

JE Kennedy



**Department of Energy**

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

WBS #1.2.9.3  
"QA"

AUG 09 1989

Leslie J. Jardine  
Technical Project Officer for Yucca Mountain Project  
Lawrence Livermore National Laboratory  
P.O. Box 5514  
L-217  
Livermore, CA 94551

CLOSURE OF STANDARD DEFICIENCY REPORT (SDR) 246, REVISION 0, RESULTING FROM  
YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 88-05 OF LAWRENCE  
LIVERMORE NATIONAL LABORATORY

SDR 246, 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 James Blaylock of my staff at  
(702) 794-7913 or FTS 544-7913, or John C. Friend of Science Applications  
International Corporation at (702) 794-7164 or FTS 544-7164.

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

YMP:JB-5265

Enclosure:  
SDR 246, Revision 0

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

cc w/o encl:  
D. W. Short, LLNL, Livermore, CA  
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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PDR WASTE PDC  
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FULL TEXT ASCII SCAN

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WMPO STANDARD DEFICIENCY REPORT

N-QA-038  
3/87

Completed by Originating QA Organization

1 Date November 7, 1988		2 Severity Level <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 8	
3 Discovered During Audit 88-05-01		3a Identified By M. Cotter	3b Branch Chief Concurrence Date		4 SDR No. 246 Rev. 0
5 Organization LLNL		6 Person(s) Contacted B. Manis/P. Walden		7 Response Due Date is 20 Working Days from Date of Transmittal	
8 Requirement (Audit Checklist Reference, if Applicable) (Checklist Items No. 17-3, 17-4, 17-5, 17-6, 17-9, 17-10, 17-12, 17-14, 17-15, 17-18, 17-19) NNWSI-QAP-NVO-196-17, Rev. 4, Para. 17.6 states in part, "Participating					
9 Deficiency Contrary to the above requirement, the Records Management System documented in the LLNL QAPP 033-NWMP-P 17.0, 17.1, 17.2, 17.3, 17.4, 17.5, 17.6, 17.7, 17.9, are not effective. The following examples indicate the specific problem:					
10 Recommended Action(s): <input type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1.) Investigate to determine the extent of Records Management System deficiencies.					

Completed by Organization in Block 5

11 QAE/Lead Auditor Date <i>[Signature]</i> 11/14/88		12 Branch Manager Date <i>[Signature]</i> NOV 14 1988		13 Project Quality Mgr. Date <i>[Signature]</i> 11/15/88	
14 Remedial/Investigative Action(s)  (See Attached)				15 Effective Date _____	
16 Cause of the Condition & Corrective Action to Prevent Recurrence  (See Attached)				17 Effective Date _____	
18 Signature/Date <i>[Signature]</i> 12/23/88 <i>[Signature]</i> 12/23/88					

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>[Signature]</i> 2-1-89		Branch Manager/Date <i>[Signature]</i> 1 Feb 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>[Signature]</i> 7/24/89		Branch Manager/Date <i>[Signature]</i> 7-24-89	
22 Remarks Verified during Surveillance YMP-SR-89-096 (5/15-17/89) and Audit 89-6 (6/5-7/89). See Attached Verification DATA					
23 QA CLOSURE		QAE/Lead Auditor/Date <i>[Signature]</i> 7/24/89		Branch Manager/Date <i>[Signature]</i> 7-24-89	
				PQM/Date <i>[Signature]</i> 7/27/89	

ENCLOSURE

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8 Requirement ( continued )

Organizations and NTS Support Contractors will define their individual Records Management System in their QAPPs. Records control requirements will include a method for record identification, content, verification for completeness, and necessary approval. A method for the interim storage of the records, during the period prior to the transfer to permanent storage, and a description of the equipment and facilities to be used will be included in the QAPP or an appropriate implementing procedure.

9 Deficiency ( continued )

1. Procedures used - 033-NNWSI-P 17.0,  
033-NWMP-P 17.1

Condition

Procedures do not adequately define a method to determine if records are legible, identifiable, accurate, complete, reproducible, and microfilmable. Records management staff state that there is no way for them to determine or review for requirements such as identity, accuracy or completeness. The system for insuring the legibility of documents is not defined by procedure and the staff is not completing the activity effectively, (see listed objective evidence). The Task Leaders do not ensure this nor do they have procedures that requires them to ensure this activity. Due to procedure and system inadequacy, there is also no order to records submitted to the Records Center. Several copies of each record may be submitted and processed within a package, (see LL 104395).

Records Reviewed

LL 105182  
LL 105142  
LL 105183  
LL 1004711  
LL 100472  
LL 103367  
LL 103371  
LL 104593  
LL 104395

2. Procedure Used - 033-NWMP-P 17.1

Condition

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9 Deficiency ( continued ) # 2

Procedure defines the use of a "Best Available Copy" form to be used for records identified as not legible or adequate for the production of a clean microfilm copy. However, the form is not being used for records identified as not legible or adequate. There is no documented evidence of LLNL attempting to get a more acceptable copy or of following their record rejection procedure. The log to track rejected records has no entries. See objective evidence of sampling for such copies. Holmes and Narver (H&N) (the microfilming contractor) stamped the records "Best Available Copy" during their processing of the record.

