quality activities occurred as a result of a QA requirement being omitted from the calibration certifications.
3. After authentication of the records is performed, file those as QA records in the RMS.
4. Reinstruct applicable personnel of 6311, 7110, and 7111 Divisions to the requirements in Block 8.

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Completed by Originating QA Organization	1 Date 9/14/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By M. DIAZ		4 SDR No. 436 Rev. 0
	5 Organization SNL		6 Person(s) Contacted R. RICHARDS		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 6-14) SNL-NWRT-QAPP, Rev. E, Sect. 2, para. 2.1.2 states in part, "The Quality Assurance Program of the SNL organization consists of the QAPP plus				
Completed by Organization in Block 5	9 Deficiency Contrary to the above requirements, SNL could not provide objective evidence to demonstrate that Technical Procedures (TPs) have been reviewed and approved by QA to assure that they implement the requirements stated in the QAPP, Rev.				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Perform a documented review of the procedures to ensure that the procedures contain requirements cited in Blocks 8 and 9 above.				
	11 QAE/Lead Auditor/Date <i>S. Jones 9/22/89</i>	12 Division Manager/Date <i>R. Richards 9-22-89</i>	13 Project Quality Mgr./Date <i>James Blayford 9/22/89</i>		
14 Remedial/Investigative Action(s)					15 Effective Date _____
16 Cause of the Condition & Corrective Action to Prevent Recurrence					17 Effective Date _____
18 Signature/Date					
Comp. by Orig. 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		

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8 Requirement ( continued )

appropriate implementing procedures required to provide and implement control over activities affecting quality. These procedures will be developed by qualified personnel and be reviewed and approved by the QA organization prior to implementation to assure that they implement the requirements stated in this QAPP."

Section 5, para. 5.1 states in part, "Activities affecting quality on the Yucca Mountain Project will be performed utilizing clear, complete, approved written procedures. Each procedure shall identify, QA records which are generated during implementation of the procedure."

9 Deficiency ( continued )

E and in the Technical Procedure Requirements DOP 5-2, Rev. F. Examples are: format, definitions (consistent with those found in Appendix A of the QAPP), review and approval requirements, content, how to report nonconformances, deviations, and corrective actions, identification of the QA records that are generated during implementation of the TP.

10 Recommended Actions ( continued )

2. Develop a plan to investigate what impact the lack of a QA review has had on the technical procedures. The plan should be provided with response to the SDR.
3. Reinstruct applicable personnel of Department 6310 and associated divisions to the requirements in Block 8.

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Completed by Originating QA Organization

1 Date 9/14/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
3 Discovered During AUDIT 89-3 (SNL)		3a Identified By A. ARCEO		4 SDR No. 437 Rev. 0	
5 Organization SNL		6 Person(s) Contacted F. NIMICK		7 Response Due Date is 20 Working Days from Date of Transmittal	
8 Requirement (Audit Checklist Reference, if Applicable) (CL# 8-4) NNWSI QAP 88-9, Rev. 2, Sect. 8, para. B states in part, "Procedures shall be developed and implemented to assure that samples are identified and controlled in a manner consistent with their intended use."					
9 Deficiency Implementing procedure DOP 8-2, Rev. B, para. 5.3 required a semiannual check of the samples in the Samples Library by the Samples Library Manager or his assistant. Procedure also required inventory of samples during the semiannual					
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Perform the inventory of the Samples Library and generate an inventory list of all samples.					

Aprv.

11 QAE/Lead Auditor/Date <i>S. Dan 9/22/89</i>	12 Division Manager/Date <i>Nickel 9-22-89</i>	13 Project Quality Mgr./Date <i>James Blayford 9/21/89</i>
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Completed by Organization in Block 5

14 Remedial/Investigative Action(s)		15 Effective Date _____
16 Cause of the Condition & Corrective Action to Prevent Recurrence		17 Effective Date _____
18 Signature/Date		

Comp. by Orig. 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
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9 Deficiency ( continued )

check. The semiannual check of the Samples Library by the Samples Library Manager was not conducted nor was an inventory list of samples generated. There were surveillances of the Samples Library performed; however, these surveillances did not identify all the samples as required by procedure.

10 Recommended Actions ( continued )

2. Conduct the semiannual check as required by procedure or review the implementing procedure against program requirements and revise the procedure, if appropriate, to meet requirement.

