



Department of Energy

Nevada Operations Office
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WBS #1.2.9.3
"QA"

JUL 24 1989

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

CLOSURE OF STANDARD DEFICIENCY REPORT (SDR) 313, REVISION 0, RESULTING FROM
YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 89-1 OF FENIX & SCISSON
OF NEVADA

SDR 313, Revision 0, has been closed based on satisfactory verification of
completed corrective action. A copy of the SDR is enclosed for your files.

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



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

YMP:WBM-5025

Enclosure:
SDR 313, Revision 0

cc w/encl:
Ralph Stein, HQ (RW-30) FORS
Dwight Shelor, HQ (RW-3) FORS
R. J. Regenda, FSN, Las Vegas, NV
J. J. Brogan, SAIC, Las Vegas, NV, 517/T-12
L. G. Scherr, SAIC, Las Vegas, NV, 517/T-06
S. W. Zimmerman, NWPO, Carson City, NV
J. E. Kennedy, NRC, Washington, DC ←

cc w/o encl:
G. P. Fehr, SAIC, Las Vegas, NV, 517/T-12
R. J. Bahorich, W, Las Vegas, NV, 517/T-37
J. W. Gilray, NRC, Las Vegas, NV

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ORIGINAL
THIS IS A RED STAMP

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
12/88

Completed by Originating QA Organization	1 Date 4/13/89		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During Audit 89-1	3a Identified By J. E. Clark	3b Branch Chief Concurrence Date		4 SDR No. 313 Rev. 0
	5 Organization Fenix & Scisson		6 Persons(s) Contacted J. E. Ferguson, Y. Hendricks		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, If Applicable) Checklist Item 17-1, F&S Procedures PP-50-01, Rev. 3, states in part "Upon receipt, the F&S Records Center Coordinator performs the following receipt/control tasks: a. Identifies the document as a required record per the				
9 Deficiency Contrary to the above requirement, F&S is logging the receipt of transmittals rather than document type as required by procedure.					
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Initiate logging activities per procedure requirements. 2. Investigate to determine impact on retrievability.					

Aprvl.	11 QAE/Lead Auditor Date <i>J. Owen</i> 4/18/89	12 Branch Manager Date <i>AA Caldwell</i> 13 Apr 89	13 Project Quality Mgr. Date <i>Sam Blaylock</i> 4/18/89
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Completed by Organization in Block 5	14 Remedial/Investigative Actions(s) See Attached		15 Effective Date 5-10-89
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Completed by Organization in Block 5	16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attached		17 Effective Date 5-10-89
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Completed by Organization in Block 5	18 Signature/Date <i>T. L. Bullock</i> 5/16/89		
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Comp. by Orig. QA Org.	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response <input type="checkbox"/> Reject	QAE/Lead Auditor/Date <i>J. Owen</i> 5/26/89	Branch Manager/Date <i>Blaylock</i> 5/26/89
	20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject	QAE/Lead Auditor/Date	Branch Manager/Date
	21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	QAE/Lead Auditor/Date <i>J. Owen</i> 7/17/89	Branch Manager/Date <i>Blaylock</i> 7-17-89
	22 Remarks Reviewed records receipt logs to assure that they are in compliance with procedural requirements. Reviewed training records for revised PP-50-01 (with emphasis on logging-in process) for Ferguson, Brooks, Cox, Hendricks, Jordan and Rice		

Comp. by Orig. QA Org.	23 QA CLOSURE	QAE/Lead Auditor/Date <i>J. Owen</i> 7/17/89	Branch Manager/Date <i>Blaylock</i> 7-17-89	PQM/Date <i>Blaylock</i> 7/17/89
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YMPO STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
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SDR No. 313

Rev. 0

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6 Persons contacted (continued)

8 Requirement (continued)

document type list and logs in receipt..."

10 Recommended Actions (continued)

3. Train personnel in more stringent receipt control measures.

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

Item 14. Remedial/Investigative actions(s)

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

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

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

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