Records Reviewed

LL 10472  
LL 103367  
LL 103371  
LL 104593  
LL 105128  
LL 105142  
LL 105183  
LL 104673  
LL 104605

3. Procedures Used - 033-NNWSI-P 17.0,  
033-NWMP-P 17.3,

Condition

- A. Procedures identify that the originals of records are filed in T 1478, Room 164. Other procedures conflict with this statement and requires record originals to be filed in Room 172. However, during the audit it was discovered that there were no records in the records center which is in T-1478 Room 172 due to the fact that all records reviewed had been transmitted for microfilming on 10/18/88. Further investigation showed that procedure NNWSI-SOP-17-01, Para. 5.4.4, requires QA records to be collected as soon as possible after records completion, not to exceed 30 days. It is also evident that numerous completed records exist in task leaders files that have not been submitted to the records center, (see Objective Evidence).

Records Reviewed - A

PO B050359  
PO B049220  
SANL 610-008  
SANL 622-010

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9 Deficiency ( continued )

SANL 622-028  
SANL 516-004

3. Procedures Used - 033-NNWSI-P 17.0,  
033-NWMP-17.3,

Condition

- B. Procedure identifies that dual copies are stored in Bldg. 417 but recently the copies were moved to trailer 1453. The copies are not stored in 1 hour fire rated cabinets. Access to the files are not controlled. There is no access list, the cabinet is left unlocked during the day and is located in an open area. The filing cabinet storing the dual records is shared by other personnel for storing their records (such as training records). When retrieving the copies from the dual storage, it was discovered that records LL 105036 through LL 105089 were missing and could not be retrieved.

Records Reviewed - B

LL 105036 through LL 105089

10 Recommended Actions ( continued )

- 2.) Determine if this programmatic violation has had an adverse impact on project work done to date under the purview of LLNL.
- 3.) Provide corrective actions to assure Yucca Mountain Project requirements are satisfied
- 4.) Train personnel in accordance with the YMP QAPP requirements.
- 5.) Implement a Records Management System which meets the requirements of the YMP QA Plan, NNWAI 88-9.



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9 Deficiency ( continued )

3. Procedures Used - 033-NNWSI-P 17.0,  
033-NWMP-P 17.3,

- C. Procedure identifies P. Walden and B. Zucca as the only people having keys to the record files for the record center and dual storage. During investigation, it was learned that B. Zucca is no longer working in the records management area and has not been removed from the procedure. It was also identified that B. Morris, J. Dronkers, J. Clark, and B. Alegre, had keys to the filing cabinets and are not identified in the procedure.



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9 Deficiency ( continued )

4. Procedures Used - 033-NNWSI-P 17.5,

Condition

Procedure for film verification is not adequate. Procedure does not state how verification is accomplished or given a method to verify film effectively. Procedure does state all records are verified but staff (P. Walden) stated that only 5% was required. 5% is not defined as a requirement in any of the procedures.

5. Procedures Used - 033-NWMP-P 17.3,  
033-NNWSI-P 17.0,

Condition

Procedure requires that one-of-a-kind records be identified and indexed. The records management staff stated that when one-of-a-kind records are received they send them back to the Task Leader. They have no means of accepting or maintaining these type of records. B. Manis stated that these records are stored in an excluded area (Blgd. 241, Room 1855). Records Management Procedure continually references 033-NWMP-P 17.8, storage of one-of-a-kind items, however, the procedure has never been written.

6. Procedures Used - NNWSI-SOP-17-01, Rev. 0

Condition

Procedure requires protection of QA records during processing cycle to prevent damage to records from hazards such as fire. The record center or dual storage area is not protected from fire by a fire alarm or sprinkler system or fire rated cabinets/safe. Additionally, the two facilities are separated by two buildings and are not located sufficiently remote from each other to eliminate the chance of exposure to a simultaneous hazard as required by NQA-1 requirements for dual storage.

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9 Deficiency ( continued )

Procedures Used - NNWSI-SOP-17-01, Rev. 0

Objective Evidence

Interview With - B. Manis

7. Procedures Used - NNWSI-SOP-17-01, Rev. 0

Condition

Procedure requires the development and maintenance of a QA document type list. This list can be used to identify records to be generated and retained. However, there is no procedure to develop or maintain this activity. Records staff stated that this was SAICs responsibility. Although SAIC maintains a master list for all participants, the responsibility to identify records generated remains with the participant.

Objective Evidence

Viewed master type list - LLNL had not completed a "type" list.



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9 Deficiency ( continued )

8. Procedures Used - 033-NWMP-P 17.6,

Condition

A sampling of 12 records were chosen to verify retrievability of records in the records management system. The records listed under objective evidence were not retrievable. The ability to review records was extremely slow or not possible which limited the process of viewing records and taking a larger sampling.

Records Reviewed

NCR No. 16, NCR No. 14

LL 105039

LL 105043

Document Control, Transmittal and Review Records for 033-NWMP-P 6.0, Rev 1.

033-NWMP-R 21A.0

033-NWMP-R 19.0

033-NWMP-R 9.0

033-NWMP-P 5.0