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Completed by Originating QA Organization

1 Date 9/15/89	2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	Page 1 of 2
3 Discovered During AUDIT 89-3 (SNL)	3a Identified By S. L. CRAWFORD	4 SDR No. 438 Rev. 0
5 Organization SNL	6 Person(s) Contacted L. YARRINGTON	7 Response Due Date is 20 Working Days from Date of Transmittal
8 Requirement (Audit Checklist Reference, if Applicable) (CL# 3-2) DOP 3-7, Rev. B, para. 4.1.5 provides for Interactive Graphics Information System (IGIS) Logs, including Job Log (JOBxxxx), Reference Log (REFxxxx), and Product Log (CALxxxx). The Product Log and Reference Logs are		
9 Deficiency The cross references in the Reference and Product Logs are not accurate. Examples include: REF0031 - JOB0112 (actual JOB not known)		
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Review JOBxxxx files and confirm or correct application to REFxxxx and CALxxxx runs.		

Completed by Organization in Block 5

11 QAE/Lead Auditor/Date <i>S. Jones 9/22/89</i>	12 Division Manager/Date <i>Walt Hodge 9-22-89</i>	13 Project Quality Mgr./Date <i>James Blaylock 9/22/89</i>
14 Remedial/Investigative Action(s)		15 Effective Date _____
16 Cause of the Condition & Corrective Action to Prevent Recurrence		17 Effective Date _____
18 Signature/Date		

Comp. by Orig. 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

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8 Requirement ( continued )

required to include the work request (Job) number.

9 Deficiency ( continued )

REF0032 - JOB0112 (actual JOB not known)

REF0006 - JOB0097 (JOB actually cancelled)

Many other cross references are questionable based on descriptive titles. The discrepancies are principally in the 1985 - 1987 time frame, but current work (CALxxxx) is accessing REFxxxx files in that time interval. As a result, some Quality Level I products cannot be fully traced to the original source data.

10 Recommended Actions ( continued )

2. Reconstruct remaining REF and CAL cross references by review of IGIS files and date consistency check.

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Completed by Originating QA Organization	1 Date 9/15/89		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 1
	3 Discovered During AUDIT 89-3 (SNL)		3a Identified By S. CRAWFORD		4 SDR No. 439 Rev. 0
	5 Organization SNL		6 Person(s) Contacted R. WAVRIK		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (CL# 3-4) DOP 3-4, Rev. G (1/31/89) (and subsequent revisions), para. 4.2, requires QA Level I and II Design Investigation Memos (DIM) to be approved by NWRT QA. Para. 5.1 requires approval of changes the same as the original.				
	9 Deficiency DIM 205, Rev. B, 3/15/89, Waste Emplacement Orientation Review (QL II) was not approved by the QA Coordinator. No additional examples of the discrepancy were noted in the review of eleven (11) additional DIMs.				
Completed by Organization in Block 5	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1. Perform and document QA review of DIM 205, Rev B.				
	11 QAE/Lead Auditor/Date <i>S. Jones 9/22/89</i>	12 Division Manager/Date <i>Robert Jones 9-22-89</i>	13 Project Quality Mgr./Date <i>James Blanford 9/22/89</i>		
	14 Remedial/Investigative Action(s)				15 Effective Date _____
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	18 Signature/Date				
Comp. by Orig. 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	

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1 Date 9/15/89		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 2	
3 Discovered During AUDIT 89-3 (SNL)		3a Identified By A. ARCEO		4 SDR No. 440 Rev. 0	
5 Organization SNL		6 Person(s) Contacted S. SHARPTON		7 Response Due Date is 20 Working Days from Date of Transmittal	
8 Requirement (Audit Checklist Reference, if Applicable) (CL#17-16) AP 1.7Q, Rev. 2, para. 5.5.4.1 states in part, "Completed individual records shall be forwarded to the LRC no later than 10 working days after the date of completion or receipt."					
9 Deficiency A) The following records were not transmitted to the Local Records Center (LRC) within the 10 working days.					
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1. Train all record source personnel to submit records to the LRC within the required 10 working days.					

Completed by Organization in Block 5

11 QAE/Lead Auditor/Date <i>Jan 9/22/89</i>		12 Division Manager/Date <i>Robert H. ... 9-22-89</i>		13 Project Quality Mgr./Date <i>James Blaylock 9/22/89</i>	
14 Remedial/Investigative Action(s)				15 Effective Date _____	
16 Cause of the Condition & Corrective Action to Prevent Recurrence				17 Effective Date _____	
18 Signature/Date					

Comp. by Orig. QA Org.

