



## Department of Energy

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WBS #1.2.9.3  
QA

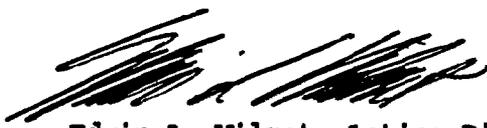
JUL 07 1989

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CLOSURE OF STANDARD DEFICIENCY REPORT (SDR) 219, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 88-08 OF LOS ALAMOS NATIONAL LABORATORY

SDR 219, 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 (702) 794-7945 or FTS 544-7945, or William H. Camp of Science Applications International Corporation at (702) 794-7166 or FTS 544-7166.



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

YMP:WBM-4762

Enclosure:  
SDR 219, Revision 0

cc w/encl:

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WMPO STANDARD DEFICIENCY REPORT

N-QA-038  
3/87

Completed by Originating QA Organization in Block 5

1 Date 10/4/88      2 Severity Level  1  2  3      Page 1 of 24

3 Discovered During Audit 88-08      3a Identified By M. Cotter      3b Branch Chief Concurrence Date      4 SDR No. 219      Rev. 0

5 Organization LANL      6 Person(s) Contacted G. Ortiz/P. Tillery      7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)  
1. LANL-NNWSI QAPP, Rev. 2, Section 17.0 states: "Records and documents are stored in dual facilities constructed and maintained in a manner that minimizes the risk of damage or destruction from natural disasters, such

9 Deficiency  
Contrary to the above requirements the following deficiencies were identified:  
1) A group of documents are not submitted to the Record Processing Center for

10 Recommended Action(s):  Remedial  Investigative  Corrective  
1. Identify method to control dual storage and access to files.

11 QAE/Lead Auditor Date *William H. Camp 11/4/88*      12 Branch Manager Date *R.A. Howell 4 Mar 88*      13 Project Quality Mgr. Date *James Blaylock 11/19/85*

14 Remedial/Investigative Action(s)      15 Effective Date 1/27/89  
*Refer to Page 3 of 4*

16 Cause of the Condition & Corrective Action to Prevent Recurrence      17 Effective Date 1/27/89  
*Refer to Page 4 of 4*

18 Signature/Date *[Signature] 12/21/88*

19 Response  Accept  Amended Response      QAE/Lead Auditor/Date *William H. Camp 2-9-89*      Branch Manager/Date *R.A. Howell 9 Feb 89*

20 Amended Response  Accept  Reject      QAE/Lead Auditor/Date *N/A*      Branch Manager/Date *N/A*

21 Verification  Satisfactory  Unsatisfactory *N/A*      QAE/Lead Auditor/Date *C. W. Estelle 6-26-89*      Branch Manager/Date *J. W. Estelle 6/26/89*

22 Remarks & THIS SDR <sup>6/27/89</sup> IS BEING CLOSED BASED ON THE ISSUANCE OF TWS-QAS-QP-17.1, REV. 0, REVIEW OF THIS PERFORMANCE BY THE SURVEILLANCE TASK FORCE AND ISSUANCE OF SDR 216 IDENTIFYING DEFICIENCIES IN QP-17.1, REV. C.

23 QA CLOSURE      QAE/Lead Auditor/Date *C. W. Estelle 6-26-89*      Branch Manager/Date *J. W. Estelle 6/26/89*      PQM/Date *James Blaylock 6/27/89*

WMPO STANDARD DEFICIENCY REPORT  
CONTINUATION SHEET

N-QA-038  
10/86

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8 Requirement ( continued )

as winds, floods, or fires; environmental conditions, such as high and low temperatures and humidity, infestation of insects or rodents or mold."

2. Para. 17.8.4 states: "The procedure for storage of records includes measures to preclude the entry of unauthorized personnel into the storage area. These measures guard against larceny and vandalism."
3. Para. 17.10 states: "A list is maintained that designates those personnel who have access to the QA record files."

9 Deficiency ( continued )

dual storage. Examples are QA training files are not submitted to the RPC, notebooks are not submitted to the RPC on a timely basis (not identified in procedure when copies of note books will be submitted).

- 2) The Records Processing Center (RPC) does not have a lock on file room door. Cabinets are left unlocked with keys in lock. The resident files for N-5 located near the RPC does not have a lock on the file room door and the keys are left in lock or cabinets are left unlocked. The holding file for records waiting processing are kept in an office that is not lockable and cabinet is not locked. The room is not always attended by an authorized person.
- 3) The access list viewed at the RPC, N-5, LATA, and HSEIZ identified persons that are not responsible for maintaining the record files directly. The access lists were not approved or dated. Access control at the RPC and N5 resident files were not enforced as the files were left unattended and unlocked.

10. Recommended Actions ( continued )

2. Identify method to maintain access list.
3. As identified on LANL CAR No. 043, LANL has no procedure in place for the control of records. This (these) procedure(s) should be expedited to avoid future records control problems.
4. Train personnel on procedures.

**14. Remedial Investigative Action(s)**

The Procedure for the LANL Group Resident File (TWS-QAS-QP-17.1, R0) and the Procedure for the Records Processing Center (RPC) (TWS-QAS-QP-17.2, R0) have been issued (effective date 12/22/88). These procedures stipulate the methods for records generation, storage, and submission to the RPC. Training to the procedures will be accomplished during January 1989.

These procedures address the specific noted deficiencies as described below.

- (1) QA training files and other QA records maintained by the QAS will be submitted to the RPC in a timely manner. The Document Control Procedure (TWS-QAS-QP-03, R7), Section 11.10, stipulates that scientific notebooks shall be submitted to the RPC when completed. QP-17.1, Section 6.2.11, stipulates that completed records be transmitted to the Resident File Custodian within 10 days of completion. The LANL response to Observation 1 of Audit 87-01 (attached) committed to sending copies of notebooks to the RPC on a quarterly basis. However, the Project Office (copy of letter attached) has rescinded that requirement, and in the future notebooks will be processed as stipulated in letter WBM-427, 11/17/88.
- (2) The resident file procedure (QP-17.1, Section 6.3.2) stipulates the need to lock files and restrict access to authorized Project personnel.
- (3) The access list, as stipulated in the resident file procedure (QP-17.1, Section 6.3.2), identifies personnel who are permitted access to the file. The access list will be signed and dated by the group leader. Access is limited to Project personnel. The LANL QAPP, R2, Section 17.20, does not require that the list be signed or dated.

**16. Cause of Condition and Corrective Action to Prevent Recurrence**

Cause: Inadequate procedural direction and lack of proper indoctrination and/or training.

**December 21, 1988**

**Corrective Action: Training will be conducted by 1/27/89, and subsequent internal audits and surveys will verify proper implementation of these procedures.**