19 Response Accepted	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date
20 Corrective Action Verf. 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

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8 Requirement ( continued )

AP 1.7Q, Rev. 2, para. 5.7.3.7 states in part, "The LRC shall perform the following activities...Package the records and transmittal forms and transmit them to the CRF within 10 working days of receipt."

9 Deficiency ( continued )

RECORD FILE CODE	NAME & DATE OF AUTHENTICATION	DATE SUBMITTED
22/000/57-0878/1.2	8/14/89 F. Schelling	9/13/89
41/12131/1.1	8/7/89 M.K. Jespersion	9/6/89
80/12525	8/4/89 B. Kleet	9/6/89
71/12461/71-034	8/1/89 S. Bauer	8/24/89
60/12433/DIM-130/1.3/02	7/7/89 R. Stinebaugh	8/8/89

B) The following records were not transmitted to the Central Records Facility (CRF) within 10 working days.

RECORD FILE CODE	RMS#	LRC RECEIPT DATE	TRANSMITTAL DATE TO CRF
71/12461/71-034	13399	8/24/89	9/12/89
90/1293/PRG/Q1	13044	8/15/89	9/11/89
60/12433/DIM-130/1.3	12829	8/8/89	9/1/89

It should be noted that most of the records identified above should have been processed during the period when the LRC was undergoing remodeling.

10 Recommended Actions ( continued )

2. Train all LRC personnel to transmit records to CRF within required time.
3. Request from the Project Office a change to AP 1.7Q to allow for extension of the 10 working day limitation when extenuating circumstances occur which prevent the submittal of records within 10 working days.

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1 Date 9/15/89	2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 2
3 Discovered During AUDIT 89-3 (SNL)	3a Identified By J. FRIEND		4 SDR No. 441 Rev. 0
5 Organization SNL	6 Person(s) Contacted R. RICHARDS, D. BROCKMAN		7 Response Due Date is 20 Working Days from Date of Transmittal
8 Requirement (Audit Checklist Reference, if Applicable) (CL# 4-1) DOP 4-1, Rev. C, Sect. 4.2.3 & 4.2.1 state in part, "The QA Coordinator reviews PR/CR to assure that topics in para. 4.2.1 are addressed, as applicable - 4.2.1 includes:			
9 Deficiency A review of SNL QA Level I procurement documents disclosed that the Right of Access clause has not been a part of the documentation. SNL uses a Standard Lab Terms and Conditions Attachment for all PR/CRs which addresses audits of			
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1. Assure future procurement documents meet the DOP and QAPP requirements.			

Aprvl.

11 QAE/Lead Auditor/Date <i>S. Dana 9/22/89</i>	12 Division Manager/Date <i>Robert G. 9-22-89</i>	13 Project Quality Mgr./Date <i>Jane Blanford 9/22/89</i>
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Completed by Organization in Block 5

14 Remedial/Investigative Action(s)	15 Effective Date _____
16 Cause of the Condition & Corrective Action to Prevent Recurrence	17 Effective Date _____
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

22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date
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8 Requirement ( continued )

RIGHT OF ACCESS - Specify that SNL and the Department of Energy (DOE) representative shall have the right to access contractor facilities and quality records for verification or audit purposes at each tier of procurement.

NONCONFORMANCES - Specify the supplier's responsibilities for recording and reporting nonconformances and SNL's authority for approving disposition of nonconformances.

9 Deficiency ( continued )

financial records. This does not meet the requirement as addressed. Additionally, none of the PR/CRs reviewed contain a nonconformance requirements section. However, supplier audits have been performed and there is no apparent effect on quality involving the POs.

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1 Date 9/22/89	2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Page 1 of 2
3 Discovered During AUDIT 89-3 (SNL)	3a Identified By A. ARCEO	4 SDR No. 444 Rev. 0
5 Organization SNL	6 Person(s) Contacted T. O. HUNTER, E. WILMOT	7 Response Due Date is 20 Working Days from Date of Transmittal
8 Requirement (Audit Checklist Reference, If Applicable) (CL# 1-1 & 1-3) NNWSI 88-9, Rev. 2, para. 1.0 states in part, "The organizational structure, lines of communication, authority and duties of persons and organizations"		
9 Deficiency It was verified during the audit that the QA functions are performed by the QA Coordinator, and other QA personnel; however, the QA personnel are not managed by the QA Coordinator, since they report directly to the Technical Project		
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective Provide a Quality Organizational Chart delineating the reporting relationship of all QA personnel and revise procedures and QA program documents if		

Completed by Organization in Block 5

11 QAE/Lead Auditor/Date <i>S. Dan 9/22/89</i>	12 Division Manager/Date <i>W. Caldwell 9-22-89</i>	13 Project Quality Mgr./Date <i>James Bluffel 9/24/89</i>
14 Remedial/Investigative Action(s)		15 Effective Date _____
16 Cause of the Condition & Corrective Action to Prevent Recurrence		17 Effective Date _____
18 Signature/Date		

Comp. by Orig. 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

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8 Requirement ( continued )

performing activities affecting quality shall be clearly established and delineated in writing."

Paragraph 2.1 of the same revision states in part, "The person responsible for directing and managing the overall NNWSI Project Participant QA program shall be identified and have appropriate organizational position, responsibilities, and authority to exercise proper control over the QA program."

Note: As interpreted by the Project Quality Assurance office the QA program includes the individuals directly performing functions of verifying adequacy and effectiveness of the SNL QA program requirements.

9 Deficiency ( continuéd )

Officer. Furthermore, there was no QA Organizational Chart that delineates the reporting relationship between the QA Coordinator and QA personnel. It should be noted that during the audit there was no objective evidence found which would indicate that the above reporting relationship has had an adverse impact on the SNL QA program.

10 Recommended Actions ( continued )

necessary.

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1 Date 9/22/89	2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 2
3 Discovered During AUDIT 89-3 (SNL)	3a Identified By F.D. PETERS		4 SDR No. 445 Rev. 0
5 Organization SNL	6 Person(s) Contacted L. YARRINGTON	7 Response Due Date is 20 Working Days from Date of Transmittal	
8 Requirement (Audit Checklist Reference, if Applicable) SNL-NWRT-QAPP, Rev. E. Sect. 8.0, Identification and Control of Items, Samples, and Data:			
9 Deficiency 1. The activity which produced IGIS products CAL0342 and CAL0343 under WBS Element 1.2.1.3.2.S, were assigned a QA Level of I, but the sources of the data used to produce these products, and the QA Levels of the			
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1. Modify DOP 3-7 and document the sources of the data for IGIS products CAL0342 and CAL0343 plus the QA Levels associated with them.			
11 QAE/Lead Auditor/Date <i>S. Davis 9/22/89</i>	12 Division Manager/Date <i>Heidi Heeger 9-22-89</i>	13 Project Quality Mgr./Date <i>James Blayford 9/22/89</i>	
14 Remedial/Investigative Action(s)		15 Effective Date _____	
16 Cause of the Condition & Corrective Action to Prevent Recurrence		17 Effective Date _____	
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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

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8 Requirement ( continued )

"8.4.2: General - The identification of Yucca Mountain Project data shall include a reference to the origin of the data (test, experiment, report, publication, etc.) and an indication of the QA Level assigned to the activity which produced the data."

"8.4.2.1 Control measures shall be established and implemented to assure that Yucca Mountain Project data are properly identified. These measures shall include verification of the identification of such data prior to release for use for data resulting from QA Level I or II activities."

9 Deficiency ( continued )

activities which produced that data, were not identified, even though these products have been released for use.

2. The Reference Informance Base item 1.2.9, of Version 4 of the RIB (RIB Control Number DR-22) states that the item (which consists of IGIS products CALO249, CALO250, CALO251), were produced under WBS Element 1.2.4.2.1.1.S as a QA Level I activity. This is incorrect, because these IGIS products were produced from an activity at the IGIS under WBS Element 1.2.1.3.2.S, which was assigned a QA Level of III.

10 Recommended Actions ( continued )

2. Correct the RIB.

OCT 03 1989

cc w/encl:

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Dwight Shelor, HQ (RW-3) FORS  
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S. R. Dana, SAIC, Las Vegas, NV, 517/T-06  
K. W. Moore, SAIC, Las Vegas, NV, 517/T-28  
J. H. Nelson, SAIC, Las Vegas, NV, 517/T-04  
S. W. Zimmerman, NWPO, Carson City, NV  
J. E. Kennedy, NRC, Washington, DC 

cc w/o encl:

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